

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

**Tuesday, 18th May, 2004**

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

PRAYERS

### PAPER LAID

The following Paper was laid on the Table:-

The Finance Planning and Trade Committee Report on the Privatisation Bill, 2004.

*(By Mr. Obwocha on behalf of the Chairman, Departmental Committee on Finance, Planning and Trade)*

### ORAL ANSWERS TO QUESTIONS

*Question No.148*

#### RETRENCHMENT OF CIVIL SERVANTS

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

- (a) how many civil servants have been retrenched and what impact did that have on the Government wage bill; and,
- (b) what is the Government policy on future retrenchments.

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

(a) The Government has retrenched 20,705 members of staff. As a result of that retrenchment, the Government has been saving Kshs106,702,000 monthly. That consists of basic salary and all allowances that used to be paid to the staff who were retrenched.

(b) The Government policy on retrenchment is guided by the Public Service Commission Act, Cap.185(20). It provides for the Government to retire officers early on grounds of abolition of office or re-organisation.

**Mr. Speaker:** Very well! Just before I call Mr. Mahamud, I hope hon. Members have seen a Supplementary Order Paper. Do you have it?

**Hon. Members:** No! No!

**Mr. Speaker:** Well! Could the officer concerned ensure that every hon. Member has a copy? It means that we will proceed under the Supplementary Order Paper after Question Time.

**Mr. Mahamud:** Mr. Speaker, Sir, recently, the Minister made a statement to the effect that 21,000 workers will be retrenched in the next four years. Could the Assistant Minister tell us what criteria the Government will follow in retrenching those workers?

**Mr. Dzoro:** Mr. Speaker, Sir, it will be on a voluntary basis.

**Mr. Owino:** Mr. Speaker, Sir, there are rumours outside there that Kenyans---

**Mr. Speaker:** Order! Mr. Owino, the Speaker does not encourage rumour-mongers! Rumours are barred from making an entry into any part of Parliamentary premises. So, leave rumours on the City Council streets out there. Facts only, Mr. Owino!

**Mr. Owino:** Mr. Speaker, Sir, there are statements outside there that Kenyans are being retrenched or chased away from their jobs because of pressure from the World Bank and the International Monetary Fund (IMF). Could the Assistant Minister confirm that, that is really what is happening?

**Mr. Dzoro:** Mr. Speaker, Sir, I am not aware of those rumours.

**Mr. Speaker:** Order! Even you!

*(Laughter)*

**Mr. Dzoro:** I am sorry, Mr. Speaker, Sir. I am not aware of those statements.

**Mr. Mwandawiro:** Bw. Spika, ikichukuliwa kwamba kuwastaafisha wafanyakazi mapema kutokana na shinikizo kutoka nje ni sera ambayo inachangia ukosefu wa kazi na umaskini katika nchi hii, je Serikali inafikiria njia nyingine ya kusaidia kuondoa umaskini kama kufufua viwanda, badala ya kuwafuta wafanyakazi?

**Mr. Speaker:** Speak in English! You spoke in English first!

**Mr. Dzoro:** Mr. Speaker, Sir, as I have said, that retrenchment will be on voluntary basis. The Government has thought about it and there are negotiations going on. I am sure that, that will not affect the economy.

**Mr. Speaker:** Could I have the last question on this? Mr. Mahamud, can you donate it? I will then finish with Mr. Billow.

**Mr. Billow:** Mr. Speaker, Sir, it has been reported that 21,000 civil servants will be laid off. If it is not, as the Assistant Minister has said, the World Bank which is behind it, could he tell the House how the Government intends to finance the retrenchment exercise of 21,000 civil servants in the next two years, which will cost Kshs9 billion?

**Mr. Dzoro:** Mr. Speaker, Sir, there are partners who are going to help in that retrenchment. We are definitely going to get the money.

**Dr. Ali:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead the House? He is talking about "partners"! Which "partners" are these? Did they come from Mars? Could he tell us who these "partners" are?

**Mr. Dzoro:** Mr. Speaker, Sir, when I talk about "partners" I mean development partners. Thank you.

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

**Mr. Speaker:** Order! Order, all of you! You know, there are certain things you cannot do forever. We cannot be on this Question forever---

**Mr. Okemo:** On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** Will you, please, relax, Mr. Okemo? I think you should even know better because you are a former Minister for Finance!

*(Laughter)*

What is it, Mr. Okemo?

**Mr. Okemo:** Mr. Speaker, Sir, it is actually a matter of fact that this is one of the conditionalities of the World Bank and the actual figure to be retrenched is 20,960. It is a conditionality by the World Bank.

*(Applause)*

**Mr. Speaker:** Very well.

**Mr. Mahamud:** On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** Order! Mr. Mahamud, will you now sit down? You gave away your opportunity. The Assistant Minister has no response to it, so we leave it at that.

*Question No.061*

INSECURITY IN KITUTU MASABA

**Mr. Speaker:** Hon. Members, Mr. Mwancha is unable to attend today. He is stuck somewhere in Kisii and he has called my office. I will, therefore, defer his Question to Tuesday.

*(Question deferred)*

*Question No.198*

TOTAL PUBLIC DEBT IN 2002/2003

**Eng. Muriuki** asked the Minister for Finance:-

(a) what the total public debt was as at 31st December, 2002; and,

(b) what the total public debt was as at 31st December, 2003.

**The Assistant Minister for Finance** (Mr. Katuku): Mr. Speaker, Sir, I beg to reply.

(a) The total public debt as at 31st December, 2002 was Kshs628.3 billion.

(b) The total public debt as at 31st December, 2003 was Kshs711.45 billion.

**Eng. Muriuki:** Mr. Speaker, Sir, from the answer by the Assistant Minister, there is a total of Kshs83 billion new borrowing within one year. As you know, the borrowing by the Government is borrowing by all Kenyans and this is the equivalent of Kshs380 million per constituency. What is it that the Government was doing with the new borrowing which is benefiting Kenyans to the tune of Kshs380 million per constituency?

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, the truth, as the Member has said, is that there is an increment of Kshs83.16 billion which has been occasioned by new projects which have been undertaken within that period. We have had so many cases where we had projects commencing since NARC took over. You know very well, that this has also resulted from delay by donors. They had pledged some money and we had undertaken to do some projects and as a result of the failure by the donors to release the money in good time, we had to resort to borrowing to meet the Budget as required. So, those are the two reasons.

**Maj-Gen. Nkaissery:** Mr. Speaker, Sir, could the Assistant Minister confirm or deny that the Kshs83 billion is as a result of unnecessary commissions created by the NARC Government?

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, I totally deny that.

**Mr. Kagwe:** Mr. Speaker, Sir, it has been said by the Ministry of Finance that the long-term objective of the Government was to shift domestic borrowing to external borrowing to release the money so that Kenyans can be able to borrow it from banks. Further, I would like to know from the Assistant Minister how successful he has been in conversion of short-term bills to long-term bonds, another commitment that the Ministry of Finance has made. This is the only way that Kenyans can borrow money from banks that the Government is currently borrowing.

**Mr. Katuku:** Mr. Speaker, Sir, that is actually what we are trying to achieve by encouraging long-term borrowing. From the figures we have, the ratio has actually gone down. Previously, the ratio between Treasury Bills and Treasury Bonds was 39 per cent to 61 per cent but now it has gone to 30 per cent to 70 per cent. So, what is happening is that we are now encouraging long-term borrowing rather than short-term borrowing. That is what we are achieving and we have actually achieved our focus target on this.

**Mr. Omingo:** Mr. Speaker, Sir, Kshs711 billion is actually 70 per cent of our Gross Domestic Product (GDP), meaning every child being born today bears a debt burden of about Kshs45,000, as soon as the child is born. What is the Assistant Minister doing to actually try and tailor our Budget for us to live within our means so that we can save the Kenyan child from suffering?

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, as I said in my initial response, the increase in borrowing was as a result of the failure by some of our development partners to release funds on time and also due to commitments in new projects. But we are anticipating that, once these development partners release the funds--- They have not said they are not releasing the money, it is a question of procedural matters and this takes time. So, if you realise, in our Supplementary Estimates which we passed the other day, we cut down our budget to ensure we live within our means. So, we are serious and we do not want to go on borrowing and I can say this is temporary.

**Mr. Billow:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to say that donors have not actually refused to release the money, when the substantive Minister for Finance has publicly announced that the donors have frozen over Kshs300 billion?

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, I do not think the Minister said that here. If the hon. Member read from the Press, he needs to hear it from me now; that we are getting some of the commitments. Others are delaying because of procedural issues and also because of the bickering in this Government. But we are sorting out that mess.

**Mr. Sungu:** Mr. Speaker, Sir, you can see that we are now a totally mortgaged society and we can just be written off by the World Bank or any other development partner because of this public debt. Would the Assistant Minister agree with me that, in fact, it is due to the mega corruption now existing in Government, and the fact that Ministers are obsessed with buying new

cars, that the public debt is growing? Instead of reducing Government spending, they are busy over-spending! What proposal does the Assistant Minister have to try and reduce this debt to a manageable level?

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, on what the Member is saying about excessive spending, we have put in place measures to ensure that there is no excessive spending in any Ministry. We have even issued a circular to all Accounting Officers limiting the engine capacities of any vehicle bought for any Minister or Permanent Secretary or civil servant. That circular has gone out and we are serious in ensuring that spending is within the means of the Government. So, the issue of being extravagant does not arise. We are actually being mean.

**Mr. Mganga:** On a point of order, Mr. Speaker, Sir. The existing regulations are very clear on the buying of executive saloon cars for Ministers. They are not supposed to exceed a capacity of 2000 cc. Is the Assistant Minister in order to mislead this House that the Government is controlling the capacity of vehicles being bought, yet most of the Ministers today are driving vehicles which are well over 2500 cc? Some of them are even beyond 4000 cc, for example, Range Rovers?

**Mr. Katuku:** Mr. Speaker, Sir, what I have said as a measure taken by the Treasury, is that we have issued a circular to all Accounting Officers to ensure that we have a limit in each category of either Ministers, Permanent Secretaries and civil servants. If the hon. Member may so wish, I would give him a copy of the circular.

**Mr. Speaker:** Last question, Eng. Muriuki!

**Eng. Muriuki:** Mr. Speaker, Sir, at the rate of Kshs83 billion per year, this country will be completely bankrupt in a few years. Could the Assistant Minister kindly guide the House by telling us how much they have borrowed since December 2003? The Kshs83 billion is up to December, 2003. Until now, how much more has been borrowed?

**Mr. Katuku:** Mr. Speaker, Sir, could the hon. Member repeat the question because I did not get it?

**Mr. Speaker:** He is saying that for the year you have been in power, you have borrowed Kshs83 billion; up to December 2003. He now wants to know how much more you have borrowed between December and today.

*(Applause)*

**Mr. Katuku:** Mr. Speaker, Sir, the information I have given is for the period between December 2002 and December 2003 as asked in the Question. For now, I do not have the figure but I can bring it.

**Eng. Muriuki:** On a point of order, Mr. Speaker, Sir. Could the Assistant Minister be asked to bring that figure so that we know where we are?

**Mr. Speaker:** As hon. Members will notice, I have actually given more than the usual time for a Question. This is because Parliament was set up, in the first place, to be a watchdog on the expenditure of taxpayers' money. This is the role you are playing and that is why I have given a lot of time. I will not defer the Question but I will ask the Assistant Minister to come with that specific answer. How much have you borrowed between December 2003 and now? Just that question!

**Mr. Katuku:** Mr. Speaker, Sir, I will give the figure tomorrow afternoon.

**Mr. Speaker:** Very well! However, it will not come as a Question. You will come to answer that specific question. The Question, therefore, is not deferred.

Next Question by Mr. Muiruri!

*Question No.173*

RETIREMENT OF NBK CHIEF EXECUTIVE

**Mr. Muiruri** asked the Minister for Finance why the Chief Executive of the National Bank of Kenya (NBK) has not retired yet he has attained the mandatory retirement age.

**The Assistant Minister for Finance** (Mr. Katuku): Mr. Speaker, Sir, would I be in order to ask the hon. Member to declare his interest in this matter?

**Mr. Speaker:** Has he got any? Mr. Muiruri, what is your interest?

**Mr. Muiruri:** Mr. Speaker, Sir, I am a big shareholder of the NBK.

**Mr. Speaker:** Order! Hon. Members must be very faithful to the Chair! I have been informed that, that is not the end of the story. You are also a director. Are you not?

**Mr. Muiruri:** Mr. Speaker, Sir, I was a director of the NBK for one year; 1999.

**Mr. Speaker:** So, you are no longer one?

**Mr. Muiruri:** Mr. Speaker, Sir, I am no longer a director.

**Mr. Munya:** On a point of order, Mr. Speaker, Sir. Is it in order for an hon. Member to single out one public servant who is not the only one who has reached the retirement age and ask when he will retire?

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! I am satisfied that the hon. Member, being just a shareholder of the NBK, has no special interest. I think he can ask the Question.

**The Assistant Minister for Finance** (Mr. Katuku): Mr. Speaker, Sir, I beg to reply and I hope I will not get into problems with him as we go on.

Employment and service contract of the Managing Director of the NBK Limited is the responsibility of the Board of Directors of the bank.

I also want to state that the Board keeps reviewing the Managing Director's contract from time to time and they have the authority to terminate it any time they feel that they will not require his services.

Finally, I want to state that, according to Section 186 of the Companies Act and Article 89 of the NBK Memorandum and Articles of Association, the age limit for any director including the Managing Director is 71 years. The current Managing Director has not yet reached that age.

**Mr. Speaker:** Very well! That brings us to the end of the Question. Does it not, Mr. Muiruri?

**Mr. Muiruri:** Mr. Speaker, Sir, it does not! The NBK has a portfolio of non-performing loans amounting to Kshs77 billion. The Managing Director of the NBK, Mr. Marambii, has totally failed---

**Mr. Speaker:** Order! We are not judging Mr. Marambii! The Question before the House is his age and not his ability. Now, the Assistant Minister has said that he has not reached the retirement age. What is your further question?

**Mr. Muiruri:** Mr. Speaker, Sir, I will confine myself to that. Part three of the answer refers to Article 89 of the NBK's Memorandum and Articles of Association. I have a copy here. Section 89 of the Memorandum of the NBK purely refers to disqualification of directors and I will read it.

**Mr. Speaker:** Order! We do not have to be bogged down by this!

**Mr. Muiruri:** Mr. Speaker, Sir, if I do not read it, it talks about---

**Mr. Speaker:** Order! Hon. Members, we are not going to run companies from the Floor of this House. You had the opportunity as a director to address that issue. You still have the opportunity as a shareholder to raise this issue in the Annual General Meeting of the company.

*(Applause)*

If this be the position, as a matter of fact, we are dealing with a private company, then we have no jurisdiction even in the first place. This is a matter entirely in the hands of the Board of Directors and we will not pursue it any further.

Next Question!

**Mr. Muiruri:** On a point of order, Mr. Speaker, Sir. I do not want to be seen to be dwelling on this matter or arguing with you. However, the NBK---

**Mr. Speaker:** Will you, Mr. Muiruri, take my ruling and sit down?

**Mr. Muiruri:** Thank you, Mr. Speaker, Sir.

**Mr. Speaker:** Very well! Next Question by Mr. Ndile!

*Question No.142*

EFFECTS OF MARRIAGES BETWEEN  
YOUNG MEN AND ELDERLY WOMEN

**Mr. Khamisi**, on behalf of **Mr. Ndile**, asked the Minister for Planning and National Development:-

(a) whether he is aware that due to poverty in the country, young men in their 20s are marrying women aged over 70 years; and,

(b) if he could assure the House that the trend will not adversely affect the social fabric of the society.

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, I beg to reply.

(a) The marriages of 25-year-old boys to 70-year-old women do not come about because of any poverty of any kind.

*(Laughter)*

This is a practice that has been in existence from time immemorial.

When a 75-year-old man takes in a 25-year-old bride, no brouhaha is raised.

**An hon. Member:** Declare your interest!

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, somebody is asking me to declare my interest!

*(Laughter)*

I do not have any!

Mr. Speaker, Sir, at 76 years, going on to 77 years, my hands are full dealing with one wife. Therefore, I will not try to take in a 25-year old woman for a wife.

(b) No, the practice will continue. It depends on the two equal contracting partners. It is a question of love!

*(Laughter)*

**Mr. Kagwe:** On a point of order, Mr. Speaker, Sir. We need your guidance here. Is it in order for an hon. Member to ask a Question that relates to the constitutional rights of both a 70-year-old woman and a 20-year old man?

**Mr. Speaker:** The Vice-President and Minister for Home Affairs has answered the Question very well. I really wish Mr. Ndile was here to tell the House what it is that bothers him. Mr. Khamisi, since you accepted the brief, do you really have anything further to say to this?

**Mr. Khamisi:** Mr. Speaker, Sir, I have nothing further to add.

**Mr. Sungu:** Mr. Speaker, Sir, I want the Vice-President and Minister for Home Affairs to give us the Government's position with regard to paedophiles who operate at the Coast all the time, because the matter is related to this Question.

Although I consent to the fact that two adults can marry whenever they like, there is the case of people who target children, particularly at the coast, and particularly tourists. The practice has been illegalised elsewhere.

**Mr. Speaker:** Order! Order! Mr. Sungu, you are actually telling the House in broad daylight that you are so lazy that you cannot put that Question to the relevant Minister directly. The matter you are raising is irrelevant to the Question before the House.

The Question we are dealing with is about marriage between two adults. You are asking about adults and children. Now, go and put your Question on paper, and it will be answered appropriately.

Next Question, Mr. Abdirahman!

*Question No.208*

EXCLUSION OF NEP FROM  
POVERTY REDUCTION FUNDING

**Mr. Abdirahman** asked the Minister for Planning and National Development:-

(a) why North Eastern Province was left out in the regional distribution of approved proposals for funding under the Government's Poverty Reduction Strategy in the final document of November, 2002; and,

(b) what steps the Ministry will take to ensure that the anomaly is corrected.

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, I would like to request the indulgence of the House that this Question be deferred until Prof. Anyang'-Nyong'o comes. I have looked at the answer; it is so detailed. It will probably call for a lot of supplementary questions, which I may not be able to answer. So, I request that it be deferred until Prof. Anyang'-Nyong'o returns.

**Mr. Speaker:** Is that okay with you, Mr. Abdirahman?

**Mr. Abdirahman:** Mr. Speaker, Sir, it took about a year for this Question to come to the Floor of this House. I kindly request that it be answered, at least, by Thursday, if possible.

**Mr. Speaker:** Mr. Abdirahman, I understand that the Minister may not be here on Thursday. I will, therefore, direct that it be deferred to come on the very first day of our resumption, if we ever go on recess. Is that all right?



**Mr. Abdirahman:** Yes, Mr. Speaker, Sir.

**Mr. Speaker:** Very well, it is so ordered.

*(Question deferred)*

*Question No.077*

#### COMPLETION OF MASALANI BRIDGE

**Mr. Y. Haji** asked the Minister for Roads, Public Works and Housing:-

(a) whether he is aware that the Masalani Bridge has taken one year longer to complete;

(b) what the causes of this delay are; and,

(c) when it is expected to be complete.

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

(a) I am aware that completion of Masalani Bridge has been delayed by one year.

(b) The cause of the delay is because it was expected that the super-structure for Masalani Bridge would be constructed using the steel which was salvaged from the old Sabaki Bridge in Malindi. However, after testing this old steel, it was found to have deteriorated beyond economic repair. Hence, alternative arrangements had to be made to replace it with a fabricated new one and this has taken time.

(c) Masalani Bridge is expected to be completed in the course of the next financial year.

**Mr. Y. Haji:** Mr. Speaker, Sir, in view of the acceptance by the Assistant Minister that the delay is because of the fact that the steel that was salvaged from the old Sabaki Bridge could not be used, could he tell us whether the new steel has been fabricated? If it was to be fabricated locally, is it ready? If it was to be imported, has it been imported?

**Eng. Toro:** Mr. Speaker, Sir, after the contractor, namely, Associated Construction (Kenya) Limited, realised that the old steel was unsalvagable, he gave an alternative design, which was approved by the Ministry in February last year. The new design was to use what we call "Jason Steel Suspension" on the super-structure. Since this was agreed upon, the construction company is now in the process of ordering for the new suspension bridge. The delay is going to be seven months. The company is placing the order now, and the bridge is expected to be completed in seven months' time.

**Mr. Y. Haji:** Mr. Speaker, Sir, in completing the bridge, there must be a road leading to it. I am aware that the area on the side of Tana River District is flooded when the river overflows its banks. It appears that, upon the completion of this bridge, there will be no access road to the bridge. Could the Assistant Minister clarify this aspect?

**Eng. Toro:** Mr. Speaker, Sir, once the bridge is complete, we will ensure that it is accessible from both sides of the river. Otherwise, there would be no point of putting up a bridge if vehicles cannot cross over it.

**Mr. Speaker:** Next Question, Mr. Muchiri!

*Question No.243*

#### CONSTRUCTION OF BRIDGE IN NDARAGWA

**Mr. Muchiri** asked the Minister for Roads, Public Works and Housing:-

- (a) whether he is aware that the residents of Nine One (Kariki) and Mwangaza in Ndaragwa Constituency have no connecting bridge; and,
- (b) when the bridge will be constructed.

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

(a) I am aware that the residents of Nine One (Kariki) and Mwangaza in Ndaragwa Constituency have no connecting bridge.

(b) It is not possible to construct a bridge at that site since there is no road leading there as the residents of the area have encroached on what used to be a settlement road and reduced it into a path. This being an unclassified road, I propose that the issue of its re-opening be handled by the area's District Development Committee (DDC), on which the hon. Member sits, and recommendations be brought to the Ministry for implementation.

**Mr. Muchiri:** Mr. Speaker, Sir, I am not satisfied with the answer given by the Assistant Minister. This bridge is dilapidated and it cannot be used by the residents because it is dangerous. Could he confirm that, that bridge was at one time used by residents to cross over from Mwangaza to Kariki? That is an area which is cut across by Gobet River. The residents of that area cannot communicate at all. They are next to Kieni and Laikipia East constituencies, but they cannot cross over to Ndaragwa Constituency.

**Eng. Toro:** Mr. Speaker, Sir, the bridge that is in existence today is made up of old timber logs. I really would like the hon. Member to help the Ministry because, when we sent our District Works Officer on 11th May, the residents of this area came out with *pangas* wanting to attack him. They thought the officer was coming to chase them away from their land. So, it is necessary that the issue of the road be sorted out by the District Development Committee (DDC), so that, once the proper road has been given back to the public, then we can talk about building the bridge.

**Eng. Muriuki:** Mr. Speaker, Sir, the Ministry of Roads, Public Works and Housing has taken the initiative to clear structures which are on road reserves. Part of the answer given by the Assistant Minister is that they are unable to rehabilitate the road because people have encroached on it. Does this rule of clearing encroachers only apply in the City? Could it also be applied in Ndaragwa Constituency so that, that road is rehabilitated?

**Eng. Toro:** Mr. Speaker, Sir, as I said, and the Member of Parliament for Ol Kalou knows, this is a settlement area, and this road is unclassified. So, there is very little that the Ministry can do on the unclassified roads. However, once the hon. Member makes sure that the unclassified road is properly demarcated, then we could talk about putting up a bridge. Alternatively, the District Roads Committee (DRC) can grade that road also.

**Mr. Angwenyi:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead this House that the Ministry of Roads, Public Works and Housing takes care of only classified roads? In fact, we know the Act says the Ministry should take care of the entire road network in the country; both unclassified and classified roads.

**Eng. Toro:** Mr. Speaker, Sir, this is a very special case because this was a settlement area where people allocated land were supposed to cede a portion of that land for the road, but they never did so. Once they were settled, they started cultivating the area earmarked for the road. Since it was never in the records of the Ministry that, that road was unclassified for the purposes of the Ministry to act, there is very little we can do until such a time that the DDC agrees to demarcate it.

**Mr. Muchiri:** Mr. Speaker, Sir, the funds available to the DRC are very meagre. The cost of constructing a bridge that the people of Nine One and Mwangaza need is high. It is not right to say they came out with *pangas*. So, could the Assistant Minister assist these deserving Kenyans?

They are actually used to travelling across the river. You can imagine what can happen if somebody falls sick and you need to take him across a river which is swollen! Could he be sympathetic to those people and avail some emergency funds to even repair that dilapidated bridge? I cannot also visit that area because there is no road or a bridge for me to go through. Those people need services. In any case, I also need votes from them.

**Eng. Toro:** Mr. Speaker, Sir, I cannot be sympathetic to the residents of Ndaragwa Constituency when they are not sympathetic to themselves!

*(Laughter)*

**Mr. Speaker:** Next Question, by Mr. Kimeto!

*Question No.115*

HIPPOTAMUS ATTACK ON  
MS. CHEPKIRUI KOSGE

**Mr. Kimeto** asked the Minister for Environment, Natural Resources and Wildlife:-

(a) whether he is aware that Ms. Pauline Chepkirui Kosge was attacked by a stray hippopotamus on 21st March, 2003 at Ndanai Location, Sotik Constituency and broke three ribs and one arm; and,

(b) what compensation he will pay Ms. Kosge for injuries sustained, which have left her incapacitated for the rest of her life.

**The Minister for Environment, Natural Resources and Wildlife** (Dr. Kulundu): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that Ms. Pauline Chepkirui was attacked by a stray hippopotamus on 21st March, 2003 at Ndanai Location, Sotik Constituency and broke three ribs and one arm. I am further aware that she had her left arm amputated at shoulder level as a result of the injuries sustained.

(b) Compensation forms for Ms. Pauline Chepkirui Kosge were filed and are awaiting deliberation at the District Wildlife Compensation Committee (DWCC) meeting. The compensation process starts at the district level where the DWCC deliberates on the legitimate cases. Once her case is approved, the forms will be forwarded to my Ministry for payment. Compensation for injury caused by wildlife is Kshs15,000 which is voted out of monies provided by Parliament for that purpose.

**Mr. Kimeto:** Mr. Speaker, Sir, you have heard what the Minister has said. Ms. Kosge is a mother to many children. Her arm which she used to fend for her children was amputated. She also broke her ribs. The Minister says she will be compensated with only Kshs15,000.

Mr. Speaker, Sir, is this amount reasonable when Ms. Kosge has spent over Kshs300,000 as hospital bills?

**Dr. Kulundu:** Mr. Speaker, Sir, we pay victims according to the law. The law currently states that we pay only Kshs15,000. I know that there will soon be a workshop for Members of Parliament to influence the input into the new Wildlife Bill. It is hoped that this money will considerably be enhanced when the new Bill comes into operation. However, as for now, Kshs15,000 is all that there is provided under the Act.

**Archbishop Ondiek:** Mr. Speaker, Sir, I would like to know from the Minister what action he is taking against the monkeys which are destroying people's crops all over the country, especially

in Ugenya Constituency.

**Mr. Speaker:** What have you asked about?

**Archbishop Ondiek:** Mr. Speaker, Sir, I think the Minister has understood the question. I talked about monkeys!

**Dr. Kulundu:** Mr. Speaker, Sir, if I am not wrong, that is a different Question. It is under my Minister and it will get an appropriate response when time comes.

**Mr. Manoti:** Thank you, Mr. Speaker, Sir. Arising from the answer the Minister has given to this House, it is true that the Ministry has nothing to do with wildlife. Wild animals have become so many, to the extent of the Ministry being unable to control them.

Mr. Speaker, Sir, could the Minister allow those communities which live around game parks and reserves to kill them?

*(Applause)*

**Dr. Kulundu:** Mr. Speaker, Sir, I decline to give that permission. We value human life as much as we value wildlife. We do not expect hon. Members of Parliament to lead an onslaught on wildlife in this country.

**Mr. Kimeto:** Mr. Speaker, Sir, it is painful to hear the answer the Minister has given this House. He has done nothing to address the issue of human beings being killed by wild animals. When a person kills a wild animal, he or she is jailed for seven years but when a wild animal kills him or her, his or her family receives only Kshs15,000 as compensation. Could the Minister bring a better Bill before this House to enable him settle even hospital bills incurred by people injured by wildlife?

**Dr. Kulundu:** Mr. Speaker, Sir, my Ministry is in the process of bringing before this House, a better Wildlife Bill than the Act which is in operation right now.

**Mr. Speaker:** Very well. Let us move on to Questions by Private Notice!

### QUESTIONS BY PRIVATE NOTICE

#### COMPENSATION FOR VICTIMS OF UNEXPLODED ORDINANCE

**(Mr. Ngoyoni)** to ask the Minister of State, Office of the President:-

(a) Is the Minister aware that on 18th February, 2004, two boys namely Sukule Timado (12 years and Iltina Mirgichan (14 years) were injured by unexploded ordinance at the British Army Training field at Lore Soro?

(b) Is he further aware that 15 head of cattle were also killed during the above incident?

(c) What measures is the Minister taking to ensure that the families of the victims are compensated and hospital bills incurred at Wamba Hospital settled?

(d) Could the Minister halt any further military exercises until the area is cleared of any unexploded ordinance?

**Mr. Speaker:** Again, Mr. Ngoyoni wants his Question to be deferred to tomorrow afternoon! So, I will defer his Question to tomorrow afternoon.

*(Question deferred)*

IRREGULAR RELEASE OF

## ROBBERY SUSPECT BY POLICE

**Mr. Sirma:** Mr. Speaker, Sir, I beg to ask the Minister of State, Office of the President the following Question by Private Notice.

(a) Is the Minister aware that Evans Kipkemoi Kosgei, Felix Kosgei and Phinias Kipngetich were arrested on 1st May, 2004 and recorded on Occurrence Book No.36 of Eldama Ravine Police Station on a charge of robbery with violence?

(b) Is he further aware that Evans Kipkemoi Kosgei was released on bond contrary to provisions of Section 296(2) of the Penal Code (Cap.63 of the Laws of Kenya)?

(c) What disciplinary action is the Minister taking to deal with police officers who released him?

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

(a) I am aware that Evans Kipkemoi Kosgei, Felix Kosgei and Phinias Kipngetich were arrested on 1st May, 2004 and recorded on Occurrence Book No.36 of Eldama Ravine Police Station on a charge of robbery with violence.

(b) I am aware that Evans Kipkemoi Kosgei was released on bond in order to be treated, following injuries he sustained after being beaten by the complainants. He was subsequently charged in court with robbery along with other suspects.

(c) No disciplinary action will be taken against the police officers who released the suspect, since they acted within the law.

**Mr. Sirma:** Mr. Speaker, Sir, I take great exception to part "c" of the answer that the Assistant Minister has given to this House; that no action will be taken against the police officers who released the suspect since they acted within the law. This is a matter where a police deserter, has run amok in our area, beaten up innocent citizens and a policeman, and yet no action has been taken against him. Why did they release him alone? He was released because he is a policeman. The other two suspects were locked up because they were not policemen. Could the Assistant Minister explain the discrepancy?

**Mr. Tarus:** Mr. Speaker, Sir, as far as I know, and the records in the respective police station indicate that, that was not a case of robbery with violence.

**Mr. Serut:** Mr. Speaker, Sir, if there was evidence to the effect that the person who was released committed the offence, why was he released? We have known of cases where people are treated while in police custody. Why is this an exceptional case?

**Mr. Tarus:** Mr. Speaker, Sir, the records we have indicate that those people were actually beaten, taken and reported falsely in the police station that they had robbed somebody. After investigations were carried out, it came out clearly that, that was not a case of robbery with violence, and hence, they were charged as per Section 296(1) of the Penal Code.

**Mr. Sirma:** On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** Mr. Sirma, what is your last question?

**Mr. Sirma:** Mr. Speaker, Sir, it is not my last question, but a point of order!

**Mr. Speaker:** Order, Mr. Sirma! Ask your question! We must move on. We are not going to stick to one Question forever.

**Mr. Sirma:** Mr. Speaker, Sir, I think the Assistant Minister is misleading the House. If you are robbed of Kshs17,000, beaten up and your car stoned, is that not robbery with violence? Secondly, the policemen at the police station released their fellow policeman. When the suspects were charged in court, a different person brought a fake title deed and the prosecutor did not even object to grant the suspect bail. The person who swore the affidavit was not the owner of the title

deed which was deposited in court as security. That was malice.

**Mr. Speaker, Sir,** the Assistant Minister should know what to bring before this House and not the trash he has brought before the House!

**Mr. Tarus:** Mr. Speaker, Sir, I know that the hon. Member is a bit emotional but there are many facts which can explain his emotions and I do not want to mention them here. I hope people will not bring their differences at home to this House. Let the police do their fair job.

**Mr. Speaker:** Order! I think you have very well advised and I hope Mr. Sirma will be well advised. Let us not be personal in this House.

**Mr. Muchiri:** On a point of order, Mr. Speaker, Sir. I hope you heard what Mr. Sirma said; that, the Assistant Minister has brought trash to this House. Is that parliamentary language?

**Mr. Speaker:** Did he say that?

**Hon. Members:** Yes!

**Mr. Speaker:** Mr. Sirma, did you say that?

**Mr. Sirma:** Mr. Speaker, Sir, I said the answer is trash!

**Mr. Speaker:** Well, that would be insulting!

**Mr. Sirma:** Mr. Speaker, Sir, but he is giving a wrong answer!

**Mr. Speaker:** Order, Mr. Sirma! First of all, when you come to Parliament, leave your emotions outside.

**Mr. Sirma:** It is not being---

**Mr. Speaker:** Mr. Sirma, again, you are being emotional! You are replying to the Chair! You must keep your emotions down. It is not one of the qualifications of being an hon. Member!

*(Applause)*

That language is not befitting to hon. Members. Just apologise. Walk to the microphone slowly, apologise for using unparliamentary language and sit down.

**Mr. Sirma:** Mr. Speaker, Sir, I wish the Assistant Minister would have apologised for giving the House a wrong answer, but of course, I wish to apologise for saying it is trash. Of course, the House has been fed with it!

**Hon. Members:** No! Let him apologise!

**Mr. Speaker:** Mr. Sirma, could you, please, apologise? All these are your colleagues!

**Mr. Sirma:** I am sorry, Mr. Speaker, Sir.

**Mr. Speaker:** Very good! That is nice!

*(Laughter)*

Order, Members! I was asked by the Minister for Finance to hold on to Question No.3 as he gets his answer. So, I shall go to Question No.4.

Mr. Jakoyo Midiwo, please, proceed!

#### CROCODILE INVASION IN RIVER YALA

**Mr. Midiwo:** Mr. Speaker, Sir, I beg to ask the Minister for Environment, Natural Resources and Wildlife the following Question by Private Notice.

(a) Is the Minister aware that crocodiles have invaded River Yala in Siaya and Bondo districts, particularly in Gem Constituency?

(b) Is he further aware that several people, particularly children, have been attacked by those

crocodiles in Gem in the past few days?

(c) Could he undertake to get rid of those crocodiles from the river as a matter of urgency?

**The Minister for Environment, Natural Resources and Wildlife** (Dr. Kulundu): Mr. Speaker, Sir, I beg to reply.

(a) I am aware that crocodiles are in River Yala because that is their natural habitat.

*(Laughter)*

During the rainy season, more crocodiles move upstream from Lake Victoria in search of food.

(b) No, I am not aware that several people have been attacked by those crocodiles in Gem, because no report has been filed with the Kenya Wildlife Service (KWS) stations in Siaya and Bondo. Those are the two stations that handle animal problems in Gem Constituency.

(c) I cannot get rid of those crocodiles from the river because that is their natural habitat. However, the District Warden on the ground is conducting education and awareness meetings with the local community to sensitize them to stay away from the river banks.

*(Laughter)*

**Mr. Midiwo:** Mr. Speaker, Sir, I wish to tell the Minister that, that is not a laughing matter! I grew up around River Yala and there has never been a crocodile in my village ever since I was born, until recently. In fact, the more he talks like that, the more it seems to me that, somebody has maliciously "planted" the crocodiles.

*(Laughter)*

**Mr. Speaker:** Order, Members!

**Mr. Midiwo:** Mr. Speaker, Sir, as we speak, the Minister should be well aware that recently, there was a young girl who was mauled by a crocodile and her buttocks plucked off. She was taken to Bondo District Hospital by the police. Could the Minister commit to send wildlife officials, not to go and teach the people, but to go and fish out those crocodiles once and for all? Kill them if you cannot tame them!

**Dr. Kulundu:** Mr. Speaker, Sir, the information that I have is that crocodiles have always been in River Yala because that is their natural habitat. They were not planted by anybody, satanic or not. The case that Mr. Midiwo has brought to my notice is a sad one, and I think it requires some investigations. So, I undertake to investigate and report to the House in the near future.

**Mr. Speaker:** How near is the "near future"?

**Dr. Kulundu:** Mr. Speaker, Sir, next week, may be on---

**Mr. Speaker:** What exactly do you want to find out? Do you want to find out whether crocodiles have been maliciously planted in the river, or whether that is their natural habit or do you want to know whether they have actually attacked human beings?

**Dr. Kulundu:** Mr. Speaker, Sir, I maintain that River Yala is a natural habitat for crocodiles. What I want to find out is whether that incident he has referred to, where a young girl's buttocks were plucked out by a crocodile, is true or not. That will require that we get information from---

*(Laughter)*

**Mr. Speaker:** Anyway, to be fair to all, I will defer the Question for two weeks.

*(Question deferred)*

**Mr. Mwandawiro:** On a point of order, Mr. Speaker, Sir. That is a very serious matter and the Government, particularly the Ministry, has to take it seriously. As I talk now, elephants are causing havoc to people in Wundanyi Constituency. Should we really be asking Questions in Parliament before the Minister starts working?

**Mr. Speaker:** We have deferred that Question.  
Next Question! Archbishop Ondiek!

#### REPAIR OF NZOIA BRIDGE

**Archbishop Ondiek:** Mr. Speaker, Sir, I beg to ask the Minister for Roads, Public Works and Housing the following Question by Private Notice.

(a) Is the Minister aware that the Nzoia Bridge connecting Ugunja and Ukwala divisions, which was built in 1927, is on the verge of collapse?

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

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

(a) Nzoia Bridge, which connects Ugunja and Ukwala divisions is a multi-span bridge of 60 metres with six spans of ten metres each. The bridge is structurally sound, but the guard-rails and several other areas need to be attended to, in order for the bridge to be more safer for vehicles and pedestrians.

(b) The guard-rails and other associated areas need to be attended to and, towards that end, the Ministry has budgeted Kshs1.5 million this financial year. An amount of Kshs1 million has already been released to the Provincial Works Officer, Nyanza.

**Archbishop Ondiek:** Mr. Speaker, Sir, I must thank the Assistant Minister for the answer. But I would like to know when the work will start. That is because I was there last week and nothing was happening---

*(Loud consultations)*

**Mr. Speaker:** Order, Members! We cannot hear what the Archbishop is asking!

**Archbishop Ondiek:** Mr. Speaker, Sir, I thank the Minister for that reply. But, I was in that place last week and I did not see anything happening. With the current heavy rains, we may get a very serious problem in that place. When will the work start? When was the money released to the Provincial Works Officer?

**Eng. Toro:** Mr. Speaker, Sir, as I said, an amount of Kshs1 million has already been released. I am sure that work will start very soon. I would like to assure the hon. Member of Parliament that the work will be complete by the end of June, this year.

**Mr. Speaker:** Last question, Archbishop!

**Archbishop Ondiek:** Mr. Speaker, Sir, I am used to the Assistant Minister's answers. Sometimes last year, he told me that he visited that bridge and the road and Kshs2 million was allocated for that project. Up to now, I have not seen the Kshs2 million! Today, he is saying that Kshs1.5 million has been allocated and only Kshs1 million has been released. When was it released and when are they going to start the works? I do not want to know the completion date!



**Eng. Toro:** Mr. Speaker, Sir, the Authority to Incur Expenditure (AIE) has already been sent to the Provincial Works Officer. But, I would like the hon. Member to note that the work will be done before the end of June, this year. If it is not completed, he is free to come and see me.

**Mr. Speaker:** Very well! Question No.3 by Mr. Mirugi Kariuki! That is the last Question on the list! Sorry! I have another one!

UTILIZATION OF MULTILATERAL/  
BILATERAL POOL MONEY

**Mr. M. Kariuki:** Mr. Speaker, Sir, I beg to ask the Minister for Finance the following Question by Private Notice.

(a) How has the donor's bilateral and multilateral pool money been utilized during the current financial year ending 30th June, 2004?

(b) Is the Minister satisfied that the respective Ministries have the necessary capacity to inject the additional money to the target projects?

**Mr. Speaker:** Mr. Assistant Minister, are you ready now?

**The Assistant Minister for Finance** (Mr. Katuku): Mr. Speaker, Sir, if you have another Question, you might go to it as we wait for the Minister who was supposed to answer the Question.

**Mr. Speaker:** All right! I will still hold on. Mr. Mwanzia!

RECONSTRUCTION OF TOILET FACILITIES  
FOR KYAMUNYUU PRIMARY SCHOOL

**Mr. Mwanzia:** Mr. Speaker, Sir, I beg to ask the Minister for Education, Science and Technology the following Question by Private Notice.

(a) Is the Minister aware that the recent heavy rains caused the destruction of pupils' latrines which sunk and collapsed at Kyamunyuu Primary School and the school may not re-open due to lack of toilet facilities?

(b) What urgent financial assistance will the Ministry extend to this school to reconstruct the toilet facilities?

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

(a) Yes, I am aware that six toilets of Kyamunyuu Primary School sunk on 13th April 2004 due to heavy rains. The school re-opened on 3rd May 2004 and learning has continued uninterrupted. The Kyamunyuu African Inland Church (AIC) has kindly allowed the school to temporarily use its two toilets by the lower classes, while the school management committee dug two temporary pit latrines for the upper classes and, therefore, the situation is under control.

(b) The Ministry does not have a specific fund to assist such cases. However, under the free primary education, every school has Account No.2 which caters for repairs, maintenance and other improvements. It is on this basis that my Ministry, through the efforts of the District Education Officer and the school management committee, initiated the construction of six toilets which are yet to be completed. The parents have continued to provide labour, sand and bricks.

**Mr. Mwanzia:** Mr. Speaker, Sir, if you look at these two answers, you will find that they contradict each other. I think the question of physical facilities, as far as schools are concerned, is becoming a very big problem and more so, especially where there are emergencies like this one. I will agree with the Assistant Minister's answer to part "a" of my Question, where the AIC have agreed to give us at least two toilets, and we have constructed at least, two temporary ones.

However, I am not aware of the initiative between the school management committee and the District Education Officer. Could the Assistant Minister tell us what is this initiative and how much financially or materially has the District Education Officer or the Ministry given to it?

**Mrs. Mugo:** Mr. Speaker, Sir, the answers to this Question are not contradictory. As we have said in the past, the money provided for free primary education is mainly for teaching purposes, students and teachers. The infrastructure has never been included fully in the free primary education. However, there are limited funds in Account No.2 which were passed by this Parliament which cater for minor repairs and not major ones. That is where we say it is a partnership and the school management committee and the District Education Officer are mobilising the parents to be able to support the infrastructure. In the past, we were borrowing a few shillings from other Heads to support infrastructure. That account has run out of money completely and we are hoping that we will be able to get more in the next financial year after the Budget is read. However, we are also speaking with our development partners who have been very supportive to this free primary education programme, with a view of trying to attract some of them to support infrastructure. We know that it is very difficult. It is not easy. I would also like to appeal to Members of Parliament, now that we are going to have the Constituencies Development Fund, to also use the funds for such emergencies but we are trying all the time to solve such emergencies.

**Mr. Sambu:** Mr. Speaker, Sir, considering that natural calamities like this one occur and schools are closed, if we carry out emergency Harambees, will the Assistant Minister relay information to the Office of the President that they do not set policemen and dogs upon us?

**Mrs. Mugo:** Mr. Speaker, Sir, there are laid down guidelines on how to go about getting parents and leaders doing Harambees and school management committees; the school heads and the DEOs know the procedure. You notify the Ministry of Education, Science and Technology and the parents to be party to that Harambee and that no child is sent away from school because his or her parent did not contribute. Under those circumstances, yes, the Ministry allows Harambees but there are guidelines which are followed on that.

**Prof. Oniang'o:** Mr. Speaker, Sir, it is curious that the Assistant Minister is looking for development partners to build latrines in schools when this Government has squandered Kshs83 billion in one year. When toilets collapse, it is a danger to the lives of children and this Ministry does not have emergency funds at all. Could the Assistant Minister tell us when there is going to be a policy on emergencies to deal with blown-off roofs, collapsed toilets and destroyed books?

**Mrs. Mugo:** Mr. Speaker, Sir, I am not aware of any money that has been squandered as the hon. Member has said. However, let me answer on education; that when you count all the primary schools in the Republic, then money for the repair of six toilets amounts to peanuts. However, the money the Ministry uses is the money that is passed by this very House.

**Mr. Abdirahman:** On a point of order, Mr Speaker, Sir. Is the Assistant Minister in order to talk to us about general development plans when we are asking for specific emergency responses?

**Mrs. Mugo:** Mr. Speaker, Sir, I did say that there was a little money that we were borrowing from other Heads for emergencies but that money is now finished. We are hoping that this House will give us more money in the coming Budget which is about to be read and, when we have that money, we will be very happy to spend it. However, the money that we use in education is the money that is voted by this House.

**Mr. Mwanzia:** Mr. Speaker, Sir, in fact, when this emergency occurred, I went to see the Permanent Secretary since that was what I was advised to do by the Minister. The Permanent Secretary wrote a reply to me, although he was very unco-operative in his office and he indicated that Kshs50,000 would be sent to all schools for these kind of emergencies. I forgot his letter in my

office at Continental House. I can produce it.

**Mr. Speaker, Sir,** could the Assistant Minister confirm whether Kshs50,000 is going to be sent to all schools? Secondly, since the Assistant Minister has talked of Account No.2, could she tell the House whether she considers money in this account enough for repairs and improvement of schools because it is very little?

**Mr. Speaker:** That is enough! It is not a debate! You are making a speech!

**Mrs. Mugo:** Mr. Speaker, Sir, I can confirm that, in fact, Kshs60,000 will be sent to every school within this period. Out of this Kshs60,000, Kshs50,000 is for repairs, harvesting water, building of toilets or anything like that which the schools decide to do, while Kshs10,000 is for the new policy of children with minor disabilities attending regular schools and that money is for creating awareness on that special education. So, every school will receive Kshs60,000 and Kshs50,000 can be used for those emergencies. However---

**Mr. Speaker:** Very well. Did you want to add something?

**Hon. Members:** *Imetosha!*

**Mrs. Mugo:** *Imetosha?*

**Hon. Members:** *Ndio!*

UTILIZATION OF MULTILATERAL/  
BILATERAL POOL MONEY

**(Mr. M. Kariuki)** to ask the Minister for Finance:-

(a) How has the donor bilateral and multilateral pool money been utilized during the current financial year ending 30th June, 2004?

(b) Is the Minister satisfied that the respective Ministries have the necessary capacity to inject the additional money to the targeted projects?

**Mr. Speaker:** Mr. M. Kariuki's Question is deferred until tomorrow in the afternoon.

*(Question deferred)*

**MINISTERIAL STATEMENT**

REPORT ON PASSPORT

PROCUREMENT EQUIPMENT

**The Minister for Finance** (Mr. Mwiraria): Mr. Speaker, Sir, last week I promised the Chairman of the Public Accounts Committee (PAC) that I would bring to this House the Report on the Procurement of Passports and other security equipment by the Department of Immigration. I am happy to do so this afternoon.

Mr. Speaker, Sir, in laying this Report by the Controller and Auditor-General on the Table, I would like to make two observations. First, I want to thank those who unearthed the problem. Secondly, I thank them because even those people who had been paid the Kshs91 million have returned it to the Central Bank of Kenya (CBK).

*(Mr. Mwiraria laid the Report  
on the Table)*

**Hon. Members:** On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** No! Not on this issue.

**POINTS OF ORDERS**UNWARRANTED ATTACKS ON  
KANU MEMBERS OF PARLIAMENT

**Maj-Gen.Nkaissery:** Mr. Speaker, Sir, I stand to seek a Ministerial Statement from the Minister of State, Office of the President incharge of national security on the unwarranted and uncalled for harassment of the Leader of the Official Opposition, Mr. Uhuru Kenyatta and his colleague on the 14th May, 2004 in Eldoret and also, the harassment of Messrs. Chepkittyony and Moi on 15th May, 2004.

*(Mr. Nyachae stood in his place)*

**Mr. Speaker:** Mr. Nyachae, he is still on a point of order!

**Mr. Nyachae:** On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** Order, Mr. Nyachae! We cannot have the two of you on the Floor of the House.

*(Loud consultations)*

**Mr. Speaker:** Order, Members! Order, Mr. Nyachae! There is an hon. Member on a point of order. Let him finish first, then you will raise yours. He is standing on a totally different point of order.

**Maj-Gen. Nkaissery:** Thank you, Mr. Speaker, Sir.

As I was saying, I stand to seek a Ministerial Statement from the Minister of State, Office of the President incharge of national security, on the unwarranted and uncalled for harassment of the Leader of the Official Opposition, hon. Uhuru Kenyatta and his colleagues on the 14th May, 2004 in Eldoret also, the harassment of Messrs. Chepkittyony and Moi in Keiyo North on 15th May, 2004.

Mr. Speaker, Sir, the actions of the NARC Government are high-handed---

**Mr. Speaker:** Seek your Ministerial Statement, Maj-Gen. Nkaissery.

**Maj-Gen. Nkaissery:** Mr. Speaker, Sir, in the Ministerial Statement, I want the Minister to first and foremost to assure Kenyans that the primitive and undemocratic acts shall never happen again in this country. Secondly, he should ensure that this will not be repeated in this country in future. The Statement ought to reach this House tomorrow any time before it adjourns.

**Mr. Speaker:** Mr. Nyachae, what was it?

**Mr. Nyachae:** Mr. Speaker, Sir, the Minister for Finance has tabled a document connected with the issue of the procurement of passports and the related security issues. It is not enough to table the Controller and Auditor-General's Report without telling us what went wrong.

*(Applause)*

Four civil servants have been thrown out without us being given reasons. We know that no one agreement on procurement or loans can be signed by a civil servant. Therefore, we do not want civil servants be victims of a situation which is a result of a much wider network. We want to understand the reality of this matter.

*(Loud consultations)*

Mr. Speaker, Sir, the lives and families of these civil servants have been ruined. We need to know the truth.

**Mr. Speaker:** Order, Mr. Nyachae! I think I must bring all of you to order. This House, through me, ordered the Controller and Auditor-General to carry out a special audit on this particular issue under the Audit Act. In compliance to that, the Controller and Auditor-General, through the Minister for Finance, has now transmitted to the House his findings on that special audit. It means that the Report tabled by the Minister here, will now go to the Public Accounts Committee (PAC). It is only after the PAC has heard all those people who have anything useful to say about this matter, that we shall discuss it. So, this matter is now beyond your talking here. It will go to the relevant Committee and I do hope that the relevant Committee will take up this matter with due speed and diligence and come to report to this House. So, that is the position.

**Hon. Members:** Tomorrow!

**Mr. Speaker:** Order, Members! You cannot tell the Committee to bring its report tomorrow. Are you after facts or after blood?

*(Loud consultations)*

Order, Members! I am not a cannibal and so is this House. We are after facts and I am sure that PAC is competent to go into this report and come up with facts. So, let us proceed now.

UNFAIR DECLARATION ON SOMALIA  
PASSPORTS ILLEGAL

**Mr. A.M. Mohammed:** Mr. Speaker, Sir, I wish to seek a Ministerial Statement from the Minister for Foreign Affairs and International Co-operation on the recent declaration on the Somalia passports as being illegal. This action has resulted, among other things, into bad signals about the initiative the Kenya Government is taking right now---

**Mr. Speaker:** We are not debating Mr. Mohammed.

**Mr. A. M. Mohammed:** Yes, Mr. Speaker, Sir. I wish to ask the Minister to explain to this House under what circumstances the Government has decided to make Somalia passports illegal. Secondly, there are other travel documents issued by Western countries for people who are said to be stateless. The Government has also decided not to take into consideration these internationally accepted travel documents.

**Mr. Speaker:** Order, Mr. Mohammed! If this is going to be trend, then we have completely missed sight of what Ministerial Statements are supposed to be. In fact, what it does appear to be like is that any hon. Member who wants to argue his case before this House, any time now will pretend to be seeking a Ministerial Statement while at that time making his own case. That is not how Ministerial Statement should be? This is not the occasion for debate.

I advise hon. Members, if you feel strongly about any matter, bring a Motion or wait for a relevant Motion or Bill to be brought to this House, then you could argue out your case. But asking for a Ministerial Statement only entails what the Minister has done or failed to do. It only seeks the Ministers to state the position of the Government and not yours. So, what is it that you want of the Minister?

**Mr. A.M. Mohammed:** Mr. Speaker, Sir, I would like the Minister to explain to this House under what circumstances these passports were made illegal and why immigrants from Somalia and other people who have documents which are internationally accepted are not allowed to enter this country.

**Mr. Speaker:** Very well, I think that is the end of---

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): On a point of order, Mr. Speaker, Sir. That point is misdirected to my Ministry. The issue of passports is a matter of the Office of the Vice-President and the Ministry of Home Affairs, and His Excellency is here.

**Mr. Speaker:** Proceed, Mr. Kembi-Gitura, before I finish with his Excellency the Vice-President and Minister for Home Affairs.

WAIVING OF DEBTS OWED  
BY COFFEE FARMERS

**Mr. Kembi-Gitura:** Mr. Speaker, Sir, I rise on a point of order to seek a Ministerial Statement from the Ministry of Co-operative Development.

In or about February, 2004, the Minister for Co-operative Development and Marketing came to Maragwa District, and promised the farmers that the debts that they owe the Co-operative Bank would be waived. He also promised them that Kshs641 million that has been withheld by the Coffee Board of Kenya would be released to the coffee farmers countrywide. In or about March, 2004, the same Minister came to Kahuro in Kiharu Division after having come from Mukurweini Constituency in Nyeri District, and promised that those debts would be waived and that the Kshs641 million will be paid.

Mr. Speaker, Sir, the problem we are having now in Murang'a---

**Mr. Speaker:** What is that you want?

**Mr. Kembi-Gitura:** Mr. Speaker, Sir, please, give me a minute.

**Mr. Speaker:** Order! You are again going to Mr. A.M. Mohammed's way.

**Mr. Kembi-Gitura:** I heard that, but---

**Mr. Speaker:** Order! Order! First of all, Mr. Kembi-Gitura, you had the opportunity to say all that last week because the Co-operative Societies (Amendment) Bill was before the House. You should have told the Minister then all those things. But briefly in one sentence, what is it that you want?

**Mr. Kembi-Gitura:** Mr. Speaker, Sir, the question I have has nothing to do with the new Bill. The question that I want to ask is as follows: As of today and yesterday, farmers have been deducted 20 per cent by the Co-operative Bank as it is entitled to do because the farmers owe the bank. But the question that I am asking is; have the debts been waived or not? When are we going to get the Kshs641 million?

*(Applause)*

What is the actual implementation on the ground regarding the promises that the Minister has made, because it is causing a lot of concern?

Thank you, Mr. Speaker, Sir.

**Mr. Speaker:** Order! That is enough. Order! You know that we have created a terrible habit now. Matters other than Business occupy more than half of our day. You know that Questions, Ministerial Statements or points of orders seeking the same comprise matters other than Business. They are not part of the Business of the House. They are a "by-the-way", and we are spending more time on "by-the-ways" rather than on the real things. I must now say that, in fact, Questions will not go beyond 3.30 p.m. at any time. If the Questions are not finished by 3.30 p.m. Question Time ends there.

Proceed, Mr. Vice-President and Minister for Home Affairs!

**MINISTERIAL STATEMENTS****DEPORTATION OF MUSLIM NGO DIRECTORS**

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, hon. Billow sought a Ministerial Statement on the deportation of two workers at one of the Non-Governmental Organizations (NGOs), and I would like to make the Statement now. This is a Statement with regard to the deportation of two Egyptian nationals working for the African Muslim Agency (AMA).

Mr. Speaker, Sir, the presence of the two Egyptians; Mr. Tariq Abdalla Salim and Mr. Ayman Barakat Abu Salim who were employees of the Thika-based AMA posed a grave security risk to this country. The two know the reasons why they were deported.

**Hon. Members:** We do not know!

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Yes, they do know. Due to the cause of the risk that they were posing for this country, the Government issued and effected the deportation order against the two officials of the organization on 15th May, 2004.

Mr. Speaker, Sir, regarding the hon. Member's concern about the fate of the institution after the departure of the two officials, I wish to confirm that the Director of the AMA, who happens to be from Sudan, is still in office and, therefore, the institution is still operating. At this point, I want to reiterate that the Government appreciates the noble work and objectives of the AMA in the area of education and care of orphaned children in this country. The Government will, therefore, continue to support the agency's activities even after the departure of the two officials.

Thank you, Mr. Speaker, Sir.

**Mr. Billow:** Arising from that---

**Mr. Speaker:** Mr. Billow, it is not Question Time, just seek a clarification then we can proceed on to House Business.

**Mr. Billow:** Thank you, Mr. Speaker, Sir. I want to seek clarifications from His Excellency, the Vice-President and Minister for Home Affairs. This is the third organization whose all foreign directors have been deported for the same reason; "security" risks. They were not told, neither were we informed as Parliament what these "security reasons" were. I think it is important that we do not camouflage it under "security".

Mr. Speaker, Sir, secondly, has the Minister considered the implications of the deportations, because the other two organisations ended up relocating to the nearest countries shortly after their directors were deported. We are concerned that this organization will, in due course, do the same.

Thirdly, I would like to appeal to the Vice-President and Minister for Home Affairs, if he cannot share the security reasons with this House, could he be willing to discuss them with us, so that we could know exactly under what circumstances these gentlemen were thrown out of this country?

**Mr. Speaker:** Just a moment, your Excellency, the Vice-President and Minister for Home Affairs. Could I hear one more point from Mr. Wario before we finish with you?

**Mr. Wario:** Bw. Spika, hiki sicho chama cha kwanza cha Kiislamu kufungwa katika nchi ya Kenya. Kuna watu wengi wasiokuwa Wakenya---

**Mr. Speaker:** By the way, Mr. Wario, the organization was not closed down. Two of its employees were deported.

**Mr. Wario:** Hapo ndipo tunapoelekea, Bw. Spika. Kwa sababu mkurugenzi wa Al-Muntada Al Islami aliondolewa na hatimaye shirika hilo likafungwa. Baadaye, shirika la Al-

Haramain ndilo lililofuata na leo, ni shirika la AMA. Bila shaka huu ni mpango mahsusi uliopangwa na Serikali ili kupigana na vyama vinavyowasaidia Waislamu.

Waislamu wana hatia gani kuishi katika nchi hii? Hili ndilo swali ninataka kumuuliza Makamu wa Rais na Waziri wa Mambo ya Ndani.

*(Applause)*

**Mr. Speaker:** Order! I think the Vice-President and Minister for Home Affairs will respond to that question. But I [**Mr. Speaker**] think it is very bad for an hon. Member to turn a Question into a faith issue.

**Hon. Members:** But it is!

*(Loud consultations)*

**Mr. Speaker:** Order! There is a difference between Islam and Mr. Wario. If Mr. Wario were to commit an offence, Islam would not have committed an offence!

Can you reply, Vice-President and Minister for Home Affairs!

**Mr. Wario:** This one is purely against Islam!

**Mr. Speaker:** Order! Will you, please, relax, Mr. Wario!

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, the Government has got various arms of doing investigations in so far as security is concerned. Right now, I am afraid that I am not willing to either tell this House or to sit with various people to tell them exactly what the situation is, because by doing that, I will still be endangering the country further.

As to the implication of removing the two people from the country, the director of AMA is still in place, and there is, in fact, room for the director to find local people to work in the institution. It does not have to be that these people have to come from outside all the time.

Bw. Spika, mhe. Wario anazua habari ya dini hapa. Alizungumza kwa Kiswahili, kwa hivyo, nitamjibu kwa Kiswahili.

**Mr. Speaker:** You must continue in English!

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, I want to assure this House that religion does not come into this whatsoever. People commit crimes as individuals and not as members of a particular sect. Therefore, when the consequences come, they should leave their faith alone.

**Mr. Kajwang:** On a point of order, Mr. Speaker, Sir. Is it in order for the Vice-President and Minister for Home Affairs to suggest that these two gentlemen, who were extradited, committed certain crimes which he cannot share with this House? Is it in order that some people can commit serious crimes, close to terrorism, because that is now the most serious crime, that we cannot be told? These people are extradited quietly. Is it not going to be the practice of the Government of the Republic of Kenya to be extraditing people forcefully without any justification, and hide behind some secrecy of some crime which is not known?

**The Vice-President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, I am quite satisfied with the reasons why these two officials were deported. They were deported in the interest of security for everyone, including all hon. Members here.

**Mr. Speaker:** Mr. Tarus, when are you going to respond to Maj-Gen. Nkaiserry's Ministerial Statement? There has been a matter that you have been trying to escape from Mr. Salat. There was an issue raised by Mr. Salat.



**The Assistant Minister, Office of the President** (Mr. Tarus): Mr. Speaker, Sir, that is not true. I think we ran short of time.

**Mr. Speaker:** Did you go through it?

**The Assistant Minister, Office of the President** (Mr. Tarus): Mr. Speaker, Sir, I have had this statement for the last one week.

**Mr. Speaker:** Would you like to respond to him now?

**The Assistant Minister, Office of the President** (Mr. Tarus): Yes, Mr. Speaker, Sir.

**Mr. Speaker:** What will you do about the statement sought by Maj-Gen. Nkaisserry?

**The Assistant Minister, Office of the President** (Mr. Tarus): I will respond to Maj-Gen. Nkaisserry's statement on Thursday.

**Mr. Speaker:** Very good. Then respond to Mr. Salat's.

#### MURDER OF MRS. NANCY CHEPKURUI SIELE

**The Assistant Minister, Office of the President** (Mr. Tarus): Mr. Speaker, Sir, on 4th May, 2004, Mr. Salat rose on a point or order to request for a Ministerial Statement on the alleged coverup of the grisly murder of one Nancy Chepkurui Siele of Narok, Case No.CR782/62/2003. I wish to state the following:-

On 27th July, 2003, at about 11.00 a.m., the late Nancy Chepkurui in the company of her husband, Mr. David arap Siele, went to the farm of Titame ole Sankei to remove charcoal that they had burnt. They removed the charcoal up to 3.00 p.m. when the husband heard some movements and on checking, saw a double-muzzled gun aiming at him in a thick bush. Immediately, he heard a gunshot and panicked and then jumped into the bush. From there, he ran away without knowing what had happened to his wife. He went to their home hoping that the wife had ran to their home through the other side of the bush. On arrival at home, he did not find the wife. He remained at home waiting for the wife to come until the following day, 28th July, 2003, when he reported to other members of the family.

The husband and other members of the family went to the scene and on arrival found a big fierce fire. They disturbed the fire and therein, saw some bones. The matter was reported to the police officers at Olelae Police Patrol Base, who visited the scene. From the fire, they recovered some bones, parts of the skull, a pellet hand of a shotgun and two used shotgun cartridges.

Mr. Speaker, Sir, investigations reveal that two sons of Titame ole Sankei, known as Nonywas ole Sankei and Tilaso ole Sankei, were seen carrying a shotgun walking towards the direction of the scene of 27th July, 2003, at around 3.00 p.m. Police visited the home of the suspects and recovered two shotguns which were later forwarded to the ballistic experts. The bones were also forwarded to the Government Chemist for analysis.

On 1st August, 2003, the two suspects were arrested and later taken to court vide Case No.CR782/62/03. A duplicate case file was forwarded to the Senior State Counsel, Rift Valley, for advice and direction. The Senior State Counsel in his letter reference General/CR/Vol.3/2003/80 dated 23rd September 2003 directed that a public inquest be held at the Senior Resident Magistrate Court in Narok. A *nolle prosequi* in respect to the charges was entered on 25th September, 2003, and the two suspects were released.

Mr. Speaker, Sir, the public inquest was instituted as directed and the case is coming up for hearing on 4th August, 2004, before the Senior Resident Magistrate Court in Narok. I wish, therefore, to state categorically that the transfer of the investigation officer in this case was normal and had nothing to do with any alleged cover up of the case, which is being dealt with according to the due process of law.

**Mr. Speaker:** Is there anything else you want out of that, Mr. Salat? I think that is clear.

**Mr. Salat:** Thank you, Mr. Speaker, Sir. The matter before us is a total miscarriage of justice. I do not see why the Senior State Counsel had to recommend---

**Mr. Speaker:** That is between the two of you. Is there anything you want clarification from him? The matter is in court. It is coming up for hearing in August. Is there anything that you really want out of that?

**Mr. Salat:** Mr. Speaker, Sir, what is coming up for hearing in August is the public inquest. The Assistant Minister has given the sequence of the events that led to the murder of Mrs. Chepkurui Siele. When the spent cartridges were taken to the ballistic experts and found to have been from the shotgun that was carried by the sons---

**Mr. Speaker:** Mr. Salat, in all fairness, is it that not the evidence to be taken to the court? In all fairness, are we taking the matter out of court in Narok and bringing it here, so that we decide before the court decides?

**Mr. Salat:** Mr. Speaker, Sir, after all these facts were adduced, why was a *nolle prosequi* entered in this case? It was actually cold murder.

**Mr. Speaker:** That is legitimate!

**The Assistant Minister, Office of the President** (Mr. Tarus): Mr. Speaker, Sir, indeed, a *nolle prosequi* was entered into and I know this raised suspicions. May I plead that the case be allowed to proceed until its conclusion. We are also interested in ensuring that justice is seen to be done with regard to this particular case.

**Mr. Speaker:** Very well. That is the end of Ministerial Statements.  
Next Order!

### MOTION

#### ADOPTION OF SESSIONAL PAPER ON NATIONAL SOCIAL HEALTH INSURANCE SCHEME

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I beg to move the following Motion:-

THAT, this House adopts Sessional Paper No.2 of 2004 on the National Social Health Insurance Scheme (NSHIS), laid on the Table of the House on Thursday, 13th May, 2004.

**Mr. Mwenje:** On a point of order, Mr. Speaker, Sir. I do not know whether this is actually procedural. If there is a Bill on the same subject which we are supposed to be debating, why do we need a Sessional Paper first, instead of waiting for the actual Bill so that we can debate it?

**Mr. Speaker:** Order! You must understand two things; the difference between a Bill and a Sessional Paper. A Sessional Paper is a statement of policy upon which the Bill may be based or even no Bill is based. In any case, what Bill are you talking about?

**Mr. Mwenje:** Mr. Speaker, Sir, I am aware, and we have even been called to workshops to discuss a forthcoming Bill on this matter.

**Mr. Speaker:** Order! Bills come to this House through publication. To the best of my knowledge, no such Bill has been published. So, I am not going to be taken into imagination. It must be a statement of fact. There has not been a Bill published. So, proceed, Mrs. Ngilu!

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Speaker, Sir. I beg to move:-  
THAT, this House adopts Sessional Paper No.2 of 2004 on the National Social Health Insurance Scheme (NSHIS) laid on the Table of the House on Thursday, 13th

May 2004.

Mr. Speaker, Sir, I wish to thank you for allowing me to present this Sessional Paper to this august House on the National Health Insurance Fund. This is a culmination of work done by various technical committees over the past four years. As you may recall, the Departmental Committee on Health, Labour, Housing and Social Welfare of this House, visited various countries in Europe, South East Asia, Africa, America among others in 2002 to study and examine the modalities of operationalizing a social health insurance scheme in Kenya. This Committee's findings were that the public health sector in this country is under-funded, and that there is need to strengthen regulation in the health sector by regulating the health maintenance organizations, so that they do provide health care and also provide insurance covers by improving operations of the public hospitals to enable them to deliver quality health care and to strengthen preventive health care services.

Mr. Speaker, Sir, the Departmental Committee was, therefore, used to design the proposed social health insurance scheme. It

need not be said that disease, death and disability continue to rise because of lack of access to health care. Life expectancy in this country has dropped from 60 years to 47 years in the last ten years. Lack of access to health care has caused death to young people, and they have died out of preventable and treatable diseases. Eighty per cent of the diseases that kill are preventable and treatable.

Infant mortality has increased from 90 per 1,000 children, to 114 per 1,000 children, per year. Maternal mortality has increased from 600 to 1,000 per every 100,000. As I travel round the country I see this as a result of the poor infrastructure and understaffing in our public hospitals as well as in private hospitals.

Mr. Speaker, Sir, Chapter 1 provides background information on the need for a scheme, the role of the private sector, opportunities and challenges during the implementation process. Chapter 2 provides information on the elaborate consultation process that we undertook, both in, and outside the country and the sentiments expressed. Chapter 3 dwells on the benefit package and the financing framework for the proposed scheme. Chapter 4 is on the institutional framework of the scheme. Chapter 5 is on the legal framework of the scheme. Chapter 6 and 7 touch on the key concerns and the success factors. As I indicated to you earlier, Chapter 1 is an introduction and addresses the need for the scheme, the role of the private sector, opportunities and challenges during the implementation process.

*[Mr Speaker left the Chair]*

*[Mr. Deputy Speaker took the Chair]*

The levels of poverty and the rising cost of health care keep many Kenyans away from seeking health care services. Studies show that 25 per cent of sick Kenyans do not seek medical care due to financial difficulties, while 16 per cent borrow money, use title deeds, log books or look for other forms of guarantee to raise money to seek health care or to finance their hospital bills.

Mr. Deputy Speaker, Sir, this further deepens the poverty among our people. It is because of this reason that others choose to stay home and just die. Indeed, the cost of funerals, sometimes is as much as what people would have spent to ensure that people are kept alive by providing health care. The situation is further compounded by the inequitable distribution of health resources, with arid and semi-arid areas recording very poor health indicators.

**Mr. Cheboi:** On a point of order, Mr. Deputy Speaker, Sir. This is a very important issue, and I think what is happening here is an ambush. We have not been given sufficient time to look at

this document. We were not given the document on time. I think the Minister is not serious by just throwing documents into our pigeon holes a day before and expect us to discuss the Sessional Paper. We are not going to discuss such an important issue within such a short notice.

**Mr. Deputy Speaker:** Order, Mr. Cheboi! There is nothing wrong with what is happening. I think the Chair has been very clear on this matter. The fact that you received it yesterday is good enough. If you had said that you have not received it, that would be a serious matter.

**Mr. Cheboi:** Actually, I have just received it.

**Mr. Deputy Speaker:** Order, Mr. Cheboi! Mr. Cheboi, this is Parliament. You stood on a point of order, I gave you an opportunity to say what you wanted to say, and when I am explaining, you are on your feet again. That is unprocedural. For that reason, if not for anything else, you are out of order. Proceed, Mrs. Ngilu!

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Deputy Speaker, Sir. I actually wish to inform hon. Members that this document was put in their pigeon holes last Friday.

Mr. Deputy Speaker, Sir, I am aware that every hon. Member of Parliament would like to see this scheme in place, because we all know how much our people are suffering. I, therefore, think that we all need to support it. The leading causes of high morbidity and mortality rates are malaria, HIV/AIDS, tuberculosis, respiratory system diseases, skin diseases, and diarrhoea, among others. These diseases account for 75 per cent of cases reported in our health facilities. Malaria, maternity cases and pneumonia account for 43 per cent of all hospital admissions.

In order to reduce the disease burden, there is need to intensify preventive health services, a role the Ministry can only play effectively if financing of curative health services is done through other arrangements. The central Government's allocation to the public health sector has not been adequate to support the increasing utilisation. In the last 20 years, the health allocation has dropped from Kshs768 per capita in 1980/81 to the current level of Kshs496 per capita. This level of funding is far too low compared to the recommended Kshs2,720 by the World Health Organisation (WHO). The under-funding of the health sector has contributed to lack of drugs, inadequate medical personnel, poor infrastructure and poor service delivery in our health facilities.

Less than four per cent of Kenyans have comprehensive medical insurance cover. This implies that the majority of them are not protected against catastrophic illnesses. This is one reason why so many of them have to sell their assets to offset their hospital bills. I am sure that all hon. Members of Parliament have at one time or another been called to conduct a Harambee to raise funds or deposit their log books or another form of asset with a hospital for their constituents to access health care. Public health cannot be left entirely in the hands of the private sector. Under the new scheme, the private sector will be encouraged to cover additional benefits and invest in rural areas since they will be assured of income and will not run a high debt portfolio, as is the case today.

The design of the new scheme is as a result of high public demand for alternative financing arrangements. Kenyans have been paying for health from their pockets, which accounts for 53 per cent of the total health expenditure. According to a survey that was done in 2001, the total expenditure was estimated at Kshs70 billion, with the out-of-pocket component being about 75 per cent, which is financed from private resources. It is proposed that the new scheme, once implemented, will transform the National Hospital Insurance Fund (NHIF) to the National Social Health Insurance Scheme (NSHIS). The NHIF has been in operation for the last 40 years and has only been catering for in-patients. This time, NSHIS will cater for in-patients and out-patients.

In the 2002 campaign manifestos, all political parties promised that they would set up a social health insurance scheme to help Kenyans out of the health problems that they are in. We, therefore, agree that there is need for us to pass this scheme, so that Kenyans can benefit from it.

We know that there will be challenges, among them fraud, that will be faced during its implementation. In the past, the NHIF has lost a substantial amount of funding due to fraudulent claims. The new scheme will cover both in-patient and out-patient services. It is projected that demand will increase by 30 per cent due to unnecessary utilisation, or provider-induced demand. The anticipated contractual arrangement between NSHIF and the provider will reduce the level of fraud, and make the providers accountable. The scheme will have institutions and legal provisions that will protect the funds from both internal and external fraud.

The cost of treatment for HIV/AIDS may be an over burden to the scheme. In order to respond to the challenge of HIV/AIDS, the Government will in the long run evolve a national capacity to provide sustainable financing mechanism for HIV/AIDS programmes. HIV/AIDS programmes will continue receiving multilateral and bilateral support that we have been getting, as is the case today.

Currently, due to congestion in health facilities, members of the public perceive the quality of health care provided to be poor. On the other hand, there is a lot of idle capacity in the mission and the private sector hospitals, which can be fully utilised if the financial barrier is done away with. It is anticipated that patients will shift from public to private and mission hospitals, thereby decongesting the public hospitals and enabling them to provide quality care.

In the private sector, the quality of health care and cost are unregulated at the moment. The new scheme will be a medium of controlling these two important aspects of health care delivery.

Chapter two of the Sessional Paper dwells on the consultative process undertaken in the development and the design of the scheme. As alluded to earlier, there was a parliamentary committee that went out of this country to study what has been happening in other countries. Visits were paid to all provinces and to up to about 15 districts. The proposed NSHIS legal financing legal framework was discussed. In addition, evidence was adduced and literature of similar schemes in other countries reviewed.

Consultations have been done with various social partners and stakeholders. These include COTU, FKE, KNUT, women's organisations, the Government itself and the Departmental Committee on Health and Social Welfare, among others. In all these consultations, it has become clear that the scheme is acceptable, and the Government was requested to move with haste to implement it, in order to protect Kenyans from death and disability, as well as poverty arising from high health care costs. This is the reason why I am presenting this Sessional Paper to this august House today.

Chapter 3 of the Sessional Paper spells out the benefit package and financing framework. The benefit package has been carefully crafted to maintain and promote good health care and the cost effectiveness. The package covers out-patient and in-patient services at all levels of health care systems, and will be reviewed periodically to reflect the changing disease burden.

Mr. Deputy Speaker, Sir, on financing, five areas have been identified as possible sources of financing. It is expected that when the scheme is fully operational, we will be able to spend up to Kshs40 billion. Efforts will be made to make the scheme less wasteful, efficient, demand-driven and operate in a competitive environment. The scheme will be implemented in phases, starting with those in employment. Advocacy and sensitisation will be undertaken to bring the self-employed on board, while the Government will contribute towards supporting the poor. The scheme will be implemented gradually, and it is expected that it will cover everybody in the next nine years.

The fourth chapter is now a revised version of the Sessional Paper and expunges the national council, but maintains the institutional framework for good governance and responsiveness to grassroot participation. Chapter 5 defines the legal framework necessary to implement the National Social Health Insurance Scheme (NSHIS). It looks at the present legal regime relating to medical

insurance, in particular the NHIS Act, Employment Act and Workman's Compensation Act. Where overlap exists, it is expected that the proposed NSHIF law will supersede other Acts in relation to medical insurance.

Chapters 6 and 7 touch on key concerns and success factors. Among these are corruption, political will and inefficiency. It is expected that structures will be put in place to address these "ailments" and improve on governance. In the past we have done poorly in these areas, and it is expected that institutions will be put in place to instil prudent management of the Fund in order to increase utility of premiums collected from the members. I will be happy if Members of Parliament can pinpoint misdeeds of the current NHIF, or the proposed scheme, in order to correct them in good time. It is recommended that the NHIF Act can be repealed and the NSHIS can be legislated through a Bill which I will table before this Parliament very soon.

**Ms. Abdalla:** On a point of order, Mr. Deputy Speaker, Sir. There is no quorum!

**Mr. Deputy Speaker:** Order! Even before counting the hon. Members present, I can see there is a quorum.

**The Minister for Health (Mrs. Ngilu):** Mr. Deputy Speaker, Sir, with those few remarks, I beg to move.

**Mr. Deputy Speaker:** His Excellency the Vice-President will second the Motion.

**The Vice-President and Minister for Home Affairs (Mr. Awori):** Mr. Deputy Speaker, Sir, I stand to second this very important Motion.

First of all, I want to congratulate the Minister for the diligence and hard work that she has put in to prepare the Sessional Paper which she did circulate last week. I am told that the work that has gone into it has taken over four years, during which time her officers visited various countries to compare notes and see which is the best way to come up with a scheme that will help our people.

For a long time, health services have deteriorated a great deal. In the process, a lot of our people have died. Now the services are improving considerably, but we are still beset by a lot of diseases. Deaths are counted almost every day, with the causes ranging from malaria, meningitis, water-borne diseases to various other diseases, including the scourge that is facing us now, HIV/AIDS.

Almost every weekend many of us attend funerals of little children, adults and old people. Most of them are dying because they have not been able to access health services. Just before Independence and at Independence time, His Excellency the late President Jomo Kenyatta said that all of us had three enemies that we had to start fighting vigorously and defeat. One of them was illiteracy. The second one was poverty and the third was disease. Forty years down the line, the fight is still going on. We have not won it. Disease is still with us.

At the same time, services, particularly in the private sector, have improved considerably. We have hospitals in this country whose services are equal to those of any hospital anywhere in the world. Today, there are hospitals in Nairobi which are treating heart diseases. They are dealing with brain and kidney problems. Only the other day, I did visit the Mater Hospital. During my visit I discovered that recently the hospital carried out 65 heart surgeries. In fact, at the time I met a little 10 year-old boy who had no chance of living, about six weeks ago. But because of the professionalism and the good service that, that hospital is giving, that child has received a new lease of life. For many years, our people have lost their eyesight. We now do have good hospitals, all of them private hospitals, which are restoring eyesight to our people. But how many of our people can afford to go to the Mater or Aga Khan Hospitals?

We have those hospitals giving excellent professional services, but our people cannot afford them. How many die needlessly? How many of our people go blind needlessly? How many people become physically and mentally challenged simply because they are poor? All these people have

one common denominator, and that is, that they are poor. We know that everyone is entitled to life and good health. Good services should not be the preserve of just the rich, because the rich are only a small minority.

Mr. Deputy Speaker, Sir, a prudent parent always takes all the necessary steps to protect his children. Similarly, a Government that is prudent must take steps to ensure that its citizens are protected, given good health services and have access to them. The Minister's scheme will give many of our people a new lease of life. The rich have got private insurance covers. Many of the rich have got no problem because they contribute to private insurance schemes and, therefore, are not afraid of being sick. That includes even us, Members of this august House. We have a scheme that is taking care of all our health problems. Therefore, it does not matter where we are, whether we are travelling overseas, or in our rural areas, because if we fall sick we know that we have a scheme that will take care of us. The beauty of this scheme is that, first of all, it is contributory and proportional. I am told, and I have looked at this Sessional Paper, after comparing all sorts of things, they have come down to a contributory figure of Kshs400 a year. As hon. Members, we should be extremely happy to support the NSHIS because quite a number of us spent between Kshs100,000 to Kshs200,000 a year helping our constituents pay their hospital bills. Now, for only a half of what we pay, that is about Kshs100,000, this will pay medical premiums for about 40 to 50 of our constituents, and our headaches will be over. That simply means that when the premium is paid, our constituents can access health services as self-reliant people. They will keep their dignity instead of coming to beg us to pay their hospital bills. As a result of this, we will have no more cases of patients detained in hospitals simply because they have not paid their bills. As to the mechanics of how the NSHIS will work, I leave that to the experts.

Mr. Deputy Speaker, Sir, I know a scheme like this, of course, is susceptible to abuse. Again, I have looked at this, and there are various chapters which address this issue. For example, I know that when this scheme takes off, there are some people who will "play dirty". For example, I remember 50 years ago when the Personal Accident Insurance Cover (PAIC) was introduced to this country; hon. Members will be amazed, but there were some people who took up this insurance cover and because of the claims, they chopped off their thumbs. This is no exaggeration. I also know of a parent years back who insured and later killed his child in order to get his insurance claim paid. Of course, he ended up in prison. These are things we will have to look into because the NSHIS will be new. When a person knows that he or she has paid Kshs400 a year to get medical services and he does not fall sick during that year, he may want to know how he can access this money. I hope there are mechanisms that have been put in place to take care of that. When you do not fall ill, then you cannot make a claim.

Mr. Deputy Speaker, Sir, the NSHIS requires really good administration and governance as the Minister did say. It is a scheme worth Kshs40 billion, which is a lot of money. Wherever there is big money, it attracts the "sharks" who smell it. This could result in cases of fraud and misappropriation of funds. I would like to see good administration of the NSHIS so that we aim at having a surplus from year to year. For instance, during the ninth year, when the scheme would have covered all of us, we would like to see a surplus. If there is a surplus, we will have money to invest in hospitals in the rural areas. We would like to have a surplus which we can invest in other areas in order to multiply the kind of money that we will have.

Mr. Deputy Speaker, Sir, I know that there is a chapter in the Sessional Paper that deals with harmonizing of other medical insurance schemes. There are insurance schemes for workers, doctors, medical practitioners and other specialised groups. This means that we will avoid duplication and give a chance to the poor to access the excellent services that are available here. I want to urge my colleagues in the House to support this Sessional Paper. I believe very soon, the Minister will

prepare a Bill to be tabled before this House for debate. I would like to see the enactment of the NSHIS take place this year.

Mr. Deputy Speaker, Sir, there were a lot of private nursing homes in the rural areas. A good number of them closed down simply because the people they were ministering to were not able to pay the bills that were presented to them. With the introduction of the NSHIS, those nursing homes will be revived. They do help because after all, 85 per cent of our people live in the rural areas. This will stop people from the rural areas migrating to big towns because that is where most hospitals are located. I would like to see our people access hospital facilities as near as possible to their homes. These private nursing homes help the economy because what they are paid is eventually ploughed back in the community by increasing employment opportunities for our people.

Mr. Deputy Speaker, Sir, we know how mission hospitals work. In fact, the first medical services offered to our people were by these hospitals. The people who run these hospitals are dedicated and they are not driven by profit making motives. They are people who just want to give health services to people. However, a good number of these mission hospitals, wherever you go, whether in Chogoria, Maseno or in any part of this country, are going down because they cannot afford to run those services. When we have a scheme like this one, they will be assured of being paid by it. Since mission hospitals are more humane than other hospitals, they will deliver services to our people. For instance, I know a mission hospital that is located next to my home, which was doing a lot of good work. However, because of the high number of pending bills, this hospital closed down. During that period when this hospital closed down, there were a lot of deaths, including those caused by snake bites. That could have been avoided if there was a scheme that would have helped the hospital to continue operating. I would like to see our health services helping Kenyans live longer. If Kenyans live longer, then, they will participate in the development of this country; it will go further. This will also reduce poverty, improve our economy and people will live happier. For example, I am sure you have seen in other countries, their citizens, apart from working in their *shambas* or offices, over the weekend, they rush to the beaches to play and relax. This is because they are healthy; they know that even when they fall sick, they will access medical services. It is time that we also did that so that our people can also enjoy life. Life is supposed to be enjoyed, not to be spent in misery.

We know that a healthy nation is a working nation. The scheme will help to bring about good health to all our people living in the rural areas, Kibera and other areas.

With those few remarks, I support.

**Mr. Deputy Speaker:** You second, Your Excellency!

*(Question proposed)*

**Mr. Osundwa:** On a point of order, Mr. Deputy Speaker, Sir. I rise under Standing Order No.21 which deals with postponement of Motions. I feel that this House has not been given adequate time to go through this Sessional Paper.

*(Applause)*

The way the House is being rushed--- We are dealing with a scheme that is going to attract almost Kshs40 billion to Kshs70 billion. Questions about health cannot just be glossed over.

I, therefore, move that the debate on Sessional Paper No.2, laid on the Table of the House on 13th May, 2004, be postponed to a later date.

Mr. Deputy Speaker, Sir, we are just about to go on recess for about three weeks. Let us



have those three weeks to digest this Sessional Paper, then come back to this House and make meaningful contribution. The intention is not to kill the Sessional Paper! But we just want adequate time.

**Mr. Sungu:** I am the Seconder!

**Mr. Deputy Speaker:** Order! There is no question of seconding! The Standing Order under which Mr. Osundwa has made that proposal is No.21. It is perfectly in order for him to make a proposal for postponement, because that is in accordance with that Standing Order. As you are aware, earlier today, we have had two points of order on this matter. First, it was by Mr. Mwenje who sought to say that the Sessional Paper was not rightly before the House, because a Bill was expected. The Chair rightly ruled that there was no Bill, as far as the House was concerned. That is because none has been published. Then, there was another question that the document was received only the other day. But, yet, as you can see, the document was laid on the Table of the House, as stated, on 13th May, 2004.

Now, if you look at Standing Order No.21(3), it gives the Chair the option. It reads:-  
"If Mr. Speaker shall be of the opinion that any such dilatory Motion is an abuse of the proceedings of the House, he may, forthwith, put the question thereon or he may decline to propose it."

Hon. Members, I do not agree with the views that this Sessional Paper is being hurried or rushed. That is because you will be given adequate time to debate on this matter. You will be given adequate time to debate this Sessional Paper! I do not see the fear that you have. So, I will not put that question! I would like us to proceed with the debate on the Sessional Paper.

**Mr. Kimeto:** On a point of order, Mr. Deputy Speaker, Sir. I stand corrected, if it is not a point of order. This is a very good Sessional Paper and I wish the Minister could have brought it as a Bill.

**Mr. Deputy Speaker:** Well, you asked me to tell you whether you are out of order or not. The answer is, you are out of order because this is a Sessional Paper. It does not have to be a Bill, it is a Sessional Paper and I do not see any problem with that. A Bill will come or it may not come, but this is a Sessional Paper as a Motion rightly before the House.

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

Mr. Kimeto, please sit down.

**Mr. Kimeto:** Mr. Deputy Speaker, Sir, my point of order was, would I be in order to ask the Minister to bring it as a Bill instead of a Sessional Paper?

**Mr. Deputy Speaker:** But I replied; I said you were out of order!

**Mr. Opore:** Thank you, Mr. Deputy Speaker, Sir. On behalf of the Departmental Committee on Health, Housing and Social Welfare, I wish to support the Motion. This is because this is something that goes back to the Eighth Parliament.

I happen to have been in that Committee along with another Member, that is the Government Chief Whip and we went out of the country and visited other countries that have successfully managed their social health insurance. The experience we got is that they have managed to expand widely enough to cover a bigger percentage of their populations.

Secondly, they have managed to have district hospitals which are well-managed and which cater for all the sick.

So, what is emanating now is a culmination of what we started in the Eighth Parliament. The Departmental Committee on Health, Housing and Social Welfare has had an opportunity to discuss the modalities and the possibilities of having the National Hospital Insurance Fund (NHIF)

reformed so that it can cater for more people in the rural areas.

The stakeholders with whom we have had an opportunity to discuss with include---

**Mr. Sambu:** On a point of order, Mr. Deputy Speaker, Sir. Is it in order for a Departmental Committee to discuss a Sessional Paper before it is referred to them by this House? If it was done in the last Parliament, that is another matter. But as of now, it should be now that we should refer it to that Committee.

**Mr. Opopo:** Mr. Deputy Speaker, Sir, I am not discussing a Sessional Paper, I am discussing about the functions of the Committee; what it did in the Eighth Parliament and what it has done in this Parliament. We have had discussions on the possibility of reforming the NHIF into the National Social Hospital Insurance Scheme (NSHIS). So, it is not the Paper that I am discussing, I am just talking about what the Committee has discussed in the Eighth and Ninth Parliament. The Sessional Paper is now before the House and we support it as a Committee.

One of the reasons we support it is that we have 10 million Kenyans who cannot access health services simply because they cannot afford.

**Mr. Mwenje:** On a point of order, Mr. Deputy Speaker, Sir. Is it in order for hon. Opopo to continue referring to the fact that they discussed this Sessional Paper in another Parliament? Does it really hold any water for this Parliament at the moment? Would it not have been wise for the Minister to refer it to the existing Committee now to discuss this matter?

**Mr. Deputy Speaker:** Order! Mr. Opopo, Members are concerned about your reference to the Committee on Health, Housing and Social Welfare in the last Parliament. Why do you not concentrate on the substance of the Sessional Paper, as it is now?

**Mr. Opopo:** Thank you, Mr. Deputy Speaker, Sir. I thought it would be prudent for the Committee to inform Members what the Committee did.

However, if that is the wish of the House, then I will go ahead and say that the Sessional Paper, as it is now, is attractive to the extent that it is willing to look for ways of supporting the health needs of 10 million Kenyans who are very poor and cannot access health services free of charge. Secondly, it gives an opportunity for those who have to support those who do not have. Thirdly, it gives an opportunity for the young and able to support the old ones. Fourthly, it gives an opportunity for those who are in position to assist the young and old to access medical services. The healthy ones can also support the sick.

For us, as Members of Parliament, we know how much we are burdened in terms of assisting our constituents to overcome their needs in terms of medical bills. Therefore, Members of Parliament will benefit from this scheme if it is passed by this House.

Moreover, we have had an opportunity to interact with the interested stakeholders and other interested parties. If you heard what the Minister for Health said and what the Vice-President also said, this will go a long way to assist Kenyans to access health services. What will be necessary, at the end of the day, is for the Ministry of Health, under whose docket this scheme will fall, to make sure that our district hospitals and health centres are well established so that they can assist *wananchi* to get medical services.

Of equal importance is the improvement of the road network, so that *wananchi* who are poor are able to reach the district hospitals once they become efficient in the provision of medical services.

Another proposal in this Sessional Paper is the creation of councils in the rural areas to manage the services that will be provided by the insurance sector. That too, will make *wananchi* reachable in a manner that is more efficient and they will benefit a lot, because without that kind of decentralisation, it will still be difficult for the scheme to reach *wananchi* just like the NHIF services are unreachable now, because they have not been decentralised. But the Sessional Paper is

proposing decentralisation of the same. There is a lot that the Sessional Paper will offer to both *wananchi* and Members of Parliament who represent them.

In as far as beneficiaries are concerned, we are praying that the National Social Health Insurance Scheme also captures informal sector. For a scheme that is intended to serve *wananchi*, the beginning is now. This is because what we learnt from the Asian Economic Tigers is that in the early 70s, Kenya and the Tigers were equal in terms of the economy. However, since they were able to concentrate and provide services to *wananchi*, they have been able to go ahead and that is why we are able to visit them. It is now time for us also to start working towards serving *wananchi* in a manner that will benefit them in the coming days.

With those few remarks, I beg to support.

**Mr. Kajwang:** Thank you, Mr. Temporary Deputy Speaker, Sir. First of all, I want to start by declaring my personal interest in this matter. My first personal interest is that I am also paying for the bills of the sick people. I have become a walking social bank and since my bank does not have a lot of money, I am always in the red. It is terrible that an hon. Member of Parliament can turn into a social bank until he is forced to hide from his constituents; until you ran away from Suba, where I come from, and hide in Nairobi. This is because if you go home, the first thing your neighbour tells you is that her husband or his wife is in hospital, or that his child is dying. This thing is killing us! It has made us want to relocate from our rural homes to come and hide somewhere in Nairobi, and this is a very serious matter. That is my first personal interest.

My second personal interest is that I have at one time had an accident when I did not have the cars which we now enjoy. Accidents come when you are not prepared for them. You go to hospital bleeding and dying, and they say: "We cannot accept this man because he cannot pay the deposit and he cannot eventually pay us." It takes somebody to persuade the hospital that this is Mr. Kajwang, and then they say: "If it is Mr. Kajwang, then we might think of admitting him." You can die because your name is not known. No hospital will accept you because you are not likely to pay them in the long run. We blame them sometimes, but they are right because many people have not paid them.

I will give you an example. In the last Parliament, we were here with another friend of mine who was an hon. member of Parliament. In the middle of the night, he had a problem and was taken to Nairobi Hospital by the wife without checking what was in the bank account. He was admitted because he said he was an hon. Member of Parliament. However, the next morning, when he woke up after the operation, they gave him breakfast and the bill under the plate. When he looked at it, he collapsed once again and went back into a coma. A bill can kill you in the morning when you are just beginning to get better.

Let me tell you how bad it was; the hon. Member of Parliament was from the Official Opposition and he had no money to pay the hospital bill. In fact, it was already Kshs300,000. When the then His Excellency the President went to see him in hospital and wanted to pay for him the bill, and there were cameras, he was not so sure whether to accept the help or not. He said: "Your Excellency, I am all right." This is because it was going to be construed that he was being bribed by the Government to support it. His Excellency the President left and then the hon. Member wept bitterly. He said he could not accept the offer, yet he did not have money. What did he do? He asked his wife to come the next day with a car and he pretended that he was just stretching a bit and told her to drive home. Of course, he later on paid with a co-operative loan. However, an hon. Member of Parliament ran away from hospital because there was no medical cover. Until the other day, we did not have medical cover. This is a reality and it can happen to you, your wife, your child and even your cousin. It is not every time an hon. Member of Parliament has money in his pocket, even to pay for a child's sickness at home. I have taken my family to hospital at 3.00 a.m., and I told

them: "Please, just admit. I will bring money tomorrow at 9.00 a.m." They said: "Deposit money first before we admit." I said: "But where would I get money from at this time of the night?" They do not listen to you at Aga Khan Hospital. Maybe, they are right, because other people have not paid their bills. So, this is something dealing with a social problem. I think that is why the National Hospital Insurance Fund (NHIF) had credited hospitals; which means, you must, first of all, be admitted in hospital. However, it does not have regard for the social aspect, maybe, because it takes care of working people. The people who work are the minority in this country. The people who are in gainful employment and have pay slips are very few in this country.

The majority of our people cannot afford to pay or even buy drugs from chemists. As you leave Parliament Buildings, you will find *wananchi* waiting for their Members of Parliament. Most of them have lists of drugs prescribed for them at Kenyatta National Hospital. One tells you: "Mheshimiwa, I could afford to buy only a half of this dose. Please, buy for me the other half. I could not afford this drug. It is very expensive." You find that even the hon. Member being approached is broke. Why have we turned Parliament and hon. Members into a social institution to pay people's medical bills? We can transform the NHIF into a social institution. One of the proposals in this Bill is that every Kenyan who is not in employment should contribute Kshs400 in year. The amount can be raised by selling two cocks.

**An hon. Member:** They are called cockerels!

**Mr. Kajwang:** The cockerel is the party symbol of KANU. So, we can catch the cock and sell "KANU" for Kshs400 and get some help. So, we cannot say that we are poor.

*(Laughter)*

**Mr. Wario:** Hoja ya nidhamu, Bw. Naibu wa Spika. Umemsikia Bw. Kajwang akisema kwamba atakiuza chama cha KANU kwa shilingi 400. Je, ni haki yeye kusema hivyo?

**Mr. Kajwang:** Mr. Deputy Speaker, Sir, KANU cannot be sold, but a cockerel can be sold for Kshs400.

Mr. Deputy Speaker, Sir, this is a matter of interest to me, because it personally happened to me when I went to hospital following an accident, and when I took an accident victim to hospital. Also, there are people out there waiting for me to pay medical bills for patients and for people who have died. So, I must look for money to pay the hospital bills before I take my dead body home. I come from the Luo community. You know that we love our dead bodies. Other communities do not care about their dead bodies. For us, we can sell everything, including land, to take our dead bodies home. It is an expensive venture. So, we must change, and that change can be realised by contributing Kshs400 per person per year. One will simply have to sell two cocks.

So, the concept of social health care is important. I do not have to over-emphasise it. Only a few privileged people have been benefiting from medical insurance schemes. When you hear people opposing this initiative, you should realise that they are "fighting" a class war. Some privileged people, who have medical cover for themselves and their families, do not want other people to enjoy that privilege. In fact, that is why the Central Organisation of Trade Unions (COTU) is opposed to this initiative. COTU does not imagine that workers, who are privileged, can be joined by some fellows at home into that privileged class. It is a class war. A Government worth its salt must move from the capitalistic way of thinking of individualism into a social way of thinking. That is mandatory for this country to survive.

Mr. Deputy Speaker, Sir, I must say a few things about the National Hospital Insurance Fund (NHIF) itself, because it has been badly managed. In fact, some people may be opposing this Bill because they feel that we collect so much money into one pool, which will attract all kinds of

vultures and, subsequently, the Fund will enrich only a few individuals. It has happened before, and it can happen again. If that is the reason why we are creating this Fund, I will oppose it. I hope that, that is not the reason. The Minister will re-assure me that, that is not the reason as to why she has brought this Bill to the House. We are not creating a Kshs70-billion Fund for some people to invest the money in collapsing banks, so that they get kickbacks. If we are creating the Fund, so that people can make fraudulent claims, like a case I know of a village hospital which did not treat anybody, but collected Kshs35 million annually from the NHIF, I will not support this Bill. If the reason for creating the Fund is to create wealth for some people to squander, this Parliament cannot support the Bill.

I will give two reasons. Of course, there will be surplus funds, which will be invested in quarries. Those quarries will be valued at inflated prices and millions of shillings will be shared out. The funds will also be invested in politically-correct banks for certain interest rates and there will be some kickbacks on that. Money will be invested in certain banks at, say, 10 per cent, on the understanding that, that bank will give back 2 per cent as kickbacks to individuals within the Fund's management. If that is the reason for starting this Fund, we are opposed to the idea. We will watch them. From this year onwards, we will censure Ministers. We will bring Motions here to censure Ministers who have entered into illegal agreements with some illegal companies, or unknown companies, to rip this country of its financial resources.

**An hon. Member:** Name them!

**Mr. Kajwang:** Mr. Deputy Speaker, Sir, that cannot be the reason for us to kill a good Bill. We will name the concerned Ministers when we bring the Motion.

Mr. Deputy Speaker, Sir, even Kenyatta National Hospital (KNH), which needs money to buy towels, bandages, disinfectant, syringes and anti-malaria drugs, puts all its money in a collapsing bank. It never has money with which to buy any of these items. If we are creating this Fund so that we create a big mountain called "a goldenberg" for the managers of the National Social Security Fund, we will fight. We cannot have it. Our people are suffering. I come from a constituency where malaria is the biggest killer. Malaria is killing our people, because we come from the lake. The lake has bushes, where mosquitoes hide.

Malaria is the cheapest disease to treat. You can buy quinine and treat it. Sometimes, people in the rural areas cannot raise even Kshs20. So, they cannot afford to buy quinine. With the creation of the proposed Fund, they can walk into any medical facility and get treated. I understand that dispensaries, health centres and nursing homes will be medical service providers under this scheme. So, the people can walk into those facilities and get help.

I would like to commend one mission hospital which has been on its feet since 1908, namely, Gendia Mission Hospital. The hospital is run by the Seventh Day Adventists Church. Since 1908, it has been standing and helping our people because of contributions from churches. They charge very little. Recently, when I went home, one of my ardent supporters sent a word, because he could not come to me, that he was dying. Why was he dying? He was dying because he could not pass urine; a serious disease I did not know. So, when he went to the district hospital, the best they could do for him was to give him a catheter. A catheter is something which opens the bladder and urine gets out. He got relief and the doctors told him to go back home because they could not carry out an operation on him, but an operation could have been done. When I heard of it, I told him to go to Kendu Mission Hospital and tell them, Mr. Kajwang, who is a good Seventh Day Adventist (SDA), had sent him. When they heard it was I, they operated on him, but it cost me Kshs38,000. That man could have died! I met him in Mr. Tuju's constituency recently when I was passing through there and he told me, "I am alive and walking because of you." I do not want to be praised, but that man was going to die. But if this National Social Health Insurance Scheme (NSHIS), will

be properly managed, many people will not die.

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

*[Mr. Deputy Speaker left the Chair]*

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

**Dr. Ali:** Thank you, Mr. Temporary Deputy Speaker, Sir. Mr. Kajwang has made a very good contribution, even though he did not know what to do with a catheter. I think the issue of the NSHIS is noble, if managed properly. The whole success of the scheme will depend on management. Our people in this country suffer because of mismanagement of hospitals and failure of the Government to provide services. I hope and pray to God that this will not be another bank; a political bank where people want to create funds for the 2007 General Elections. I hope that will not be the case. If that will not be the case, then, as I stated earlier, this is noble because it will help Kenyans of whichever cadre. It will help nomad people who have suffered all their lives without any hospital and medical facilities. If it is done the right way, then it is going to be helpful to everybody. Hospitals will be assisted and given money through this insurance scheme.

Madam Minister, I hope and pray that before we go very far with this, you will involve the experts to do the work. They will tell you what should be given out and how much people will be supposed to contribute. I know you have suggested Kshs400 per person for those ones who do not work. But those who are in our cadre; who get a lot of money, obviously, must contribute more. But unless and until actuaries are involved, then we cannot only rely on officers from the Ministry of Health. There are a lot of crazy calculations involved in this which I cannot even comprehend. The only problem I have with this is that we did not have enough time to go through this booklet. It is big and requires fine-combing. I, personally, went to the Minister to ask for more time. The answer she gave me somehow convinced me because I do not want this scheme to delay; the reason being, we need these services.

It is true that we do not have medical services where I come from.

*(Applause)*

So, we need those services, and the sooner they are provided, the better. I do not know what will happen if we wait for another 12 years. We should be convinced by what will happen in the next three financial years. We leave that aspect to the Departmental Committee on Health, Housing, Labour and Social Welfare, whose Members are now talking in three different languages. They are not even telling us the truth about the whole matter. Some of the Members are saying that they have agreed on the scheme; others are saying that they agreed to postpone the scheme; while others are saying that they should have more discussions on the scheme. I urge the Minister to get hold of that Committee and make sure that they are in agreement, so that things can be done in the right way.

Mr. Temporary Deputy Speaker, Sir, the other aspect I would like to touch on is on management, which is an important aspect. I hope the Minister will get not only qualified people, but also those ones who are not thieves and are not tainted and will not steal anything. This is because if we appoint crooks to manage this scheme, as my friend, Mr. Kajwang has said, they will go and buy quarries for us, and I do not know where we will take them. If we allow that to happen, then some of us will come with title deeds from a remote part of North Eastern Province and sell the

land to the National Hospital Insurance Fund (NIHF). I do not know where you will take that land. This is what is happening in this country. Managers misuse public funds and get away with it. That is what is happening in the Goldenberg inquiry, and has happened at the NIHF before.

Mr. Temporary Deputy Speaker, Sir, right now, I cannot say much because I have not heard of any complaints. That was what happened in the National Social Security Fund (NSSF). There was rampant stealing. How can you buy a quarry measuring one or two acres in the remote part of Athi River for Kshs50 million? These are things which should be discouraged. If this scheme is managed well and people of Kenya are happy, who says that Madam Minister cannot run for the presidency in the year 2007? She might succeed very easily because this is the easiest way to become the President of the Republic of Kenya!

Mr. Temporary Deputy Speaker, Sir, with those few remarks, I support the Motion.

**Ms. Mwau:** Thank you, Mr. Temporary Deputy Speaker, Sir. I want to support this Motion because it will liberate Kenyans who have been "jailed" because they cannot afford medical services. Some Kenyans cannot even afford to go to hospitals because they cannot settle hospital bills. So, this will be a very liberating scheme to Kenyans.

Clinics have sprung up and they have been mistreating Kenyans. Some of those clinics do not diagnose Kenyans properly and give them the right medicine and doses. If this scheme comes into operation, it will eliminate those clinics because Kenyans will afford medical charges of district hospitals where they will be treated.

Mr. Temporary Deputy Speaker, Sir, this scheme is welcome and will be like *manna* from heaven for women because they are health providers in their families. It is the woman who takes her child to a clinic, gives birth, takes care of the husband when he is sick, the in-laws and everybody else in the family. It is the woman who also takes care of HIV/AIDS patients. The burden of women as health care providers is heavy.

I know of some women who have said that when they fall sick and are admitted to hospitals, their husbands ask why they went there, and fighting breaks out. This is because the husband knows that he will either go and sell his cow or goat to clear the hospital bill. I know of cases where women have been beaten because of falling sick. So, this scheme will liberate them because they will have access to hospitals.

Mr. Temporary Deputy Speaker, Sir, women suffer from diseases which are very different from the ones men suffer from. Many women die quietly. Breast cancer actually kills women quietly because most of them cannot afford to go even for a medical check-up. Even when they go for a check-up and it is established that they are suffering from breast cancer, which needs to be operated, they cannot afford it. So, they die when they should not have died. This scheme will enable women to start speaking about the diseases they suffer from.

Cervix cancer is another disease which kills women. This disease affects the sexual parts of women. So, many women die because they cannot afford its treatment. This scheme will enable women to have control over their health.

You have heard that women are health care providers of their families. As I have said before, this scheme will reduce the burden on women. I agree with the hon. Members who have said that we need time to study the Sessional Paper because it came out on Friday. But this scheme is a noble idea. This scheme should have been implemented even yesterday because---

*(Mr. Moi stood up in his place  
and consulted loudly)*

**The Temporary Deputy Speaker (Mr. Khamasi):** Order, Mr. Moi! Read your Standing

Order No.85, and you will know what you are supposed to do in this House. No hon. Member should be standing anyhow. Could we give the gracious lady our ears, so that we can get what she is saying?

**Ms. Mwau:** Thank you, Mr. Temporary Deputy Speaker, Sir. To end my contribution, I would like to say that this scheme will reduce Harambees. Before Harambees were banned, most of them were conducted to raise money to settle medical bills. Even now, people cannot afford to settle their medical bills.

Mr. Temporary Deputy Speaker, Sir, again, this scheme will liberate our people. It has been very hard for people to fall sick because once you fall sick, you ask yourself where you will get money to go to hospital. When you fall sick, you start asking yourself what you will sell to realise some money to go to hospital. This scheme will enable Kenyans to have confidence; accept that they are sick, and afford the medical bills.

Mr. Temporary Deputy Speaker, Sir, I support the Motion.

**Prof. Oniang'o:** Mr. Temporary Deputy Speaker, Sir, I want to thank you for recognising us, women, to speak on this Motion at this time.

Let me start by saying that, I will reluctantly support this Sessional Paper. That is because the time limit given for its implementation, that is by 4th July, is too short. This is a very crucial matter! Given what we have seen on the implementation of the Free Primary Education Programme, we cannot deceive ourselves that we can do that in the shortest time possible, and deliver quality medical care to Kenyans. But it is a noble idea and I want to compliment the Minister for being courageous enough. I know she has campaigned very hard to make sure that she enlists the support of all Parliamentarians. I want to support it too. But I would like to say that many Kenyans have been hoodwinked, even with the Free Primary Education Programme. We had 3 million children out of school. About 2 million children enrolled immediately the programme started. About 1 million children are still out of school. So, it is not working the way it was meant to! If we are telling ourselves that we want to provide affordable health care to Kenyans and yet, recently, a woman died in my car as a result of over-bleeding after delivery--- Where are the health facilities which all the Kenyans are going to access?

Some of us who live in and around urban centres have no idea about the remotest areas of this country. There are places where there are no paths to reach health centres and dispensaries! There are areas where there are no surgical facilities to take care of emergencies! If it is tubal pregnancy or a blocked prostate--- We know that prostate cancer is becoming a killer for many men. They stop urinating and within two days, they are dead.

*(Mr. Moi moved to the Dispatch Box  
for some drinking water)*

**Mr. Sungu:** On a point of order, Mr. Temporary Deputy Speaker, Sir. As a matter of decorum in the House, I thought there was a rule that no hon. Member should stand between the Speaker and an hon. Member speaking from on the Floor of the House.

Mr. Temporary Deputy Speaker, Sir, Mr. Moi was standing between you and Prof. Oniang'o. Would I be in order to suggest---

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

**An hon. Member:** He is the son of Mr. Daniel arap Moi!

**The Temporary Deputy Speaker** (Mr. Khamasi): Order! Mr. Sungu, you are dead right! That is what our Standing Orders say! If, Mr. Moi, you were standing between me and Prof. Oniang'o, then you are out of order.



**Hon. Members:** Out! Out!

**The Temporary Deputy Speaker** (Mr. Khamasi): Proceed, Prof. Oniang'o!

**Prof. Oniang'o:** Thank you, Mr. Temporary Deputy Speaker, Sir. I thank Mr. Sungu for that protection.

Mr. Temporary Deputy Speaker, Sir, prostate cancer is a major killer for men right now. It kills two days after it begins to show its symptoms. It requires surgery. I want to assure Mr. Kajwang that, that is not an operation that can be done in a little dispensary or a health centre.

Mr. Temporary Deputy Speaker, Sir, if you take maternity cases, we have many dispensaries around. But many of them cannot handle maternity emergencies like deliveries and tubal pregnancies. Many women die because of maternity related cases. So, I would like to urge the Minister to be aware of all those complications and challenges! I want to assure her that, truly, if she wants this Sessional Paper to be implemented properly, she must have a strategic plan. That plan should, first and foremost, provide an audit of all the health facilities and what they have to offer.

Mr. Temporary Deputy Speaker, Sir, I am aware that many health centres in this country do not provide anything that you can talk about positively. Hon. Members have time and again asked Questions regarding lack of ambulances, mortuaries, roads, water and personnel! So, how are we going to have a health insurance scheme which all Kenyans can make use of?

Mr. Temporary Deputy Speaker, Sir, I want to say that we do not want to politicise this issue! Let us not hoodwink Kenyans once again. Let us not do so just because the NARC Government has been unable to fulfil a single pledge! They want to believe they will fulfil this one? They can only fulfil it if they continue to dialogue with the many stakeholders who are involved in that sector. If they engage all of us in seminars, we can assist them on how to move forward.

I am hoping that, indeed, this very noble idea, which has its genesis from 1992 - during the KANU era--- The Minister is just picking it up and trying to implement it. All Kenyans are concerned about affordable health care and we want this initiative to work for our people.

*(Applause)*

Mr. Temporary Deputy Speaker, Sir, I can assure you that even those of us who can access better hospitals, and even with Members of Parliament on the AAR scheme, we would rather keep our humble doctors than go to some of these facilities where the attitude of the personnel is so bad. I was recently in a hospital where my brother-in-law was dying. He had a few hours to go and they knew he was dying. I did not go there to say who I was, but they told me: "Go away! Go away!" You just know how these nurses behave. I wonder what people go into nursing for. So, we want the personnel to know why they went into nursing and medical care; how to treat patients; how not to bring a bill like the one hon. Kajwang was talking about, where they send patients back into coma and die because they are unable to pay. This is a bad attitude. So, as we talk about structures, we want to have the right personnel, step up the training of people and keep health facilities open 24 hours.

Mr. Temporary Deputy Speaker, Sir, are you aware that dispensaries in the rural areas close at 5.00 p.m. and open at 9.00 a.m., as if people choose when they are going to be sick? This is unbelievable and I wonder whether the Minister knows this. Are you aware that many health centres do not even have surgeons? They do not have medication sometimes. They do not have a place where they can keep their dead bodies. And it is not only the Luos who value their dead bodies; Luyias, the tribe I belong to, wish they could sit with that body and keep it forever, and they cannot keep a body which is going to decompose. We need to treat dead bodies and make sure that we send off our people with dignity.

Mr. Temporary Deputy Speaker, Sir, so, in fact, the Minister may not have understood completely and internalised the enormity of this problem. The other thing I have seen in that Sessional Paper is a board, a council, board of trustees and so on. We have too many boards of trustees and councils around, and very little participation by the people themselves who are affected, and many of these boards are made of people who get an allowance. They drive big cars and eat well, but they really do not know what the poor people go through and we should not have a system where there is too much money allocation going to board meetings and to pay allowances for board members.

Mr. Temporary Deputy Speaker, Sir, Kenyans are crying to be even able to afford Malariaquin or Panadol tablets. They cannot even have Kshs10 in their pockets and we are saying: "Yes, we want a social system that can take care of Kenyans health".

Mr. Temporary Deputy Speaker, Sir, I also want to imagine that the Minister has the British system in mind, and I would like her, when we continue with meetings, to, indeed, invite those who have been running that system to come and tell us what it means, because it is a system which has been on for a long time, and for some reason, even the Americans want to borrow that British system. So, it is a system which can work, but it can only work when the personnel are in place. The Minister at one time here promised us that she will bring a Bill that addresses the remuneration of the clinical and medical staff. We are still waiting for it because we are aware we train our doctors and invest a lot in them, only to lose them to neighbouring countries. We are also aware that the clinical officers and nurses who even have degrees do not get proper placements to be able to serve this country. So, as we do so, the remuneration package of the personnel has to be taken care of.

Mr. Temporary Deputy Speaker, Sir, I can assure you that the management of HIV/AIDS, if there is anything to go by, is not going to work. We have huge cars being driven in town written on "HIV/AIDS" or whatever, when we know that Kenyans are dying, families are dying, villages are being destroyed, leaving orphaned children by themselves, and resources are not reaching where they are supposed to reach. So, the issue of HIV/AIDS is an issue that we cannot run away from because it is affecting all the other sicknesses, including TB.

I feel that we do not have in place proper monitoring and evaluation. If we go by the free primary education, you will find that more than a year down the line, nobody has done an evaluation of the free primary education and told us how it has so far fared on. We want to ensure that there is continuous monitoring and evaluation, and not just research as is indicated in this Sessional Paper. The Ministry should also listen to the people and not place itself in a lofty position while everybody else is down.

Mr. Temporary Deputy Speaker, Sir, I will allow my colleagues to also contribute on this Sessional Paper. I hope they will support the Minister for Health. I urge her not to rush us through this Sessional Paper because we want to support her and also to give intellectual input into it so that it truly works.

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

**Mr. Ethuro:** Mr. Temporary Deputy Speaker, Sir, I wish to support this Sessional Paper on the National Social Health Insurance Scheme.

This is another important contribution that the Government is going to make to the people of Kenya after the introduction of free primary education. If this Government continues to invest in the social sector, then, we shall be assured of manpower that is both healthy and educated. However, I am not going to articulate that fact because it is well known in the economic theory. It is important that this scheme is managed properly as one of my colleagues has just said. I do not want to perceive a Government that will be so quick to make promises and yet so slow in action and delivery. We cannot play games with the lives of Kenyans. I want to believe that the speed with

which this Sessional Paper has been brought in this House is the same speed with which the scheme will be executed. Each and every corner of this Republic should have sufficient medical personnel to serve the medical needs of Kenyans.

Mr. Temporary Deputy Speaker, Sir, last week, I visited the Minister for Health's office. I managed to talk to the Permanent Secretary. We talked about the abundant problems in Turkana Districts. For example, there is a district hospital without a single surgeon; and a maternity wing that does not attract pregnant women. Unless somebody thinks that Turkanas have stopped giving birth, we are reproducing, but in the *manyattas* in our villages. The district hospital is too expensive for our mothers. They cannot afford Kshs300. What we are asking the Minister for Health to do is to ensure that our mothers can go to the hospital and deliver for free. That is our right. We need generations after us. So, our women in Turkana should be helped.

Mr. Temporary Deputy Speaker, Sir, there are no sufficient supplies to our hospitals, dispensaries and health centres. The Medical Supplies Agency does not appreciate the geography of this country. They supply the drugs by putting proximity into consideration. They have transformed geographical marginalisation into political marginalisation. If you come from the remotest corner of this country, you are not worth living as a Kenyan. You should suffer those many diseases that increase infant mortality. I wish that the Minister for Health had done the pre-launching in Turkana, El Wak or Suba or other remote areas of this republic.

**An hon Member:** Charity begins at home!

**Mr. Ethuro:** Just because of the saying: "Charity begins at home", it does not mean that hon. Ngilu should go back to her home!

*(Applause)*

Mr. Temporary Deputy Speaker, Sir, I am happy that the Minister has tried to support mission hospitals. I would really like to take this opportunity to thank churches for the good job they have done in this country. Some of our hospitals survived because of these churches; for example, the Catholic Church and the African Inland Church (AIC), to the extent that the Catholic Church has even donated a plane to Turkana District so that when cattle rustlers kill our people, we can airlift them to the hospital. But when people are shot, there are no surgeons at the hospital! I will be happier if the Minister, when responding, will tell us when she will post a surgeon to the hospital. We want to continue supporting mission hospitals because they access some of the remotest areas in our country. It is important that drugs are made available in these hospitals so that when our people go to these hospitals, they can be able to benefit from these drugs. This should not be an issue of emergencies, or one of only making appearances.

Regarding personnel, Mr. Temporary Deputy Speaker, Sir, the Minister should allocate enough money in the Budget to hire doctors and pay them properly. We do not want to lose our doctors to South Africa, the United Kingdom and Zimbabwe after training them that hard. We want to retain our professionals in this country, and they should be paid like anywhere else in the world, because Kenyans deserve the best. They deserve even better from their own professionals. There is no point in people running away to head government departments in Botswana when we have our own doctors here who cannot live on a decent wage. It is a shame, Madam Minister. That is why they would like to be in private practice rather than coming to offer public service.

Mr. Temporary Deputy Speaker, Sir, I am also hoping that these hospitals and this scheme will not have a problem caused by breaking-up of political rallies, so that we have more broken limbs for the doctors to be overburdened.

*(Applause)*

The only way of making sure that we have a good medical scheme is, for example, to stop unnecessary road accidents. We want to salute hon. Michuki because we can now see that those accident and emergency wings at our hospitals are not too busy. The other one, of course, is on these police accidents. It is very easy to think that it is far-fetched, and if it came from the KANU side, to think it is political. I do not know what is not political. Because when my people go hungry, we are happy when charitable organizations go to feed them. But when I ask why have they been hungry for forty years of Kenyan Independence, you then tell me that it is political. We have to demand these things for our people. We are here to represent our people, we are not representing some landmass. We are representing populations; Kenyans whom we promised at the dawn of Independence that they would be free from disease, poverty and ignorance. 40 years down the road, they are wallowing in poverty, disease and ignorance!

Mr. Temporary Deputy Speaker, Sir, a government is a government. We can claim that we have been there for only one-and-a-half years, but life did not begin one-and-a-half years ago. We are building on what has already existed, and I want to agree with the Prof. Oniango sitting there that even if the scheme takes that long, and they were happy when it was pre-launched--- We argued in this House; the normal process for us to interrogate, articulate and challenge Government policies is from the Floor of the House. Some people who do not understand are mesmerized by the helicopters and the nice Mercedes Benzes. They might be more attracted by the largesse than the message that is being given to them.

Mr. Temporary Deputy Speaker, Sir, we want to come here because we have enough money to buy good vehicles for Ministers. I have always said that I have no problem with the Ministers buying good vehicles, because I do not want my Minister to use a *mkokoteni*. I want delivery of services to be even better. They are given access to good vehicles in order to be available when people need them. For example, two days ago, the Minister for Health went to Makueni where people were dying from some disease. That was commendable. Kenyans have to feel the presence of Government officials in place, except for the Brigadier. He should not always be going for raids. If they raid all the corners of the Republic, how many times will he spread himself? He has to learn to manage his affairs. I am not saying he is not doing a good job, but we cannot continue that way.

We have to talk about good management. This should not be management by wandering around; what we used to call *mbwa kali*. Proper information management systems should be put in place to ensure that Ministers receive information at their desks. All they have to do is to ensure that the systems are operational; they are getting the correct information, and nobody gives them information that hon. Members can challenge here. This afternoon, hon. Members asked many Questions and Ministers were at sea. They do not know whether they are going to South Africa, California, the Indian Ocean or across the Atlantic Ocean, because of information systems that are not effective. We have tired civil servants who have no basis for living any extra day---

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, attitude is extremely crucial. A month ago, I went to the Turkana District Hospital and sat at the outpatient bench and nobody attended to me. For three days, the clinical officer was absent. He was not on duty, and yet he is the one who is supposed to ensure that other officers are on duty. This is a big problem. If this can happen to an hon. Member, what happens to the common man? I visited the hospital incognito. If you go to the Medical Officer of Health (MOH), he will be happy to receive you and you will be attended promptly. How many people can access the MOH? Are these facilities meant for politicians? They are also meant for the

ordinary folks.

There must be a system in place to ensure that the common man is attended to properly in hospitals. In fact, when a patient cries, the nurses think that he is just pretending, while he is in a lot of pain. The attitude is extremely crucial, especially in the nursing profession. We need to empathise with the sick. I want to urge the Minister to borrow a leaf from the Commissioner of Police. He has taken all the senior police officers for an attitudinal and social-cultural change course. I think this is a tall order, but it is a good effort. Let us do the same to all our civil servants across the board, so that we can manage public affairs with a bit of sensitivity to the people that give us the money.

Mr. Temporary Deputy Speaker, Sir, with regard to the issue of cost-sharing, I hope this scheme might bring this to an end, because you have to peg it on the basis of poverty index of these districts. You have to consider the socio-economic development of particular areas. I think this is an opportunity for the NARC Government, having professed their commitment to arid lands, that they can actually make some special consideration for these areas. This is why we are saying, when you speak, you should equally act, because at the end of the day, you will be judged, not by how many wives you are giving us, but by delivering. Sometimes I wish we acted more than we speak, because many times when we speak, we antagonise, we create more pain and confusion, and the country wonders who is in charge here.

Mr. Temporary Deputy Speaker, Sir, I would like to give my colleagues a chance, and I would like to commend the Minister for a good job done, and I just hope that the devil is in the details. She has to look for that devil wherever it is and handle it the way Justice Ringera told the Chief Justice. And because we have not seen the big fish yet, that does not mean there is lack of support. We shall support the Minister because we believe this is good for Kenya.

Thank you very much.

**Mr. Kones:** Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to join my colleagues in congratulating the Minister for bringing this noble idea into this country.

Mr. Temporary Deputy Speaker, Sir, we have said that we are fighting two major enemies. The first one is ignorance, poverty and diseases. Now that the programme on free primary education is on, despite the problems that there are, we are optimistic that this programme is going to succeed. It has brought in a lot of children who, otherwise, were never going to go to school. Now, with this new idea, we hope it will guide this nation and make it a healthy nation. I think there are too many people suffering outside there with major diseases, but they are never able to go to hospitals because they fear that they cannot afford to pay the bills. I have witnessed occasions when there are free medical services, for example, free eye clinics or whatever it is, and the number of people that flock there are unbelievable. This is a clear demonstration that the people of the nation are actually suffering from various diseases. Citizens of this country are having a lot of diseases which they have not come out to show because they fear the medical expenses. Now that this scheme is going to be in place, I believe it is going to give us a healthy nation.

Mr. Temporary Deputy Speaker, Sir, there are going to be a lot of teething problems when it starts. Many of my colleagues have said that it has been rushed over and it should probably be given more time, so that when we start, we are sure we are going to succeed. Nobody is able to gauge the sort of problems they are going to go through. I think it is good to put up some structures, give it a try and if it does not work, you improve on what you have tried. It is not going to be possible to be very clean and air-tight without any faults. I would like to encourage the Minister to give it a try and if things do not work, she should come back to this House with some amendments, and we shall sort them out. I think it is worth trying. Anybody who cannot try will never succeed. For every mile, there must be the first step. I congratulate the Minister.

Mr. Temporary Deputy Speaker, Sir, now that there are going to be medical services

provided to citizens for free - I do not think it is really free, but I think they are not going to pay upfront - there are going to be a lot of problems with the personnel. Many hon. Members have talked about the attitude of the personnel. The kind of attitude personnel have in hospitals is unbelievable. There have been occasions when I have taken accident victims to hospital, and the way the doctors and nurses behave towards those people is unbelievable. They do not treat them like human beings. It is either that they have seen too many accident victims, or they simply do not care. We should not only employ personnel, but must also motivate them. If one went to a district hospital suffering from a minor illness, it would take very long for him or her to be attended to. One wonders what happens in these hospitals everyday. The hospital personnel have to be motivated, either by giving them additional pay, retraining them, or encouraging them by talking to them. Right now, their attitude is very bad.

When I was the Member of Parliament for Bomet, I built many health centres and dispensaries. The agonizing thing now is that the health centres have no one to manage them. What was the point of using a lot of money to put up structures that would not be used? We are talking about free medical services. I think we will have to double up the personnel in our health facilities. We should not just double the personnel, but we should employ people who are properly trained.

Some of the health centres are now being used as maternity centres. Those handling patients in these health centres are not properly trained. Most of them are just nurses who try their luck on people's lives. I do not think that one should gamble with people's lives. I think that it is very important for the Minister to take up this challenge immediately. But we do not want to have people taking advantage of it when they are not providing any services.

Mr. Temporary Deputy Speaker, Sir, we would like to thank mission hospitals for a job well done. They have tried a lot in terms of putting up hospitals where the Government has not. I think this scheme is going to encourage them more. Mission hospitals will now be getting assistance from the Government. They need Government help.

There is a hospital in my district called Tanek Hospital. It is the only one that takes care of people in the entire district. However, it gets no support from the Government as much it tries to do its best. This scheme will also assist such hospitals so that they also feel motivated. I have hope that private hospitals will not misuse this Fund and make it look like another Goldenberg scandal. We have had a situation where hospitals used the NHIF to swindle Government funds without giving any medical attention. I think the Minister has to be very strict with private hospitals. Unless she does that, private hospital personnel will be filling in forms indicating that they have treated patients when they have done nothing. I hope that she will have enough personnel to supervise this scheme.

Our people have suffered for a long time. Now that we will have this scheme in place, it is a sign that the Government is interested in alleviating poverty among our people. This shows that the Government is concerned about the social welfare of people. If it goes on that way, it will be successful. We would like to urge the Minister not to hesitate to come back to this House to seek help whenever she encounters any obstacles while implementing the scheme.

With those few remarks, I beg to support.

**Dr. Khalwale:** Mr. Temporary Deputy Speaker, Sir, I would like to start off by saying that I am delighted to have this chance to support this Motion. I am not supporting it because of its importance, but because it touches on life and death. Hon. Ngilu is demonstrating that, indeed, she is a student of the manifesto of the Social Democratic Party of Germany that thrived on social welfare. I believe that if Egbert was alive today, he would be very proud of her.

Talking about the poor means that one does what the Minister is doing.

John Kennedy said: "A leadership that does not help its poor will never have a chance of saving the

few who are rich". We must be prepared to support the poor because you do not need to come from the rural areas to know that children still die in this country because of lack of food, or from what, in the medical language, is called marasmus or kwashiakor. It is just another way of saying that people are dying because of simple things. It gives me a lot of pain when I realise that a child died because of kwashiakor or diarrhoea when, in this same country, we have men and women who spend millions of shillings going for plastic surgery just to improve their aesthetic appearance. Through this proposed scheme I believe, we will achieve break-through in the provision of good medical services.

Mr. Temporary Deputy Speaker, Sir, we have a few people who want to oppose the Minister on this scheme because of fear of the unknown. I want to say this to Mrs. Ngilu: If indeed we have been waiting for five years, then this is her time. Mrs. Ngilu, go! Go! Go! We want to save our people.

I would like to appeal to this House that, much as all Members of Parliament are equal, we would like Members of Parliament who have got a background in medicine to be given time to persuade this House to support this scheme. This is important because I recall that we have just come from Bomas of Kenya where we had some of the top brains in this country, who included Mr. Kajwang, Paul Muite, Mutula Kilonzo and many other top lawyers in this country. But they messed up the process because they refused to be in control. Doctors are saying: We want to be in control. Give us an opportunity to guide you.

I would like to say something about the cost of health. The fact that cost-sharing has failed and support from the NHIF has failed means that, if we are intelligent men and women of this country, we should try something new. All the health indicators in this country, be it infant mortality rate, death rate amongst children under five years, life expectancy or morbidity in our hospitals, all indicate that our society, in medical terms, is decaying. It gives me a lot of pain to see how we lose young students because of illnesses that can be prevented. Only three days ago, at Chesamis High School, four young boys died because of diarrhoea, which is something that could have been prevented. Unknown to this country, students who are undergoing medical training at the Kenya Medical Training College are denied treatment at the Kenyatta National Hospital. If we have a scheme like this in place, such students will be able to access treatment.

Many Members of this House have mentioned the issue of maternity problems. The majority of the children in this country are not born at the Nairobi Hospital or health centres. Eighty per cent of our children are born in the rural areas under the care of traditional birth attendants. The reason why that happens is not because mothers want it. It is because they cannot afford to pay hospital charges. If you go to some of the provincial hospitals, you will find 16 and 17-year-old girls with catheters. Some hon.

Members were talking about catheters being inserted in men. These are catheters inserted in 16, 17 and 18-year-old girls because they could not afford to go to hospital. They gave birth at home, but as the child came out, it burst their birth canals, and now the poor little beautiful girls started passing stool through the birth canal. We can stop this from happening. This is why I am begging hon. Members to support this very important Motion.

Mr. Temporary Deputy Speaker, Sir, I would like to talk about the issue of financing this scheme. Sceptics are saying we cannot afford to do so. This is a big lie. If this Government allowed some of its top officials to sleep, or become so autonomous as to attempt to commit Kshs2.7 billion for improving the acquisition and delivery of passports in this country, then that money should have been used to finance this scheme.

Mr. Temporary Deputy Speaker, Sir, simple mathematics shows me that if that money had been committed to this scheme at a rate of Kshs400 per individual, it would have supported seven

million Kenyans. There are also some people who have stashed a lot of money abroad. These people have been mentioned in the Goldenberg Commission of Inquiry. Unfortunately, some of them are in this House. They should be forced to bring back this money so that it can be used to finance this scheme.

I would like to add my voice - I am happy that Dr. Hussein is here - We do not want to convert this scheme into a cash-cow as it happened before in other Government parastatals. It is good that the Minister is really lobbying us to support this scheme, but I would like her to stop doing advocacy and instead sit down and work out the proper control measures so that this scheme becomes a success. Even if it fails, I would like to urge her not to fear since we shall have learnt in yet another way why we cannot deliver health services in this country, and move on to another step.

Mr. Temporary Deputy Speaker, Sir, I hear from the rumour mills that the Minister would like to run for the post of Prime Minister in this country. I would like to assure her that if she successfully implements this scheme, I would mobilise all the people in Western Province and other provinces to make sure that she is elected the Prime Minister of this country.

I would like to talk about the infrastructure. It is important that part of this money be deliberately converted to improvement of health centres and hospitals. On this note, I would like to inform her that there is a wonderful hospital in Kakamega District called Mukumu Mission Hospital. I would like to invite her to visit this hospital and donate Kshs1 million to them as a gift for the good work they are doing for our people. I salute them for the manner in which they treated me when I was recently assaulted by thugs.

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

**Mr. Angwenyi:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me a chance to contribute to this important matter. I would like to quote Mr. Ethuro who, while contributing to this very important Motion, said that when Kenya attained Independence, it set out to achieve four goals; namely, to eliminate ignorance, disease, poverty and to have a Government for the welfare of society and the just Government of men. Unfortunately, at that time, they forgot women because there were no women Members of Parliament.

Mr. Temporary Deputy Speaker, Sir, in fact, we almost achieved those goals, until the Goldenberg scandal set in. As we all remember, it was in 1991, at the height of this scandal, that Kenyans were asked to cost-share in education and health care. Since then, the proportion of Kenyans living below the poverty line increased from 37 per cent to 63 per cent. At the same time, our life expectancy declined from an average of 61.5 years to 43.2 years today. In fact, I was reading a research report in the *Economist* magazine. It alleged that, by the year 2050, the population of Kenya would reduce from 31 million to 12 million. Why?

Mr. Temporary Deputy Speaker, Sir, this is because our people have been condemned to abject poverty, and diseases are rampant in this country. Our people cannot even access health care facilities.

**The Temporary Deputy Speaker** (Mr. Khamasi): Mr. Angwenyi, when debate on this Sessional Paper resumes, you will still have seven minutes to finalise your contribution.

### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Khamasi): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until Wednesday, 19th May, 2004, at 9.00 a.m. The House rose at 6.30 p.m.