

NATIONAL ASSEMBLY

OFFICIAL REPORT

Thursday, 12th July, 2001

The House met at 2.30 p.m.

*[The Temporary Deputy Speaker
(Mr. Mbela) in the Chair]*

PRAYERS

NOTICES OF MOTIONS FOR ADJOURNMENT UNDER STANDING ORDER NO.18

ISSUANCE OF NATIONAL IDENTITY CARDS

The Temporary Deputy Speaker (Mr. Mbela): Hon. Members, I have received a written notice from a Nominated Member of Parliament, Mr. Munyao, of his intention to raise a Motion for Adjournment, at the end of normal sitting day, pursuant to Standing Order No.18, a matter contained in reply to Question No.384, concerning issuance of national identity cards given on Wednesday 4th July, 2001, in the afternoon sitting. I have considered the matter, and acceded to the request. I will, therefore, call upon the hon. Member to move the Motion for Adjournment at the time of interruption of the business of the House on Wednesday 25th July, 2001, morning sitting.

CREATION OF DISTRICTS

Hon. Members, I have also received a written notice from the Member for Kangema, Mr. Michuki, of his intention to raise a Motion for Adjournment at the end of Normal Sitting Day, pursuant to Standing Order No.18, a matter concerning a reply given on Wednesday, 4th, July, 2001, in the afternoon sitting, to Question No.1 by Private Notice, in connection with creation of districts in various parts of the country in contravention of the Constitution. I have considered the matter and acceded to the request. I will, therefore, call upon the Member to move the Motion for Adjournment at the time of interruption of business of the House, on Wednesday, 18th July, 2001, morning sitting.

NOTICES OF MOTIONS

ESTABLISHMENT OF GUARANTEED COFFEE MINIMUM RETURN PAYMENT

Eng. Toro: Mr. Temporary Deputy Speaker, Sir, I beg to give notice of the following Motion:- THAT, in view of the Government's commitment to eradicate poverty, noting that coffee was once the No.1 foreign exchange earner, aware that coffee production has deteriorated over the years due to farmers incurring high losses due to the inability to meet production costs; cognisant of the fact that there is an urgent need to revise and sustain the coffee industry; this House urges the Government to establish a Guaranteed Coffee Minimum Return Payment for every kilogramme of coffee produced and sold in the coffee exchange.

Mr. Temporary Deputy Speaker, Sir, this is a party-sponsored Motion.

Mr. Kombo: Mr. Temporary Deputy Speaker, Sir, I beg to give notice of the following two Motions:

LEAVE TO INTRODUCE THE POLITICAL PARTIES FUND BILL

THAT, in view of the need to enhance multiparty democracy in this country and realising that most political parties are faced with serious organisational management and financial crises; this House do grant leave to introduce a Bill for an Act of Parliament entitled Political Parties Fund Bill to provide for public funding of Parliamentary political parties.

AMENDMENT TO PUBLIC SERVICE ACT/
CIVIL SERVANTS CODE OF REGULATIONS

THAT, in view of the fact that the life expectancy for Kenyans has been average at 65.2 years, noting that public servants are required to retire at 55 years, whereas their counterparts in the private sector retire at 65 years; this House urges the Government to introduce an amendment to the Public Service Act and the Civil Servants Code of Regulations to provide for all public servants to have an option to retire at the end of 50 years and compulsory retirement at the age of 55 years.

Mr. Muchiri: Mr. Temporary Deputy Speaker, Sir, I beg to give notice of the following Motions:-

LEAVE TO INTRODUCE CHIEF'S
AUTHORITY (AMENDMENT) BILL

THAT, this House do grant leave to introduce a Bill for an Act of Parliament entitled Chief Authority (Amendment) Bill to section 7 in order to ensure that persons engaged by chiefs or assistant chiefs are paid allowances or assisted by the Government.

LEAVE TO INTRODUCE EDUCATION (AMENDMENT) BILL

THAT, this House do grant leave to introduce a Bill for an Act of Parliament entitled Education (Amendment) Bill to control, standardize and regulate school fees.

ORAL ANSWERS TO QUESTIONS

Mr. Muchiri: Mr. Temporary Deputy Speaker, Sir, I do not have the answer as yet.

Question No. 100

ASSISTANCE TO BOMB BLAST SURVIVORS

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

- (a) how many Kenyans died and how many were injured during the bomb blast in August, 1998 and whether he could table the list;
- (b) what was the value of the properties damaged; and,
- (c) what measures the Kenya Government has taken to ensure that the welfare of the bomb blast survivors and the young orphans is looked into.

The Assistant Minister, Office of the President (Mr. Samoei): Mr. Temporary Deputy Speaker, Sir, this Question is supposed to be answered by Mr. ole Sunkuli, but he is not here. Maybe, we can give him a bit of time.

The Temporary Deputy Speaker (Mr. Mbela): We will come back to it.

Question No. 392

HARDSHIP ALLOWANCE FOR GOVERNMENT OFFICERS

The Temporary Deputy Speaker (Mr. Mbela): Is Mr. Kiminza not there? We will come back to this Question later.

NAMING OF INSTITUTIONS AFTER LEADERS

Mr. Kihoro asked the Vice-President and Minister for Home Affairs:-

(a) whether he is aware that no public building, institution, installation or road has been named after the late hon. J.M. Kariuki and hon. Robert Ouko who died 25 years and 10 years ago, respectively; and,

(b) what action the Government is taking to rectify this anomaly.

The Assistant Minister, Office of the Vice-President and Ministry of Home Affairs, Heritage and Sports (Ms. Mwachai): Mr. Temporary Deputy Speaker, Sir, I beg to reply.

(a) I am aware that no public building, institution, installation or road has been named after Mr. J.M. Kariuki, who was killed 25 years ago. In the case of the late Dr. Robert Ouko, who was also killed about ten years ago, a prominent housing estate, the Robert Ouko Estate in Kisumu, was named after him, when he was serving as a Minister for Economic Planning in the former East African Community. Robert Ouko Estate in Kisumu is a housing estate for civil servants.

Mr. Temporary Deputy Speaker, Sir, Messrs. J.M. Kariuki and Robert Ouko were no doubt great sons of this land who made tremendous contribution to the development of this nation and were prominent Members of this august House. It is in this spirit, and in recognition of the contribution made by such great sons of this nation, that some landmarks in their memory and honour would be appropriate.

(b) The Government policy on naming of roads, buildings or institutions is to let the various local authorities, interest groups or private organisations and individuals determine the naming of such facilities within their areas of jurisdiction. This gives the local authorities and private organisations the opportunity to deliberate and choose names for such facilities from among the names of the many local and national sons and daughters of this country.

That is how such places like Tom Mboya Labour College was named by the labour movement and Mate Road in Meru was named by then Meru County Council. Likewise, many schools are named after prominent personalities whose names have been given to the schools by the communities themselves. The hon. Member is, therefore, welcome to approach or propose to any local authority or private organisation, for the naming of any institution or road after the late J.M. Kariuki, Robert Ouko or any other prominent Kenyan of his choice.

Mr. Kihoro: Mr. Temporary Deputy Speaker, Sir, that is an encouraging answer from the Ministry. I believe the Ministry should have a certain policy to ensure that people who have made great contributions towards Independence and other great works in this country are recognised and their example perpetuated. I have in mind people like Pio Gama Pinto, Field Marshall Baimunge, Gen. Kiugo, Gen. Chui, and Gen. Karuba. These are people who cannot be forgotten. I think the Ministry should prompt the Government and various local authorities to do something about it. The Government has got so many buildings and roads, they can prevail. Why should the Road to Mombasa be called A109? It can be called J.M. Kariuki Road. I do not see why River Road in Nairobi cannot be called J.M. Kariuki Road. We have also got Race Course Road. The race course was changed to Ngong Road a long time ago. Now there is no longer a race course at Kariokor. The road can be named after Robert Ouko. There are very many roads that can be named after these people, if we want to remember them. This should be done quickly. We should not wait for 25 years; the City Council should be told to do something about it.

Ms. Mwachai: I would like to thank the hon. Member. It is good that we are part of the Government. We have noted your suggestion and we will ensure that, that is looked into.

Eng. Toro: I would like to thank Mr. Kihoro for bringing up this issue. I have in mind one prominent Kenyan whom Mr. Kihoro has forgotten and that is Bildad Kaggia who is a former Member for Kandara and a great freedom fighter. This man is ailing and nobody recognises his contribution to the freedom movement. I would like to appeal to the Assistant Minister to think about him seriously and name a road in an estate after him.

Ms. Mwachai: Mr. Temporary Deputy Speaker, Sir, the hon. Member also comes from a constituency, and it does not mean that only a Minister can give somebody such an honour. He can also suggest people to be honoured, as a Member of this august House.

Dr. Omamo: I think we should not lose the essence of this very important Question. The Question is: What is the Government doing to immortalise its national heroes? The key word here is "immortalise" so that generation after generation, will remember the great leaders like J.M. Kariuki and Robert Ouko. That is the essence of the Question. This issue should not be left to the local authorities alone. Could the Government take it upon itself to immortalise national heroes by taking the appropriate action?

Ms. Mwachai: Mr. Temporary Deputy Speaker, Sir, we will consider that because this is where we make very important decisions on how we should govern this country. It will be taken into consideration.

Mrs. Kittony: I would like to thank the Questioner and also ask him to re-write and re-frame his

Question because it is not only men in Kenya who should be recognised.

Mr. Kihoro: Thank you, Mr. Temporary Deputy Speaker, Sir. In 1918 Mekatilili led the Giriama in a rebellion against the British and she should be remembered. There is also Nyambura and Josephine Wanjiku who fought for Independence. We also know about the Wanjiku President Moi talked about. It is very important that we immortalise the history of the patriotic sons and daughters of this country. Mr. Sajjad has got a road named after him. What has he done for this country other than trading in sugar? We want to immortalise the history of the patriotic sons of this country including the Maasais and Nandis like Koitalel arap Samoei who fought during the war against the British. Let us immortalise our history---

Mr. Maitha: On a point of order, Mr. Temporary Deputy Speaker, Sir. Although the Questioner comes from my party, is he in order to insinuate and mention the names of other Members of Parliament, like Mr. Sajjad, when he knows very well that Mr. Sajjad paid a lot of money for the KANU Government to win elections and that is why the road was named after him?

The Temporary Deputy Speaker (Mr. Mbela): That is not a point of order!

Mr. Kihoro: He has bought fame, but fame should be bestowed in action. The patriotic work that has been done by Kenyans should be immortalised and that is the kind of ethos we should encourage among our people.

The Temporary Deputy Speaker (Mr. Mbela): Next Question!

Question No.234

GRATUITY PAYMENT TO MR. TONU'S FAMILY

Mr. Kimeto asked the Minister for Agriculture when the family of the late Joseph Kipyegon Tonui, P/No.88045814, who worked as an Audit Examiner 1 with the then Ministry of Co-operative Development will be paid gratuity.

The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo): Mr. Temporary Deputy Speaker, Sir, I beg to reply.

The death gratuity claim in respect of the late Mr. Joseph K. Tonui was submitted to the Director of Pensions on 23rd October, 2000. However, the Income Tax Clearance Certificate which was inadvertently not attached caused the delay.

The claim was re-submitted back to the Pensions Department on 23rd April, 2001 for payment. I presume, as at now, the cheque must be ready or is being prepared to be paid to the claimant.

Mr. Kimeto: Mr. Temporary Deputy Speaker, Sir, arising from the Assistant Minister's answer, when exactly will the family be paid or when can I tell the family to go for the payment, and how much money is it?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, the late Joseph Tonui died on 22nd July, 1996. He was actually due for promotion to the Grade of Auditor Examiner I, Job Group H, with effect from 24th November, 1995. But this was not processed before his death. The promotion arrears amounting to Kshs26,486.90 were processed and paid through the District Commissioner, Kericho. As I said earlier, this payment caused the delay in processing of the death gratuity documents, as a copy of the payment voucher had to be attached. I have a copy of the document which I would like to lay on the Table. It is a list of names of people who are going to be paid by the Pensions Department. I cannot say the dates when the pension is going to be paid. It is up to the family to do a follow-up. If they want any assistance from my Ministry we are prepared to assist them.

Mr. Gitonga: Mr. Temporary Deputy Speaker, Sir, could the Assistant Minister assure this House that Mr. Tonui will be paid the accrued arrears due to him?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, as I said, the arrears and anything that is due to him will be paid.

Mr. Muiruri: Mr. Temporary Deputy Speaker, Sir, I did not quite hear the exact date when this man died, but if I am not wrong, I heard 1996. Is the Assistant Minister satisfied that somebody who worked for this Government as an Audit Examiner and died in 1996, only deserved to be paid Kshs26,000 after seven years? Is this the way the Government is supposed to treat its servants? Is this fair, not only to the dead person who cannot speak, but equally to his family?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, I think that is what was due to the deceased. It was worked out, but it amounted to Kshs26,000. He is also going to be paid his death gratuity. What I mentioned here as payment which was due and was not paid due to the absence of a death certificate are the arrears for his promotion when he had already died.

Mr. Muiruri: On a point of order, Mr. Temporary Deputy Speaker, Sir. The Assistant Minister who is an ex-senior civil servant is avoiding my question. My question is: Is the Assistant Minister satisfied that it is fair for somebody, who died seven years ago, for his family to wait for seven years in order to be paid a token of Kshs26,000 which, according to the market value in 1996, was only about Kshs5,000? Is he satisfied that this is the proper way of treating civil servants?

Mr. Sumbeiywo: Yes, Mr. Temporary Deputy Speaker, Sir. I am satisfied.

Mr. Ayoki: Mr. Temporary Deputy Speaker, Sir, the late Tonui died seven years ago. At the time of his death he must have been taking care of his children who were going to school. From the records, it appears that these children are no longer going to school due to lack of fees. Could the Assistant Minister give a timeframe when he expects this money to be paid? Is it two weeks, one day or when?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, it can take one day if anybody goes to the District Commissioner's office and finds out whether the cheque has already been submitted to the DC's office.

The Temporary Deputy Speaker (Mr. Mbela): I would like to seek the indulgence of the House. There was a ruling that we should have started with Questions by Private Notice. I would like to finish them and then come back to the normal Questions.

QUESTIONS BY PRIVATE NOTICE

AIRPORT RUNWAY TENDER AWARD

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

(a) Is the Minister aware that a tender for the re-painting of the runway at the Jomo Kenyatta International Airport has been irregularly awarded by the Kenya Airports Authority?

(b) Is he further aware that the Corporation has purchased a tractor for cleaning the runway at Kshs35 million?

(c) What urgent steps is he taking to ensure that public funds are prudently used in these transactions?

The Temporary Deputy Speaker (Mr. Mbela): I have a request from Mr. Wamunyinyi to defer his Question until Tuesday next week.

(Question deferred)

Could we proceed to the second Question by Private Notice?

The Assistant Minister, Office of the President (Mr. Samoei): On a point of order, Mr. Temporary Deputy Speaker, Sir. I have been here three days consecutively waiting to answer this Question by Mr. Wamunyinyi. I do not know how this Question can be deferred without due consultation with me!

The Temporary Deputy Speaker (Mr. Mbela): He has requested that the Question be put on the Order Paper for next Tuesday. He had some personal problems which he could not avoid.

The Assistant Minister, Office of the President (Mr. Samoei): Mr. Temporary Deputy Speaker, Sir, you have been very steadfast in reminding us to be present here to answer Questions. I think it is only fair that Questioners are also present here to do their bit.

(Several hon. Members stood up in their places)

The Temporary Deputy Speaker (Mr. Mbela): Order! Order, hon. Members! I agree with you that there is a lot of inconvenience when hon. Members raise Questions and when Ministers are prepared to answer, they do a disappearing act. Let us hope, just like we expect Ministers to be responsible, also Questioners will be available to ask their Questions unless there are some special problems. In this particular case, I had agreed.

You should also agree that being my first day to sit on this Chair, I should be given a little latitude! So, let us proceed to the next Question!

ACQUISITION OF MBOYA MEMORIAL HALL

(Mr. Mugeke) to ask the Vice-President and Minister for Home Affairs:-

- (a) Is the Minister aware that KANU Nairobi branch has taken over Mboya Memorial Hall in Makadara estate?
- (b) Is he further aware that the hall has been sub-divided into small units (offices) for hire, contrary to the wishes of the late Minister and the people of Makadara?
- (c) Could he order KANU to vacate the premises and restore the hall to its original status?

The Temporary Deputy Speaker (Mr. Mbela): Mr. Mugeke is not in? The Question is dropped!

Next Question!

KENYA SUGAR AUTHORITY TENDER AWARD

Mr. Sungu: Mr. Speaker, Sir, I beg to ask the Minister for Agriculture the following Question by Private Notice:-

- (a) Is the Minister aware that the Kenya Sugar Authority is about to award tenders for the construction of an access road to its headquarters in Upper Kabete, Nairobi?
- (b) What is the estimated cost of this project and where will the Authority obtain funds for this project at a time when the sugar industry is facing an acute financial crisis?

The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo): Mr. Temporary Deputy Speaker, Sir, I beg to reply.

(a) Yes, I am aware that the Kenya Sugar Authority is about to award tenders for the construction of an access road measuring 1.4 kilometres to its headquarters in Upper Kabete, Nairobi.

(b) The cost of the project is estimated to range between Kshs25 million and Kshs30 million. The Authority will utilise part of its savings from the 0.5 per cent administrative allocation from the Sugar Development Fund to construct the road. It is important to construct the road so that the project is complete and accessible. Otherwise, the funds spent on construction of the headquarters would be in vain as the road is an earth road and becomes completely impassable during the rainy season.

Mr. Sungu: Mr. Temporary Deputy Speaker, Sir, it is common knowledge that the sugar industry is in a crisis. The Kenya Sugar Authority (KSA) obtains its funds from the farmers. The KSA wants to construct 1.4 kilometres of road in Nairobi at a cost of Kshs30 million. My statistics, from the Chief Engineer of Roads, shows that it is the construction of Mombasa/Nairobi Highway only which should cost Kshs15 million per kilometre. The KSA wants to spend Kshs15 million per kilometre to construct a road which will not be used by any trucks, but only saloon cars which go to its headquarters. Is this not a sign of corruption within the KSA? What action will the Assistant Minister take to stop this corruption?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, the Authority has already made up its mind to construct the road. So, we cannot stop it from doing that.

Dr. Kulundu: On a point of order, Mr. Temporary Deputy Speaker, Sir. Apart from the exorbitant cost that Mr. Sungu has alluded to, I want to ask the Assistant Minister whether he is satisfied that the construction of the KSA headquarters in Nairobi was a wise decision, given the fact that most sugar-cane is grown in western Kenya? Why could the KSA not use the existing facilities in western Kenya as the headquarters for the KSA rather than have it in Nairobi?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, the KSA went ahead and constructed this headquarters without consulting the Ministry of Agriculture and Rural Development. The building is already now in place and we cannot demolish it. If it was not proper for that building to be built in Nairobi, that issue should have been brought up before its construction started.

For the information of the House, the KSA collects a levy of 7 per cent from the sale of sugar, both local and imported sugar. As at December, 2000, the KSA had collected Kshs6,635,860,389 under the Kenya Sugar Levy Fund. The Kshs4,972,019,000 had been collected from local sugar factories, while Kshs1,666,841,299 was collected from imported sugar. The 7 per cent of the levy collected is apportioned as follows:- factory rehabilitation, 3 per cent; cane development, 2 per cent; road development, 1 per cent and research 0.5 per cent.

Mr. Khamasi: On a point of order, Mr. Temporary Deputy Speaker, Sir. It is very clear that the Assistant Minister is reading out to us an answer for a Question which has not been asked. The simple issue here is that the Ministry has allowed a parastatal which is under its management, to spend Kshs30 million to construct a 1.4-kilometre road when farmers down at home are unable to take their children to school. Is it in order for that particular parastatal to do so when it can actually spend that money to help our farmers?

The Temporary Deputy Speaker (Mr. Mbela): Mr. Assistant Minister, do not answer a Question you

have not been asked.

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, I wanted to enlighten the House on how this levy is spent. It is the responsibility of the KSA to query the amount of money that will be spent on this project and then the Ministry can come in.

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. The KSA should be called the "Kenya Stealing Authority". The Kshs6 billion has been confirmed here as having been collected, and yet, the Authority is putting into receivership Miwani and Muhoroni Sugar Factories. Farmers of Nzoia Sugar Factory have not been paid their dues. What was this Authority created to do? Was it created to destroy our sugar industry or to import sugar from overseas? In fact, I have knowledge that the Authority has imported 440,000 bags of sugar, which are lying at the Port of Mombasa, and it wants to auction that sugar next week to avoid paying duty on it. The KSA should be disbanded because it is of no value to our people.

Could the Assistant Minister tell us whether the KSA is the "Kenya Stealing Authority"?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, I will not answer that because it is not a question.

Dr. Ochuodho: Mr. Temporary Deputy Speaker, Sir, the Assistant Minister has acknowledged the fact that the Ministry is not in control of KSA. Could the Assistant Minister tell this House how much money KSA used to construct its headquarters? Why was that money not used to bail out Muhoroni Sugar Factory?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, that is a different Question. I was not asked to state how much was spent to construct the headquarters.

Mr. Sungu: On a point of order, Mr. Temporary Deputy Speaker, Sir. The answer given by the Assistant Minister is totally unsatisfactory. It is so unsatisfactory that I will demand that either the Assistant Minister resigns or goes back to KSA and puts it in order! The KSA cannot be under anybody else other than this Ministry. This is the parent Ministry. There is obvious corruption there. Farmers are suffering! As I speak now, farmers in my constituency cannot pay school fees for their children because they have not been paid their money by firms such as Miwani and Muhoroni Sugar Factories. These factories are "dead" and workers have not been paid their salaries, yet, the Assistant Minister cannot tell us exactly how their money is spent. Could the Assistant Minister now promise us that he will take proper action against the Chairman and the Chief Executive of the KSA, who are perpetrating this corruption?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, it is very interesting that Mr. Sungu knows that there is corruption within the KSA and has not reported this, as a responsible Member of Parliament, to the authorities. If he reports this matter, we will carry out investigations and whoever will be found guilty will be taken to court. I can confirm that.

Mr. Sungu: On a point of order, Mr. Temporary Deputy Speaker, Sir. I have pointed out ample evidence of corruption. Statistics from the Chief Engineer of Roads show that construction of Mombasa/Nairobi Highway would cost Kshs15 million per kilometre. The road leading to the KSA headquarters will be constructed at more than Kshs15 million per kilometre. It is only 1.4 kilometres long and the Authority will spend Kshs30 million on it. In fact, I know the Authority will spend Kshs50 million to construct this road. Is that not corruption? What other evidence does the Assistant Minister need?

Mr. Sumbeiywo: Mr. Temporary Deputy Speaker, Sir, the cost of construction of a kilometre of road depends on the terrain of the area. The Mombasa/Nairobi Highway is a straight highway that only needs grading. The road leading to the KSA headquarters is an uphill one and so the Authority will spend more money to construct it.

The Temporary Deputy Speaker (Mbela): Mr. Assistant Minister, I have formed the opinion that you are not serious about giving a reasonable answer. I think you should go back, look at the figures and evaluate how much it costs to construct a kilometre of road; the amount is not supposed to be more than Kshs10 million per kilometre. I am sure the House is getting excited because you are not being very truthful about this issue.

Dr. Ochuodho: On a point of order, Mr. Temporary Deputy Speaker, Sir. In view of the ruling from the Chair, could the Question be deferred? Could Mr. Sungu, because I am lonely on this side, join another rebel on this side of the House?

(Laughter)

The Temporary Deputy Speaker (Mr. Mbela): Indeed, the Question is deferred because the answer is not satisfactory!

(Question deferred)

COMMUNITY PARTICIPATION IN ECO-TOURISM

Mr. Leshore: Mr. Temporary Deputy Speaker, Sir, I beg to ask the Minister for Tourism and Information the following Question by Private Notice.

(a) What steps is the Minister taking to develop and sustain the participation of the communities neighbouring tourist resorts within the new perspective of Eco-Tourism?

(b) What assistance is he planning to give to the communities to ensure their full participation?

The Temporary Deputy Speaker (Mr. Mbela): Is anyone here from the Ministry of Tourism and Information? We will leave that Question until the end. Let us move on to the next Question.

PANDYA HOSPITAL STAFF LAY-OFFS

Mr. Maitha: Mr. Temporary Deputy Speaker, Sir, I beg to ask the Minister for Labour the following Question by Private Notice.

(a) Is the Minister aware that Pandya Memorial Hospital has of late been laying off its staff without following the laid down regulations?

(b) Is he further aware that about 241 employees from the same hospital are about to be laid off?

(c) What urgent measures has he taken to arrest the situation?

The Minister for Labour (Mr. Ngutu): Mr. Temporary Deputy Speaker, Sir, I beg to reply.

(a) I am aware that only 60 employees of Pandya Memorial Hospital have been laid off, after being issued with appropriate notices as per their collective bargaining agreement.

(b) I am not aware.

(c) I have already taken action by appointing a Senior Labour Officer, Mr. B.O. Musandu, to investigate the case and report to me his findings as soon as possible.

Mr. Maitha: Mr. Temporary Deputy Speaker, Sir, I filed this Question one month ago, and the Minister has always promised that he will be coming to answer it. When I raised this Question, the Minister appointed somebody who went to Mombasa and filed a report. I sent to the Minister, more than 100 notices of redundancy, and I have even brought more. So, it is not fair for him to refer to 60 employees only. Now, could he lay on the Table the complete report by his officer, and tell us what he is doing about the question of redundancies by Pandya Memorial Hospital?

Mr. Ngutu: Mr. Temporary Deputy Speaker, Sir, the report has not reached my office yet. So, as soon as I get it, I will lay it on the Table.

Mr. Kihoro: Mr. Temporary Deputy Speaker, Sir, the Minister, in his answer, has talked about a collective bargaining agreement that was signed between those who have been retrenched, and the hospital. Could he table that agreement, and also tell this House which union assisted them in bargaining with the hospital? What were the terms of the agreement?

Mr. Ngutu: Mr. Temporary Deputy Speaker, Sir, the first question by Mr. Kihoro was not part of the Question. I can bring the agreement later, and lay it on the Table. On the second part of the question, I am not able to give the answer at the moment.

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Speaker, Sir, sometime ago, this House passed a Motion that was moved by Mr. Ojode, that compelled the Government to withhold retrenchment in the public service. If the retrenchment was withheld until clear guidelines were laid down, the Government should have expeditiously, also instructed the private sector on what measures it should take when it is retrenching, apart from the laid-down union procedures that we know. Unless the Government takes those issues seriously, many Kenyans, not just those at Pandya Memorial Hospital, will lose their jobs because the private sector thinks that the Government has given the go-ahead by its own retrenchment methods.

Could the Minister, who is the custodian of workers' rights in this country - I do believe in the Government - explain to this House whether or not the Government has given any instructions or communication to the private sector, to withhold retrenchment until such time that it can be properly done, both in the private and public sectors, in the interest of workers?

Mr. Ngutu: Mr. Temporary Deputy Speaker, Sir, in the 1994 Finance Bill, there was a provision that the employers in the industries were only supposed to inform the Minister for Labour about their intention to retrench the workers. That did not give any leeway to the Minister for Labour to conduct any further discussions because the authority to retrench was given to the employers. The Minister was only supposed to be informed.

As far as I am concerned, I have no power at the moment, until we review the whole process of employment. We have already prepared a Cabinet Paper which is being discussed. As soon as we finish discussing it, the question of retrenchment will be brought up and discussed by Parliament in full.

Mr. Ochilo-Ayacko: Mr. Temporary Deputy Speaker, Sir, you heard the Minister say that, previously, employers were required to inform him when they intended to retrench. Is he really sure that the word "retrenchment" has ever existed in our statutes? I do not think such a word has been there! The word that has existed is "redundancy", and there is provision to give notice to the Minister of intention to declare workers redundant. Is the Minister sure that the word "retrenchment" exists in our statutes?

Mr. Ngutu: Mr. Temporary Deputy Speaker, Sir, I am not sure of what was discussed in 1994! Maybe, I should be allowed to carry out some research and report back to the House. But, at the moment, that is the much that I am aware of.

Mr. Wamalwa: On a point of order, Mr. Temporary Deputy Speaker, Sir. In the Minister's valiant attempt to answer this Question, he has left a lot of loose ends! He does not have the information! He is still expecting to receive information from Mombasa and he cannot table anything! Would it be in order for us to ask that this Question be deferred, to give the Minister time to receive all the information, and then answer it appropriately? That is because the question of retrenchment is a very important matter to all the employees in this country.

The Temporary Deputy Speaker (Mr. Mbela): I think that is the way forward in dealing with the matter. When do you think you will be ready to answer it fully?

Mr. Ngutu: I can answer it next week; on Thursday.

The Temporary Deputy Speaker (Mr. Mbela): The Question is deferred to Thursday.

(Question deferred)

I would like to give another chance to Mr. Paul Mugeke.

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. While the Minister goes to get more information, could I be in order to ask him to ask the Pandya Memorial Hospital to withhold the redundancy exercise until he has investigated the matter and received a report?

The Temporary Deputy Speaker (Mr. Mbela): I think the Minister has heard that! Is hon. Paul Mugeke back now?

ACQUISITION OF MBOYA MEMORIAL HALL

Mr. Mugeke: Mr. Temporary Deputy Speaker, Sir, I am sorry I came late. However, I beg to ask the Vice-President and Minister for Home Affairs the following Question by Private Notice, although it has been amended a bit. I had asked about land grabbing by KANU!

(a) Is the Minister aware that KANU, Nairobi Branch, has taken over Mboya Memorial Hall in Makadara Estate?

[Mr. Mugeke]

(b) Is he further aware that the hall has been sub-divided into small units (offices) for hire, contrary to the wishes of the late Minister and the people of Makadara?

(c) Could he order KANU to vacate the premises and restore the hall to its original status?

The Assistant Minister, Office of the Vice-President and Ministry of Home Affairs, Heritage and Sports (Mr. Osundwa): Mr. Temporary Deputy Speaker, Sir, I beg to reply.

(a) Tom Mboya Memorial Hall has not been gazetted as a national monument, and it is not a Government building. It was built through the initiatives of the late Mr. Tom Mboya, the then Secretary-General of KANU. Hence, the building continues to serve the activities of KANU, even after his death.

(b) I am not aware of the use to which the hall has been put into, as it does not fall under my Ministry.

(c) Consequently, the issue of ordering KANU to vacate the premises does not arise.

Mr. Mugeke: Mr. Temporary Deputy Speaker, Sir, there is one thing I would like to clarify. This hall was built before the late Tom Mboya became Secretary-General of KANU. The other issue is that it was only last year when the residents of Buru Buru and Makadara estates applied to be allowed to make use of that hall. This is because in the whole of Buru Buru and Makadara estates, with a population of about 20,000, there is no social hall. When we applied for it, KANU occupied the hall. We had gone to the extent of seeing the Provincial Commissioner and, at one time, we were given the impression that he had agreed that the residents could make

use of that hall. We are now wondering, since KANU is the minority in that area. Its supporters, in fact, constitute about 20 per cent of the whole population. We want to make use of this hall together with KANU, NDP, DP and everybody in Buru Buru. Why should the hall be left to KANU alone? In fact, they are not using the hall for meetings but for commercial gains. They have subdivided the hall and are renting it out. On Sundays, they rent it to churches. Could the Assistant Minister assist the people of Buru Buru and Hamza estates by ordering KANU to vacate that hall so that it can be used by everybody else?

Mr. Osundwa: Mr. Temporary Deputy Speaker, Sir, in the first instance, I said that this hall has not been gazetted as a national monument. So, I do not think KANU should be removed from its property. This is because evidence shows that this hall was constructed by the late Tom Mboya and, at that time, he was the KANU Secretary-General. So, the building rightfully belongs to KANU.

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Speaker, Sir, the spirit in which hon. Mugeke has asked the Question is, to me, much more important than the facts being alluded to by the hon. Assistant Minister. Since this hall was named after the late Tom Mboya who was indeed the Secretary-General of KANU and, perhaps, the best Secretary-General this country has ever known in history, would it not be proper for the Office of the Vice-President and Ministry of Home Affairs, Heritage and Sports, whose portfolio is to declare national monuments, to do so for this hall? Even *Kit Mikayi* which belongs to the people of Kisumu Rural was a private property, but it was declared a national monument. Is it impossible to declare a KANU private property a national monument in the interest of the nation?

Mr. Osundwa: Mr. Temporary Deputy Speaker, Sir, the Ministry will take up the issue with KANU, and if the party agrees, it will gazette it as a national monument.

Mr. Wamalwa: Mr. Temporary Deputy Speaker, Sir, the Assistant Minister, in his answer, said that this building was named after the late Tom Mboya who was the Secretary-General of KANU. Therefore, KANU and the late Tom Mboya are one and the same and you know straightaway that, that argument is fallacious. This is because once upon a time, the present President was in KADU and today he is in KANU. What gives the Assistant Minister the right to assume that Tom Mboya would have been in KANU permanently?

(Applause)

Mr. Osundwa: Mr. Temporary Deputy Speaker, Sir, I said that this building was constructed through the initiative of the KANU Secretary-General, the late Tom Mboya, and that is on record.

Hon. Members: No! No!

Mr. Mugeke: On a point of order, Mr. Temporary Deputy Speaker, Sir. The Assistant Minister is misleading the House. That hall was built through the initiative of the late Tom Mboya and at that time he was not the Secretary-General of KANU. If he is claiming that KANU owns the plot, could he table documents to prove that?

Mr. Osundwa: Mr. Temporary Deputy Speaker, Sir, first of all, this Question is supposed to be answered by my Ministry only after gazette of this building as a national monument. So, before that is done, I think we are not competent to answer this Question.

Hon. Members: No! No!

The Temporary Deputy Speaker (Mr. Mbela): I will now go back to Oral Questions. Question No.364 by hon. Kalulu!

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. You have heard the Assistant Minister say---

The Temporary Deputy Speaker (Mr. Mbela): Order! I have not given you the Floor!

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

The Temporary Deputy Speaker (Mr. Mbela): Why is the House on fire? Let me hear from somebody who has not talked. Mr. Katuku!

Mr. Katuku: Mr. Temporary Deputy Speaker, Sir, we are not satisfied with the answer given by the Assistant Minister. There is one fundamental issue which he has not answered. Here is a question of a plot whose rightful owner we have not been told. Could the Assistant Minister tell this House who owns the plot? If he does not know, then we had better defer this Question so that it can be answered by the relevant Ministry because he has not told us who is the owner of the plot.

(Applause)

The Temporary Deputy Speaker (Mr. Mbela): I can see the House is not satisfied with that answer. I think it would be quite in order for that issue to be raised under a Motion for Adjournment at a suitable time, if the request can be done formally.

Mr. Katuku: On a point of order, Mr. Temporary Deputy Speaker, Sir. I am requesting the Question to be deferred.

The Temporary Deputy Speaker (Mr. Mbela): The Chair is on its feet! We do not have enough time to debate a whole Question. I agreed that two or three minutes be taken by Prof. Ongeri before we move to the next Order.

Prof. Ongeri, the Floor is yours.

MINISTERIAL STATEMENT

APPRAISAL OF CHOLERA SITUATION IN WAJIR

The Minister for Public Health (Prof. Ongeri): Mr. Temporary Deputy Speaker, Sir, there was an uproar on the cholera situation in Wajir District and I wanted to appraise the House and the hon. Members of the current status.

Mr. Temporary Deputy Speaker, Sir, there was a cholera outbreak in Wajir District on 11th April, 2001 affecting mainly Wajir Town and its environs. This outbreak was confined within the town and was contained by the end of May after case management was intensified and water wells were chlorinated. A new outbreak has been reported on 23rd June in Hadado, which is 80 kilometres west of Wajir Town. A total of 72 cases have been treated, with six deaths at Hadado, giving a case fatality rate of 8.3 per cent and only seven are still at the cholera treatment centres. Wajir has reported 271 cases and 17 deaths, giving a case fatality rate of 6.3 per cent since 11th April. The total accumulative cases for Wajir and Hadado are now 343 and 23 deaths, giving a case fatality rate of 6.7 per cent.

The action taken is that the Ministry of Health has mobilised resources and issued an Authority to Incur Expenditure (AIE) to the Medical Officer of Health (MOH), Wajir. Drugs and IV fluids were dispatched. A technical team supported the Wajir team to bring under control the problem in the town. The NGOs were equally mobilised to support the response activities. The current support includes the Ministry of Health having established two cholera treatment centres at Wajir District and Hadado, a team of health workers at Hadado manning the centre and additional drugs and supplies worth more than Kshs1 million mobilised to the area already affected.

Mr. Temporary Deputy Speaker, Sir, I would like to request, through these arrangements, that we have our senior health team officers headed by a senior person, Dr. Choice Onsongo, Head of Communicable Disease Control, who have visited the site and given comprehensive information on what should be done, including chlorination of water wells using chlorine tablets, public health education on environmental sanitation through community mobilisation, food and personal hygiene, case management at treatment centres and surveillance teams in all places. Therefore, I want to say that, briefly, the situation is fully under control and there should be no cause for alarm.

Thank you.

Mr. Shidiye: On a point of order, Mr. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Mr. Mbela): Overruled! Let us move on to the next Order!

COMMITTEE OF SUPPLY

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

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

The Minister for Medical Services (Mr. Mohamed): Mr. Temporary Deputy Speaker, Sir, I beg to Move

that Mr. Speaker do now leave the Chair to enable me initiate debate on Vote 11 - Ministry of Health.

As hon. Members are aware, the Ministry of Health has the overall mandate to provide and promote quality preventive, promotive, curative and rehabilitative health services to all Kenyans. It has the responsibility of improving, promoting and safeguarding the health of all the people who reside in Kenya. To achieve this important goal, the Ministry has concentrated its effort on increasing coverage and access to healthcare service by establishing a network of hospitals, health centres and dispensaries and promoting primary healthcare activities in all the districts in the country.

In order to achieve its policy objective, the Ministry is committed to the policy of creating an enabling environment for NGOs, private organisations and communities to complement Government efforts by actively participating in the delivery and improvement of healthcare services in the country.

The main goal of health meta policy that has been pursued by the Ministry since Independence has been the provision of integrated health services which include preventive, promotive, maternal and child and curative care health service that meet the basic needs of the population.

The Ministry has concentrated its effort on increasing coverage and access of healthcare in under-served areas and further consolidating preventive, promotive, curative and primary healthcare services by pursuing the following policies as elucidated in the Kenya Health Policy Framework Paper of 1994. The Ministry has done this to ensure equity allocation of Government resources to reduce disparities in health status; increase the cost effectiveness and the cost efficiency of resource allocation and use. The Ministry has also continued to manage population growth, enhance the regulatory role of the Government in all aspect of healthcare provision. It has also created an enabling environment for increased private sector and community involvement in health service provision and finance; increase and diversify per capita financial flows to the health sector.

Mr. Temporary Deputy Speaker, Sir, all these policies clearly underscore that good health is a prerequisite for the country's socio-economic development. Pursuance of the above policies has resulted in considerable improvement of the health status of Kenyans since Independence, despite rapid population growth from 8.9 million people in 1963 to 28.7 million people as per the 1999 population census. During this period health facilities run by the Ministry have increased from 58 hospitals and 603 rural health facilities to 124 hospitals, 450 health centres and 1,562 dispensaries countrywide. Considerable progress has been made towards improving the health status of Kenyans. Among the gains achieved in the sector since 1963 to date are the reduction of the crude death rate from 20 to 12 per 1,000, infant mortality rate from 120 to 74 per 1,000 live births, under five year mortality from 156 to 112 per 1,000, while life expectancy has risen from 44 years to 54 years during the same period, as per the Kenya Demographic Health Survey of 1994. However, this has been exacerbated by the HIV/AIDS pandemic and is likely to worsen unless urgent mitigating measures are put into place.

With the implementation of the Structural Adjustment Programmes (SAPs) that were necessitated by the global macro-economic crisis of the 1980s, the Ministry of Health was forced to cut back on its expenditure from a level of US\$950 per capita in 1980/81 to the present US\$4.7 per capita Recurrent Expenditure. The sharp decline in per capita expenditure on health has been accompanied by a disproportionate increase in the burden of disease. The HIV/AIDS pandemic has caused a serious upsurge of tuberculosis, which is a major public health problem.

The poverty levels have also increased in recent years with the present 56 per cent of the population living below the poverty line. This has had a negative impact on affordability of medicare in privately owned institutions with more people seeking cheaper medical services at Government of Kenya health facilities. This has led to overstretching of public health facilities.

Another major challenge has been posed by the resurgence of communicable diseases that had previously been put under control, such as typhoid, cholera and outbreak of chloroquine-resistant malaria in the highlands west of the Rift Valley. The worst was the threat of Ebola. The Government had to spend resources to institute active surveillance and to keep it outside our borders. The other major challenge has been posed by the mass exodus of doctors and other medical personnel from Kenya to other countries, notably Southern African countries, the United Kingdom (UK) and the United States of America (USA).

The main reason for the exodus is the inferior terms and conditions of service offered by the public health sector which have caused those already in employment to leave for greener pasture elsewhere. Also, the current terms are not good enough to attract and retain doctors and other health professionals. This was clearly demonstrated recently when the Government advertised for 100 doctors to serve in public health institutions, but only eight responded. The Government will find ways and means to redress this issue.

The fourth major challenge, Mr. Temporary Deputy Speaker, Sir, is the high cost of drugs. This situation has been brought about by the unfavourable exchange rate fluctuations against the Kenya Shilling in recent years and the patent law which is being enforced by the World Trade Organization. To ameliorate the situation, the

Ministry has given specific inputs to the new legislation that will, among other things, permit parallel importation or manufacture of drugs.

Mr. Temporary Deputy Speaker, Sir, in order to deal with these daunting challenges, the Ministry has elaborated the policies and strategies in the Policy Framework Paper as mentioned earlier. The Paper presents detailed situation analysis of the sector and a series of strategies developed by the Ministry. It mirrors the situation analysis and identifies the major strategies and interventions to be employed to improve the overall function of the sector. This will be through promoting and improving the health status of Kenyans by deliberately restructuring the health sector to make all health services more effective, accessible and affordable. Mr.

Temporary Deputy Speaker, Sir, the National Health Sector Strategic Plan for 1999/2004 underlines the importance of decentralising planning, resource management and enhancing the regulatory role of the Government in the provision of cost-effective and affordable healthcare to our people. In this regard, I wish to assure hon. Members that the funds which were voted in the last financial year have been used well in the achievement of our stated objectives. This year's expenditure Estimates that are before the House, as in the last financial year, continue to directly link the policy objectives contained in the Kenya Health Policy Framework Paper of 1994 and the National Health Sector Strategy Plan 1994/2004 with those in the Medium Term-Expenditure Framework (MTEF) 2001/2002, 2002/2003. Shifts of budgetary reallocations to ameliorate poverty among the most vulnerable population has been effected in line with the Poverty Reduction Strategy Paper (PRSP).

It is pertinent to link health policy priorities with planning and budgeting in line with the newly introduced MTEF for which this is the second Budget year. I wish to elaborate further on the above subject in order for hon. Members to see the rationale for some budgetary shifts that have been proposed in the Ministry's Vote. Within the frame of the MTEF guidelines provided by the Treasury and the sector's policy priorities and core functions, and in order to address poverty reduction, the Ministry, in its budget proposals, has sought to enhance equity, quality, access and affordability of basic healthcare through better targeting of resources to the poor especially in the arid and semi-arid areas, and towards preventive, promotive primary healthcare services and efficient use of resources.

There is also commitment and budgetary allocation to implement high priority activities within the essential package of health services with particular emphasis on women and children who constitute majority of our out-patients, as well as to improve accountability and transparency through improved supervision and internal controls.

To improve access for the poor, charges for treating diseases of public health concern such as leprosy, tuberculosis, sexually transmitted diseases (STDs), HIV/AIDS and children under five years as well as antenatal services and vaccination, are exempted from user charges in all Ministry of Health facilities. On top of this, re-admission with the same episode within 14 days is exempted. Also, patients from charitable and destitute homes are not charged. The same applies to the National Youth Service trainees, as well as the prisoners and persons under police custody. After 14 days, patients will be exempted from daily in-patient charges. The Ministry has also put in place an elaborate waiver system for the very poor which will be strictly enforced.

Mr. Temporary Deputy Speaker, Sir, as in the past, the current year's budget Estimates continue to have real shifts of financial, human and other resources away from tertiary and curative services to preventive, promotive, rural health services Sub-votes. This will translate stated health policy objectives into targeted activities supported through the MTEF process and redirect health resources to those areas that provide maximum benefits to the majority of the vulnerable groups. This group constitutes a significant proportion of our population as spelt out in the National Poverty Eradication Plan.

Mr. Temporary Deputy Speaker, Sir, control of HIV/AIDS is central to an effective poverty reduction strategy. The Government has declared HIV/AIDS a national disaster. Consistent with this, the Ministry proposes to allocate significant financial and other resources towards management and prevention of transmission of HIV/AIDS among the vulnerable groups, particularly the youth, women and children.

Mr. Temporary Deputy Speaker, Sir, the control of malaria is another Ministry of Health top priority for effective poverty reduction. Malaria constitutes 30 per cent of the burden of disease handled by the Ministry's health sector. Currently, malaria control has been strengthened and decentralised to the district level through the District Malaria Control Programme in order to respond more effectively to contemporary needs of the public. Women in their productive age account for 20 per cent of this country's population. They contribute to the economic development of this country, and the Ministry will continue to put emphasis on their health and that of their children to ensure healthy motherhood.

Mr. Temporary Deputy Speaker, Sir, in order to perform and meet the aforementioned objectives, the Ministry proposes a net estimate of Kshs11,609,727,400. Compared to last year's net provision of

Kshs11,817,503,774, this year's proposed estimate has decreased by Kshs207,776,374. The decrease is mainly due to reduced provision for drug intervention and completion of donor-financed projects in the last financial year. The gross estimates for both the Recurrent and Development Votes is Kshs14,600,935,808.

The Recurrent Vote alone is allocated Kshs10,527,393,800. Compared to last financial year's allocation of Kshs10,710,689,803, this financial year's allocation reflects a decrease of Kshs193,296,003. This allocation works out to US\$4.7 per capita, which is well below the recommended US\$20 per capita as well as the level of 15 per cent total Government spending on health that was recommended by the recent Africa Heads of State Summit, which was held in Abuja, Nigeria.

Mr. Temporary Deputy Speaker, Sir, the net Recurrent Estimates for the year 2001/2002 stand at Kshs10,484,711,400. As compared to last financial year's net Recurrent provision of Kshs10,672,191,923, this figure reflects a decrease of Kshs187,480,523, or 0.8 per cent. Provision under the Recurrent Vote is for personnel salaries and allowances, grants to parastatals and maintenance. The Development Vote has a gross provision of Kshs3,593,544,008. Compared to last financial year's provision of Kshs3,932,227,800, this figure reflects a decrease of Kshs392,000,000, which resulted from termination of donor-financed programmes.

The Ministry's major development partners include the World Bank, which is funding the anti-HIV/AIDS programme and reproductive health projects; the Government of Spain, which funds the supply of medical equipment; the Arab Bank for Economic Development in Africa (ABEDEA), which is funding the rehabilitation and updating of Embu Provincial General Hospital and the African Development Bank (ADB), which is funding the rehabilitation of rural health facilities. Others are the Japanese International Co-operation Agency (JICA), which is funding the rehabilitation of health centres in western Kenya; the Canadian International Development Agency (CIDA), which is funding the Integrated Rural Health Programme (IRHP); the United Kingdom (UK), which supports the Malaria Control and Family Health Productive Programmes, and, the Government of Belgium, which provides support for revolving drugs.

In conclusion, the proposed strategy and budget allocation will help to stimulate the reversal of adverse factors that have brought about a decline in health status indicators. The proposed budget for this financial year is better prioritised and focused. It has been disintegrated to reflect district allocations. I wish to assure hon. Members that the budget allocations will be used effectively and efficiently for the intended purpose to meet the health sector objectives outlined above.

Mr. Temporary Deputy Speaker, Sir, with those remarks, I beg to move the Expenditure Estimates of Kshs14,066,935,808 for Vote 11 - Ministry of Health - for the Financial Year 2001/2002.

The Minister for Public Health (Prof. Ongeru): Mr. Temporary Deputy Speaker, Sir, you have heard from my colleague that the sum being sought this financial year is to enable the Ministry of Health to meet its expectations in the policy framework as enunciated in 1994 vis-a-vis the Health Strategic Plan of 1999 through to 2004, and make it to be in tandem with the Medium-Term Expenditure Framework (MTEF), which is required to tailor our Budgetary considerations to the Poverty Reduction Strategy Programme (PRSP).

Therefore, the orientation of the entire budget is, first, to decentralise in order to reach the target groups. Therefore, the aim of the Ministry of Health and the Government of Kenya has shifted the emphasis of its activities to the rural areas. If you go through the Ministry's Votes, Heads and Items, you will note that there has been a major shift from curative services to preventive and promotive healthcare. It may not look apparent under promotive and preventive services. When you look under the Vote of this Ministry, the sums allocated may appear very little, indeed, and I will be making further reference to this issue. But what is clear, is that when you look under the Rural Health Services, there is a fairly big sum of money, over Kshs3 billion, which is a considerable sum of money intended to deliver the health services to wananchi at that level.

Because of time considerations, I need to point out one area in which we are very much constrained in matching the resources with expectations of the actions that are required of us, both by wananchi and this Parliament. You have already heard that the per capita expenditure on any given individual on health matters, boils down to US\$4.9 per capita. The minimum expectation in the expenditure, or per capita, is about US\$12. Therefore, that gap is fairly big and sometimes we have got to do make-shift arrangements in order to target some of these expectations. One way that we have been able to do this by maximizing the use of health personnel in order to accomplish more tasks than hitherto has been the case.

Therefore, the investment in human resource development is a critical factor in ensuring that the targets set out, in both the Policy Framework and in the Health Strategy and the Medium Term Expenditure Framework and, of course, the PRSP, which is targeting poverty reduction, are all taken care of, decently and in accordance with our expectations. So, even though we may not be having adequate resources to cater for this level of expenditure, we are indirectly exacting both efficiency and quickness in dealing with situations and emergencies and, therefore, through that, we are compensating for the shortfall in revenue resources that are required to run

more comfortably the health sector.

I want to make another point that, recently, when the Heads of States met in Abuja, one of the declarations was that the health budget in African States, should attract 15 per cent of the national resources being offered as an envelope. In our current situation, the present Budget only represents 7.5 per cent and, therefore, we have not been able to reach that target that was expected of us at that time.

I want hon. Members to appreciate one factor; that the number of health points has been increased. When you look at the hospitals and rural health clinics at Independence, as compared to now, they have more than doubled in terms of hospitals and they have more than trebled in terms of dispensaries and health centres. We consider that these are entry points for delivery of primary healthcare.

I also want hon. Members to appreciate one factor; that whereas we may have increased life expectancy to much respectable levels as expounded by the demographic figures in our population census, we have been brought back because of certain levels of disease burdens, one of them being malaria. You will appreciate that malaria takes in 30 per cent of the out-patient attendances and, therefore, demanding a lot of resources. In terms of admission, it takes 20 per cent of patients being admitted in our wards and about 5 per cent of our beds. Therefore, as an issue and as an entity itself, it constitutes a major disease burden.

As if that is not enough, the HIV/AIDS scourge, has dealt us yet another big blow. Therefore, we now have the average prevalence rate of about 14 per cent or 2.2 million Kenyans infected, one million dead, one million orphaned and, therefore, that has reduced the life expectancy to a rather very low level of between 45 and 49 years of age. Therefore, the quality of life that is intended to be given to our general populace in this country has been reduced because of this pandemic. Hence, I would like to urge hon. Members that whatever single resource being availed through the World Bank and through another project, which comes in as Appropriations-in-Aid and through the National HIV/AIDS Control Council, should be used more effectively in order to get the message across so that abstinence and control measures can be part of our major strategy in order to stem off this scourge. Therefore, it represents a major disease burden.

Equally important is the issue of tuberculosis since the onset of HIV/AIDS. We have had a re-emergence of 70,000 new cases annually; of tuberculosis. Already, my colleague has mentioned that tuberculosis is one such element that we give free therapy and treatment to all Kenyans. I want to tell this august House, that in terms of record and management of TB cases, Kenya is rated as one of the top nations worldwide because our resistance rate is very low; it is below 5 per cent, when others are talking about 15 per cent to 25 per cent. Therefore, we have done very well.

Mr. Temporary Deputy Speaker, Sir, because I have had a limitation of time, I must mention one thing; that Budgetwise, there has been a shortfall, both at KEMRI and Moi Referral and Teaching Hospital in terms of provision for budgets. I have just told this House that one way of enhancing efficiency is to be able to do concerted and focused research. Therefore, we feel that under this topic--- When you will come to discuss this budget line, it is important to take note of this point. We are currently engaged, with the Ministry of Finance and Planning in uplifting research considerations. The Moi Referral and Teaching Hospital in Eldoret, again, has a shortfall of nearly Kshs100 million and we feel that this shortfall should be bridged in order to work more effectively. So, in brief, this is the synopsis of what this budget is all about and I am sure everybody is sympathetic to the Ministry Health and, therefore, we shall be moving together in order to create a favourable condition for us to work.

With these few remarks, I beg to second this Motion.

(Question proposed)

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Speaker, Sir, thank you for giving me this opportunity to contribute to the Vote of the Ministry of Health. I would like to support the Minister's view, that preventive and primary health care is, perhaps the most important issue on the agenda today, if we will reduce the cost of health care in this country and the budgetary responsibility of the Government and the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, that having been said, it is important that the Government approaches the issues of health care in a holistic manner. We will not have proper primary health care if we do not combine the efforts of the Ministry of Health with those of the Ministry of Environment and Natural Resources and the Ministry of Energy. If we do not have proper water supply systems and electricity in the rural areas, there will be no proper preventive health care in this country. This is because a disease like typhoid is on the increase. Typhoid has been forgotten in the rest of the world, but it is emerging in the Third World, particularly in Kenya, and hitting the population like a hurricane. Why do we have typhoid? It is because there is no good and healthy water for Kenyans to drink. This is not just in the rural areas, but worse, in the urban areas. The sewerage and water supply systems in the City of Nairobi have broken down. In the 1960s and 70s, you could open a tap in

Nairobi and drink that water because it was healthy water. Today, if you do that, you do it at your own peril. It does not matter how many speeches Prof. Ongeru makes in this House about preventive and primary health care. Unless something is done about safe drinking water supply in urban and rural areas, the Minister for Public will come to this House asking for a mega-budget to cure people.

Secondly, Mr. Temporary Deputy Speaker, Sir, unless we have electricity supply in the rural areas, to stop Kenyans from cutting down trees so as to get firewood, we will never deal effectively with malaria. This is because malaria comes as a result of stagnant water where mosquitoes breed. The way to tackle malaria is to tackle the mosquitoes because they are the carriers of the malaria parasite. Unless we have rural electrification and an environmental policy that will ensure that we do not have bare lands where, when it rains, the water remains stagnant, we will not deal with the issue of malaria. This Government must behave as a government; looking at all issues in a holistic manner and ensuring that costs are cut, not by rhetoric, but by proper planning and implementation of those plans. In 1960 we were told that we would have water, electricity and health for all by the Year 2000. The Year 2000 has come and gone and we are still looking for these things. Yet, Kenya can do it because we have the human and natural resources, and the money. But we all know the problem on the other side is lack of proper planning and implementation. The few resources that we have are wasted through mismanagement and corruption. These things must be tackled properly.

With regard to primary health care, ordinary peasants are doing their best in the rural areas. They try to feed their children properly and take them to school, although their resources are limited. It is the same ordinary citizens in the rural areas who are expected to build dispensaries. In my Kisumu Rural Constituency, I was responsible for building three dispensaries through peoples' efforts. In spite of the fact that some of them are complete, the supply of medicine and posting of health officers to those dispensaries is problematic. Quite often, the Government is ready to send health officers to those dispensaries. But there are no roads to get there! Therefore, health officers prefer to live in the urban markets. But then they cannot reach those dispensaries because there are no roads. We have resources untapped in the rural areas, but we have not done anything effective about our infrastructure, to ensure that they are used.

Mr. Temporary Deputy Speaker, Sir, we know that the people of Kenya have done their utmost to build health centres and dispensaries on Harambee basis. Those are the quadruples and triples that the Minister was talking about. This is not through the Government's efforts; it is peoples' effort. These people complete dispensaries and health centres, and then the Government comes in to supply medicine and health officers. Quite often, the Government has, indeed, supplied those health officers and the medicines. But there is no need to supply medicines once a month. It must be a continuous effort so that when somebody falls sick, he gets the medicine. There is no need for the medicine to be there, when the person in need of treatment cannot afford it. We must understand that the level of poverty in this country has tremendously increased. Therefore, the idea of cost-sharing in rural areas may not make sense, if, indeed, it is our intention to look after our people. That is why a proper public health system must be based on health insurance. Without proper health insurance, you cannot have a proper public health policy.

Mr. Temporary Deputy Speaker, Sir, when the National Hospital Insurance Fund (NHIF) was started in this country, it was a fantastic scheme. I know some of the people who were involved in those days. These were seasoned civil servants who had hangovers from the colonial times and they really managed the NHIF very well. But what we have today is a creature that is a pale shadow of its former past. Today, every Kenyan should have access to proper health insurance. However, we seem to be abdicating our responsibilities by handing over the responsibility of health insurance to so called "Health Management Firms, like AAR and Medi-plus insurance, among others. These are high-cost entities which even wage earners in Kenya cannot afford. If this is the spirit of privatisation of the health system, it is not suitable for a developing country like Kenya. A developing country like Kenya must, first and foremost, have a proper public health insurance scheme, for example, the NHIF. The Government must put money in the NHIF. It must also train the people to run the NHIF. The NHIF should percolate down to the rural areas. For example, when I am sick, I should go to Rata Dispensary in my village with my NHIF card and be treated. There is no need for the NHIF cards to be available only to doctors in urban areas. That defeats the purpose of poverty reduction.

Mr. Temporary Deputy Speaker, Sir, the Minister has spoken here very highly about the Poverty Reduction Strategy Paper (PRSP). All kinds of acronyms have been introduced in this world by the World Bank and their types and we just take them like that. We think that the PRSP is the biggest thing on earth. This nation was committed to fighting poverty right from the time the Kenyan flag was raised at Jamhuri Park. On that day the Duke of Edinburgh lowered the Union Jack and the Kenyan flag was hoisted. I was there, as a student from Alliance High School. I was among the choir that sang the National Anthem of this country for the first time. We were proud to see that flag being hoisted and Mzee Kenyatta said that we were committed to

fighting poverty, ignorance and disease. That was the day the first PRSP was written in this country. We cannot now stand up and say we will implement the PRSP. That PRSP was there at Jamhuri Park that day. We should have been fighting poverty from that day to this day. We should not have waited for the World Bank to come and give us some little experts from Harvard University; students as young as my daughter, to come here and tell the Minister for Health to write a PRSP. What kind of nonsense is this? The fight against poverty, ignorance and disease began the day this nation attained Independence. Today, every Kenyan should have access to health care, a living wage and a house when they graduate from the university as they do in Singapore, which started its modernisation programme just in 1969, when we had been Independent for about seven years. We have the means to do that, but we lack the will-power, discipline and the entrepreneurial initiative that should come from the Government. The Government should run a proper public health system in this country by making sure that the NHIF, as it was established, runs properly for every Kenyan.

I beg to support.

Mr. Musila: Mr. Temporary Deputy Speaker, Sir, I stand to support the Motion because it is important. It touches on the Ministry of Health which as we all know is a very important Ministry. In doing that, I would also like to commend the Ministers and Assistant Ministers responsible for this Ministry. I think that it is one Ministry that has got competent personnel, right from the Ministers down to the management officers. I think if this Ministry was given adequate resources, a lot could be achieved.

I think all of us, as Kenyans, know that one of the biggest problems facing us today is HIV/AIDS. I would like to take this opportunity to commend His Excellency the President, because he has been at the forefront in campaigning and creating awareness about HIV/AIDS. About two years ago, you will recall that when hon. Members went down to the Coast for a seminar, and a very competent staff of the Ministry of Health took us through the effects of HIV/AIDS, we got very well educated. The President graced the occasion and declared HIV/AIDS a national disaster. Since that time, most hon. Members, in accordance with the agreement reached at that seminar, went and formed the Constituency Aids Control Committees (CACCs).

I know that the National Aids Control Council (NACC) is not under the docket of the Ministry of Health. But I feel constrained, and I feel that I must say what I have to say, in regard to the performance of the NACC and in general, about the Ministry of Health in creating awareness of HIV/AIDS. Since the CACCs were created and formed, nothing much has been achieved. We are seeing, almost every day, seminars and workshops taking place in posh hotels in the City. This is happening when our people, particularly in the rural areas and in the slums, are dying in their hundreds every day of HIV/AIDS. I think that this is a very serious matter. It appears to me that the resources that have been allocated to this very important task are not being targeted to the proper place. Kenyans are sick and tired of seeing or hearing about seminars and workshops. We need to see action from today. We need resources to be divested to the people, so that we can educate them and put measures in place to control HIV/AIDS.

I believe that the Ministry of Health has a major role to play in ensuring that, that is done. Let us stop talking from Nairobi. Let us now go to the rural areas where our people live and target them in education. I am sure that, if during those two years which have passed, resources were directed to the right place, today we would be talking of a different situation. As the Minister has stated, not only HIV/AIDS is killing people. I am aware that malaria is continuing to be one of the major killers of our people, and I do hope that the Ministry will put more efforts in this area. Unfortunately, resources have not been allocated as requested by the Ministry because the Minister has not informed us that he is very far from getting what he wanted to get from the Treasury. But I believe that if Kshs10.4 billion is utilised properly, that can go a long way in this regard.

Let me touch on one area, because I come from a rural constituency. Prof. Anyang'-Nyong'o did allude to some of these issues. Particularly, I am worried about the idle dispensaries that have been constructed by members of public in rural areas. These dispensaries and health centres have been constructed by members of the public at great sacrifice and expense and yet, they remain idle because the Ministry of Health is unable to take them over and serve the people concerned. In the rural areas, patients have to travel up to 20 kilometres in order to get first-aid from a nurse. May I appeal to the Minister to do everything within his powers to ensure that, where members of the public have constructed such facilities, they are taken over and, at least, sufficient medicine supplied to assist people even if on a first-aid basis.

The other area that I was much concerned about was shortage of doctors and nurses. I know that the Ministry of Health has achieved something in that area. It has carried out some interviews and I do hope that, the Ministry will make sure that no dispensary or health centre is manned by only one nurse. But what is happening is that the one nurse mans a dispensary, and if something happens and he or she is away from job, the dispensary closes down. Over the weekends, the dispensaries close down. So, it is a very serious matter that the Ministry must address and ensure that these facilities, few as they are, run throughout the week. They should not operate only

sometimes during the week.

The same can be said of doctors. Some district hospitals are manned by only one doctor and, for the last two years, the Ministry has been promising to post more doctors. For example, Mwingi District Hospital should have three doctors. I have seen posting orders that have never materialised. May I appeal to the Minister to ensure that, in order to have proper administration of these facilities, particularly district hospitals which are also in charge of dispensaries and health centres within districts, are properly administered by competent doctors--- When a doctor goes to visit a health centre out of his station, he should not leave the hospital without a doctor.

I think we have come a long way. It is 38 years since Independence and we should be able to have enough doctors to look after our sick people. We know about the shortage of drugs. It is still a major problem, and I must commend the Ministry of Health because, for about five years, the situation was very bad, whereby all medication that came to hospitals went through the other door. But still, that is not satisfactory. We still have members of staff of the Ministry who continue to shamelessly steal medicine that is supposed to assist sick poor people in the rural areas or even in urban areas. I think that, with some more efforts, the Ministry, having already achieved something by ensuring that, theft is reduced, we need some more efforts to ensure that theft of medicine is curbed. The evil practice of stealing medicine meant for sick poor people should be completely eliminated. I am sure that the Ministry, having done something, would be able to achieve more in that direction.

Finally, I would like to touch on the Hospital Management Boards. We talked to the Minister about these boards which are very important because they manage these facilities. You will find that most of these Hospital Management Boards are not being handled by people who know what they are doing. Some of them are comprised of people who have been appointed on political consideration. It is important for the Ministry to ensure that all Hospital Management Boards are manned by people who know what they are doing, and not necessarily people appointed on political consideration.

With those remarks, I beg to support.

Mr. Kibicho: Mr. Temporary Deputy Speaker, Sir, I rise to support this Vote. The Minister alluded to the fact that his Ministry would like to achieve preventive, promotive and curative services for Kenyans. One is saddened when one looks at the Budget. The Minister admits that the budgetary allocation has been reduced by Kshs270 million compared to the one for last year. This is very sad because the Chief Executive of this country has admitted that HIV/AIDS can wipe out two generations within two years. With that type of scenario one would have thought that all the resources available in this country ought to have been marshalled towards health care services. This Ministry is known to be inefficient, so we do not expect it to implement these policies in full. Even if that happened, it would not change very much.

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

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

What saddens me is that my constituents normally come to me with complaints that their relatives have been detained in Government hospitals for non-payment of bills. Is it not very inhuman that a poor person should be detained in a Government hospital simply because he or she is unable to pay the medical bill? I would like to urge the Minister to come out with a clear policy on how to deal with the very poor within our society because they are desperate. In this country, the life of a Member of Parliament is spent attending Harambees every weekend to raise money for hospital bills. If the National Health Insurance Fund (NHIF) was converted into a fund where anybody who joins it can be served on the spot in any institution he goes to, this problem of holding Harambees for hospital bills would not arise.

In his speech, the Minister said that he will achieve what he has outlined using the doctors, nurses and other personnel available. He has admitted in this House that he is unable to attract doctors to the Public Service because of poor remuneration. If the issue of remuneration is not addressed, how will he attract these doctors? When you go to Botswana or South Africa, you will find that their health institutions are manned by Kenyan doctors and nurses. Is it not high time this Government went out of its way to pay doctors a salary which will induce them to stay in Kenya? The other profession in this country which is not as important as the medical profession is the legal profession. When the Attorney-General realised that he could not attract magistrates and state counsels to serve within the then Civil Service salary structures, he brought a Bill to this House to increase their salaries to a level comparative to the private sector. Who is more important in this country; the doctors or the lawyers? I would like to urge the Minister to be more serious and pay the doctors and nurses a salary which will

induce them to work in Kenya.

One gets stranded when one goes to a Government hospital because you will find that there is no medicine available for a person who has got a prescription. In cases where there is medicine, the doctor or the nurse will wait for his/her next of kin to come and then provide it to them. This being a matter of life and death, money should not be an issue. This Government must go out of its way to provide enough money so that its citizens do not suffer in this manner. There is the Sagana Sub-District Hospital in my district. It only comprises of a board; there is neither a doctor nor medical facilities. The services offered there are no better than those offered in a dispensary. I would urge the Minister to post a doctor there and give the institution the facilities it requires during this financial year.

This country has got a population which lives below the poverty line. That by itself is a good reason for the Government to abandon whatever it is doing and spend money on health, so that the suffering of the citizens can be eased. We have in this country institutions which offer first class medical services. We have institutions like the Nairobi Hospital, Aga Khan and M.P. Shah. Life for a rich person is very easy. Is it not very shameful that the very rich people access these institutions and save their lives, while the poor ones die simply because they are poor? They are not poor by choice or because they are lazy. They are poor because this country has mismanaged its resources and is unable to provide for an environment where these people can make an honest living. That being the case, it is only compassionate that this Government does provide for proper health services.

Mr. Temporary Deputy Speaker, Sir, without the AIDS constituency-based committees, nothing was launched, and it is about a year ago and no funding has been done. The AIDS pandemic being what the Government is calling "a national disaster", it should take priority. One also wonders why the Minister continues referring to the HIV/AIDS as a national disaster when they have not even gazetted it. Why have they not gazetted it? Is it because they just want to cheat Kenyans by referring to it as "a national disaster", when they do not consider it so? We would like to see some seriousness in this Government. There should be some seriousness when you are dealing with life because it is very important.

Mr. Temporary Deputy Speaker, Sir, this Government cannot talk of preventive services when there are no measures to control mosquitoes, tsetse flies and provide Kenyans with clean water. Those who grew up during colonial days and went around Nairobi must have found people with spray pumps killing mosquitoes. What has gone wrong with this Government? I challenge the Minister to tell us what measures have been put in place on the ground to achieve what he is calling "preventive measures". Other than what he has said, there is nothing on the ground. If preventive measures were carried out, maybe, this country could have fewer diseases than it has. It is even better to implement preventive measures---

The Temporary Deputy Speaker (Mr. Sungu): Your time is up!

The Assistant Minister for Transport and Communications (Mr. Keah): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity so that I can also contribute to this very important Vote of the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, on the outset, I support that we give the Minister the amount of money that he has requested. It is a pity that it is apparently less than that of the previous year, though we would have liked to give him more. I would also like to observe that this Ministry provides its services in a manner which is very professional in the sense that it has within it, qualified members of staff at all cadres. They are either professors in medicine or doctors in medicine. Indeed, it is managed by professional staff, and there is no reason whatsoever that issues should go wrong within the Ministry, other than the usual human errors. I would like to congratulate the Ministry for the good job they are doing. I particularly want to give praises to a cadre within that Ministry which nobody ever talks about, that of the nurses who do hospital chores without murmuring. I would like to tell them, heko! Thanks to the nurses and the Nursing Council and the doctors who do the life-saving work.

Mr. Temporary Deputy Speaker, Sir, I agree with the policy adopted by the Ministry of giving more emphasis on preventive health care rather than curative. I think prevention is better than cure, so the old adage goes, and we support this. But there will always be diseases. Even in the advanced countries, there are diseases and hospitals. In that respect, I would like to urge that the curative aspect of the health care must not be forgotten. In this regard, our hospitals must be managed and maintained in the best possible ways in order to save lives. Whereas I agree that we must have that preventive element right from the grassroots, but the existing hospitals must also be maintained to high standards in order to save lives. As I have said, if you went to America or whatever place, there are hospitals almost within walking distance. But here, people have to travel miles and miles. This aspect of curative nature must be looked into.

I hope that the Minister would find enough resources, indeed, to build even more hospitals because they are needed. In this regard, I would like to draw the attention of this House to the fact that 40 per cent or thereabout of the curative services are provided by non-Government hospitals. In this regard, these hospitals are either

mission hospitals or private hospitals. I would like to start with the premise that every Kenyan is entitled to curative medical care, whether this is provided by the Government hospitals, mission hospitals or private hospitals. Therefore, if every Kenyan is entitled to medical care wherever they are in Kenya, I would like underscore the point that where there is no Government hospital, it is incumbent upon the hospital to assist as practicable as possible, the private hospitals in the provision of medical care. It is on this premise, therefore, that where mission hospitals have not been managed well, it is important that the Government takes over.

Mr. Temporary Deputy Speaker, Sir, in my constituency there is a mission hospital that missionaries were running through grants, and a component from the Government and the public. But, unfortunately, when the Government stopped giving grants to mission hospitals and the donors pulled out, these hospitals really suffered a big revenue source. In that regard, the hospital services have been dwindling, and right now, the hospital is on the verge of closure. I have consulted with the Ministry of Health on this issue, and the Ministry has been positive. I would like to request the Ministry, once again through the House, that they take over that hospital because the missionaries that were running it have not been able to provide the necessary management capacity, and the necessary medical attention that the hospital requires. People in Kaloleni Constituency are entitled to medical care, because, at the moment, without this hospital, one would have to be carried on a wheelbarrow or hike a matatu to Mombasa which is over 40 kilometres away, or Kilifi Hospital which is also 40 kilometres away. It is, therefore, important to revive the St. Luke's Hospital.

Mr. Temporary Deputy Speaker, Sir, I would like to appreciate in advance, the Minister, the Permanent Secretary and their staff for the attention they have given to this hospital. I believe a visit by the Ministry officials will be made this weekend. I hope the gap that has since existed over the last two months can now be bridged by sending Government doctors and personnel to take over this hospital. This is very important because Kaloleni people, and I as their representative, expect that to happen. The Board of the mission hospital have also signed a document to request the Government to take over the hospital. I hope this will be done in not so long a time to come.

Mr. Temporary Deputy Speaker, Sir, on the issue of the HIV/AIDS scourge, I want to also subscribe to the need for the Ministry to continue taking the lead in AIDS awareness campaigns. This is really a catastrophe. We look upon the Ministry's officials to ensure that they take the lead and give the necessary advice, although in this respect, they must co-ordinate with other Ministries. I want to add on to what Prof. Anyang'-Nyong'o earlier said, that the Ministry should co-ordinate with the Minister of Water Development and the Ministry of Energy. I would even go further and say that the Ministry needs to have some kind of co-ordinative mechanism with virtually all the other Ministries. This is really a pivotal Ministry in so far as the lives of Kenyans are concerned.

If you take malnutrition caused by lack of proper food, it is important, therefore, that within the Ministry of Health there is some kind of co-ordinative mechanism between the Ministry of Agriculture and Rural Development, the Ministry of Water Development, as well as all those other key Ministries. Even the Ministry of Heritage and Sports is important. The provision of sporting activities provides for a healthy body and, for that matter, there is need for that interaction and co-ordination. It is imperative that the Ministry of Health becomes pivotal in this particular regard.

In so far as the budget is concerned, I have noted that Kshs2.3 billion out of Kshs3.5 billion of the Development Estimates will come from grants and loans. This is very scaring because, as we know, grants and loans have conditionalities pegged to them, and if, in fact, we do not fulfil those conditionalities, it will mean that we will not get what we are seeing in the Ministry's budget.

With those few remarks, I beg to support.

Mr. Khamasi: Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to give my comments on this Vote.

The Minister has asked this House to tax Kenyans for over Kshs14 billion for both the Recurrent and Development Expenditures. It is of essence that the taxpayers must see the value for their money. A friendly Government, in my opinion, is a Government that wants the taxpayers' money to go back to the taxpayers in the form of services. If you look at the Estimates, particularly the Recurrent Estimates, you will find that the Ministry of Health comes a poor fifth in ranking. One would have thought that health and education, which are essential social services, are supposed to be given priority when money is being allocated. It is my view that this Ministry is not being given enough money that it requires to provide for Kenyans, who are in real trouble as we are talking, with regard to health facilities.

Mr. Temporary Deputy Speaker, Sir, I am told that during the last retrenchment exercise, over 300 workers were retrenched from this Ministry. In this House, we have been opposed to the idea of retrenching workers haphazardly. A Ministry which is understaffed goes ahead to retrench its workers. What is the rationale in that retrenchment? I am advised that in the technical cadre of workers, we have got only about 4,000

technicians in this Ministry - I hope my figures are right - and they are serving a population of about 28 million Kenyans. If you can do the arithmetic, you can find out how badly understaffed this Ministry is, and it is unable to serve Kenyans. As if that is not enough, the Ministry does not have enough facilities. That is why many health centres, even in the rural areas, are now closing down because they do not have manpower. It is sad. We were told to construct and equip health facilities through Harambees, and the Government would train technicians, doctors, clinical officers and nurses. A dispensary in Shinyalu Constituency has only one clinical officer. We have been promised that something would be done about it, but nothing has been done for the last three years that I have been here.

Mr. Temporary Deputy Speaker, Sir, my friends have said, and I want to add my voice to it, that doctors, whose training the taxpayer finances in this country, are not retained here. You just need to take a flight to South Africa and you will begin to think that you are in one of the streets of Nairobi. Our doctors are leaving this country at a very high rate. They are going to the United States of America (USA), South Africa and the United Kingdom where they are better remunerated. It is high time that this Ministry did something about that and made sure that we retain our trained manpower in this country. We cannot be a country which spends the taxpayers' money in training manpower which goes elsewhere. We cannot be a country that will be used as a training ground for other countries. In fact, these other countries are much more developed than ourselves.

Mr. Temporary Deputy Speaker, Sir, a healthy person lives in a healthy environment. It is important for this Ministry to relate itself to what goes on in our environment. The local authorities; for example, the Nairobi City Council, are doing a lot of destruction to the environment. You can see the mushrooming of all sorts of buildings around the City with no proper drainage systems. The council is allowing people to establish even garages in residential areas and pollute the environment, left, right and centre, yet, this is a Ministry that is supposed to come in and curb that pollution. It does not have the capacity to do that. This will continue until the Ministry develops capacity within itself to make sure that our environment is not polluted.

In Webuye Town, in the name of development, we built a very big plant, namely, the Panpaper Industry. If you go there, you will find that all the roofs of houses are worn out. People fall sick every other day because of the pollution caused by that plant. This should have been the Ministry on the forefront in saying that we cannot make money at the expense of the lives of Kenyans. We have not heard that coming from this Ministry. It is important that this Ministry addresses the issue of environmental pollution very seriously.

Mr. Temporary Deputy Speaker, Sir, with regard to the procurement and distribution of drugs in our district and provincial hospitals, the Kenya Medical Supplies Unit (KEMSU), which is a successor of the Central Medical Stores, is not doing its work professionally. What we intended to see as a change in terms of supplies of medicines to hospitals does not happen. There is no stationery in our hospitals and if you go to them, you will be told to go and bring a piece of paper on which the doctor can prescribe medicines for you. Is that, surely, a service for which the taxpayer is paying money? The doctors do not have paper to write on and the patients buy their own! You are told to go out there and buy all the medicine. Where do all the medicines go? Could somebody in the Ministry tell us what is going on? In some hospitals in certain areas like Kakamega, the out-patient sections have not been operational for, God knows how long! They have not been operational since I came to this House. It is of essence that such matters be addressed. We do not want a situation where three or two people sleep on one bed. I saw that at Kenyatta National Hospital (KNH) recently, where I had gone to see a relative. It is a hospital that should be showing the example, but there were people sharing beds. It is necessary that such matters are addressed very well.

Mr. Temporary Deputy Speaker, Sir, I would like to comment on HIV/AIDS. In my opinion, the Government's response to that matter is lukewarm. It is paying lip service and it is not committed to the course. It is high time for the Government to come out clean and tell us what it wants to do about the HIV/AIDS. As an initiative from Members of Parliament, this House established the Constituency AIDS Control Committees. Some of us even spent their own money in establishing them. In my opinion, those committees are completely useless as we are talking now! It is high time that we asked the Minister of State, Office of the President--- We have said it in this House, and we will continue to repeat it, that the National AIDS Control Council has got no business being in the Office of the President! The Office of the President has got no business overlooking the business of the HIV/AIDS. It is high time that we ask the Minister of State, Office of the President to tell us what happened to all the money that came through, and whether there is political goodwill to address matters appertaining to HIV/AIDS.

Dr. Kituyi: On a point of information, Mr. Temporary Deputy Speaker, Sir. I would like to inform Mr. Khamasi that President Moi was telling pharmacists the other day that the way to fight HIV/AIDS is to abstain from sex for two years!

The Temporary Deputy Speaker (Mr. Sungu): His time is up!

The Assistant Minister, Office of the President (Mr. Gumo): Thank you very much, Mr. Temporary Deputy Speaker, Sir. I am also happy to get a chance to contribute to this important Vote.

QUORUM

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is there a quorum in the House?

The Temporary Deputy Speaker (Mr. Sungu): No, we do not have a quorum. Ring the Division Bell. I hope that Mr. Angwenyi will not leave!

(The Division Bell was rung)

The Temporary Deputy Speaker (Mr. Sungu): Gentlemen, we have a quorum now. You may proceed, Mr. Gumo.

The Assistant Minister, Office of the President (Mr. Gumo): Thank you very much, Mr. Temporary Deputy Speaker, Sir. The Ministry of Health is one of the most important Ministries in this country, and it deserves a lot more money than what it was given. In Nairobi---

The Assistant Minister for Education, Science and Technology (Mr. Karauri): On a point of order, Mr. Temporary Deputy Speaker, Sir. I do not want to pick an issue with you, but I thought the Chair always addresses us as hon. Members, and not gentlemen!

The Temporary Deputy Speaker (Mr. Sungu): The point is noted, but you shall not challenge the Chair!

Proceed, Mr. Gumo!

(Laughter)

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, the clinics in Nairobi are as good as dead! Most of them have been closed down! The Nairobi City Council has been trying to sell some of them. For example, Lady Northey Health Centre in Milimani and the clinic at Parklands--- The other day, the Mayor and the Town Clerk had sold them to some developers in this town! It looks as if the Nairobi City Council is not serious, particularly about the health of its citizens. I would request the Ministry of Health to take over all the clinics, health centres and hospitals in Nairobi before they are all sold! The Council thinks that any area that belongs to them must be sold to developers!

Mr. Temporary Deputy Speaker, Sir, if you can remember, it was just the other day when they stole the mayoral chain and sold it. In fact, DP has said nothing about it and it is the one that runs the Nairobi City Council. If we do not take care---

Mr. N. Nyagah: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for that hon. Member of Parliament, who is creating lack of quorum in this House because Members do not want to listen to him, to allude to the fact that this is a DP Government when we know it is a KANU Government? In fact, it is the Government of Kenya that has no ability at all to get hold of the culprits who stole the mayoral chain.

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, the Nairobi City Council is run by the DP, who have the majority of the councillors. Even the Mayor, who is likely to have stolen the chain, is a DP councillor. In fact, DP has said nothing about it! Pay for it!

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

The Temporary Deputy Speaker (Mr. Sungu): Order, gentlemen! What is your point of order, Mr. Angwenyi?

Mr. Angwenyi: Mr. Temporary Deputy Speaker, Sir, what has the mayoral chain got to do with the Ministry of Health?

The Temporary Deputy Speaker (Mr. Sungu): That is not a point of order; it is a question!

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, I am referring to the mayoral chain because they are even selling clinics. The other day they had sold Lady Northey Clinic in Kilimani. They sold Parklands and Westlands Health Centres. They even sold Dandora Health Centre and they have finally sold the chain!

(Applause)

Mr. Munyao: On a point of order, Mr. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Mr. Sungu): What is your point of order, Mr. Munyao?

Mr. Munyao: Thank you, Mr. Temporary Deputy Speaker, Sir. However, you have got a real problem if you are going to deal with a Member of Parliament who cannot understand that when another Member rises on a point of order, he must sit down however tall he may be.

(Laughter)

My point of order is this: Do you allow the hon. Member, who is very clear and has been quoted as running the *Jeshi la Mzee*, and who purportedly might have been sent to City Hall to even break the--- Do you allow him to talk about other things which are totally different from the Vote here?

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, that is not a point of order because, in the first instance, *Jeshi la Mzee* does not exist.

Mr. N. Nyagah: On a point of order, Mr. Temporary Deputy Speaker, Sir!

The Temporary Deputy Speaker (Mr. Sungu): Order, hon. N. Nyagah! Please, let the Member proceed with his contribution!

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, hon. N. Nyagah happens to be a Member of Parliament representing a constituency in Nairobi here, and he knows very well that health facilities in Nairobi are in a mess and are terrible. He should be the first one to support me. If he does not, I will go to Kamukunji and tell his people that he is not supporting me.

The Temporary Deputy Speaker (Mr. Sungu): Mr. Gumo, would you, please, limit yourself to the contribution necessary to the Ministry of Health rather than other matters so that we can have an orderly contribution?!

(Applause)

The Assistant Minister, Office of the President (Mr. Gumo): Okay, Mr. Temporary Deputy Speaker, Sir. I hope they will shut up!

Mr. N. Nyagah: What happened to the Mayor's house?

The Assistant Minister, Office of the President (Mr. Gumo): Mr. N. Nyagah, be careful! My friend, you must be very careful!

(Laughter)

Mr. P.K. Mwangi: On a point of order, Mr. Temporary Deputy Speaker, Sir!

The Assistant Minister, Office of the President (Mr. Gumo): No! Give me time to contribute!

Mr. P.K. Mwangi: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for hon. Gumo to threaten hon. N. Nyagah?

The Assistant Minister, Office of the President (Mr. Gumo): Yes, it is in order!

The Temporary Deputy Speaker (Mr. Sungu): No! Order, Mr. Gumo! Order, ladies and gentlemen! Hon. Members, the Chair shall require that you use parliamentary language.

Mr. Gumo, did I hear you say that you threatened somebody?

The Assistant Minister, Office of the President (Mr. Gumo): No, Mr. Temporary Deputy Speaker, Sir. I did not!

The Temporary Deputy Speaker (Mr. Sungu): Mr. Gumo, could you respond to the Chair's request that you clarify whether you actually threatened hon. N. Nyagah, and if you did so, could you withdraw and apologise?

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, I did not threaten him, but I only cautioned him and he is aware of that.

Mr. Temporary Deputy Speaker, Sir, there is too much malaria outbreak around Nairobi. A Long time ago, the Nairobi River and all other bushy areas used to be sprayed every two weeks or so. So far, nothing has been happening to that effect and malaria has affected very many people around the City. In fact, in some places in my constituency, like Kangemi, Githogora and so on, there is a lot of malaria outbreak there. We request the Ministry of Health to do something about it, if the Nairobi City Council cannot do something about it.

Mr. Temporary Deputy Speaker, Sir, kiosks in Nairobi have ben turned into living houses and most of

them have no toilets. In fact, the majority of these people use plastic papers as their toilets and throw them around. This is extremely dangerous. One day we are going to have an outbreak of cholera in this City and we shall never be able to control it. The Ministry of Health should at least make sure that toilets are built in most of the slums because there are no toilets at all. Even some of the kiosks which have been turned into living houses by the roadside, if they are not genuine, should be removed. This is because we are not going to have living houses by the roadside, and yet there are no toilet facilities. This is very dangerous, and I am sure my friend, hon. N. Nyagah is aware of this.

Mr. N. Nyagah: Sasa ni nini?

The Assistant Minister, Office of the President (Mr. Gumo): In fact, I am sure he is also aware that most of the public toilets in the City were sold off by DP councillors.

(Laughter)

Mr. N. Nyagah: On a point of order, Mr. Temporary Deputy Speaker, Sir. It seems hon. Gumo has nothing at all to present to this House. So, he should sit down! Could he pinpoint one of the toilets and tell us who sold it since he seems to be aware?

The Temporary Deputy Speaker (Mr. Sungu): What is your point of order?

Mr. N. Nyagah: Is he in order to allude to something that he cannot substantiate? Could he substantiate that? He, himself, was responsible, as the Chairman of Nairobi City Commission, for the mess in Nairobi and he has no shame standing before this House to tell us what he thinks is right for this country.

The Assistant Minister, Office of the President (Mr. Gumo): Mr. Temporary Deputy Speaker, Sir, everybody knows that Nairobi City Council is run by DP.

The Temporary Deputy Speaker (Mr. Sungu): Mr. Gumo, I am sorry your time is up. Shall we hear from Mr. Mboko!

Mr. Mboko: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Vote on the Ministry of Health.

From the onset, I would like to support the Motion on the Floor of the House. This is one of the key Ministries in this Government, but it is also one of the neglected ones when it comes to allocation of resources. This Ministry lacks personnel of all cadres like doctors, clinical officers, lab technicians, nurses and even subordinate staff to run it.

For a healthy nation, we must have good health facilities.

Mr. Temporary Deputy Speaker, Sir, you may wonder why we have got many cases of doctors and nurses in this country moving out of the country. We know that most of the experienced paramedics at the Ministry of health are leaving it because of frustration. They do not leave the Ministry because they are not being attended to by the Government, but because they do not have the tools of trade. I would like to say that the purpose of training a doctor is to save life. Most of the medical personnel in this Ministry choose a career where there are few people. I would like to say that these officers deal with patients, and in order for them to treat the patients effectively, they need some facilities.

(Mr. N. Nyagah consulted with Mr. Gumo)

The Minister for Vocational Training (Mr. Ruto): On a point of order, Mr. Temporary Deputy Speaker, Sir. Hon. N. Nyagah has just crossed the Floor of the House to consult with Mr. Gumo, and yet a few minutes ago, they were threatening one another. Is the Chair satisfied that we are safe?

An hon. Member: That is irrelevant!

The Temporary Deputy Speaker (Mr. Sungu): Mr. Minister, be serious because I can see them smiling and consulting!

Mr. Mboko: Mr. Temporary Deputy Speaker, Sir, we would like the Government to allocate more resources to this Ministry. In order for the Ministry to perform better, it should be allocated enough money in order to equip our hospitals and dispensaries with enough facilities. It is no wonder that all health cases throughout the country are referred to one hospital - Kenyatta National Hospital (KNH). If you visit this hospital, you will find that it is overcrowded, and the doctors who work there cannot cope with their workload. If other health centres in rural areas were equipped with enough facilities, then most of the diseases could have been treated at the grassroots level.

In this country, a health centre, which is supposed to have several clinical officers and nurses, is run by

one clinical officer. Sometimes it happens that there is no clinical officer who runs a health centre other than nurses. This makes it difficult for the nurses to treat the patients effectively taking into consideration their workload.

We, the people of Kibwezi, are on the highway, and there are times we have had serious accidents in that area. I would like to point out that whenever an accident happens, the casualties have to be ferried all the way from Mtito Andei and Emali, either to Machakos or Voi. The distance between Mtito Andei and Voi is over 100 kilometres, while the distance between Mtito Andei and Machakos is over 170 kilometres. This is what happens even though we have a sub-district hospital at Mtito Andei.

I know the Ministry has spent a lot of money to put up that sub-district hospital, but this hospital is faced with numerous problems, like lack of water. If you have got a patient who has been admitted to this hospital, you should ensure that there is somebody who takes care of him during his stay in the hospital. The healthy person will provide the patient with water, washing basin, spoon and plates. I would like to point out that the situation is pathetic. I know that the Ministry might want to rectify the situation, but they do not have the capacity to do so. That is why I urge the Government to allocate the Ministry more funds.

If you visit the wards of this sub-district hospital, you will find that the linen is dirty and, therefore, the patients carry their own blankets and bed sheets when they are being admitted. But when the "big boys" visit the hospital, they find clean linen spread on the beds, and when they leave, the clean linen is removed. This may cause more complication to the patients.

Mr. Temporary Deputy Speaker, Sir, there is a health centre at Mtito Andei which was being constructed with Government money. This health facility is 70 per cent complete. I would like to point out that this health centre is being vandalised by criminals. I would like to say that people who want doors and iron sheets remove the ones on this health centre and take them away. Despite this happening, the Ministry has not acted in order to complete that health facility. This facility will improve the image of the Government among the people of Mtito Andei.

I would like to urge the Minister to tour this health centre and witness what I am talking about. The locals will be happy if this facility is completed. This is because it is of no use to put up a facility, and leave it 20 per cent incomplete. I would like to point out that the health centre has all the staff quarters. In fact, all the facilities are in place, but it is not complete.

The other thing I would like to talk about is cost-sharing. I think the Government was quick in allowing cost-sharing in its hospitals. I would like to say that 75 per cent of the population which lives in the rural areas lives below the poverty line. Because the poor person cannot afford a nutritious meal, or money to buy drugs to prevent diseases from attacking him, he is prone to sickness. This poor person cannot raise the money required to register as a patient in the hospital. Although the Government says that the patients who have recovered should be discharged and offers free treatment to the patients who cannot raise the required fees, you will find that the people on the ground follow the instructions from above to the letter. I would like to say that patients are sent away from Government hospitals without being treated because they cannot raise the money required. Therefore, I would like to urge the Government to re-consider providing the rural poor free medical services. We know we are poor. The people who brought the concept of cost-sharing are from the developed world. The KANU Manifesto, which was launched by the Government stipulates that Kenyans should receive free medical services. How come that they rescinded their own promises? It is high time the poor mwananchi had access to free medical services.

We have had cases, and I know my colleagues have spoken about them, where people have been hospitalised in Government hospitals and they cannot pay hospital bills. It is high time the Government considered waiving those bills. This is because the Government should provide services to mwananchi without making profit. The money we will vote to this Ministry today, although it is not enough, is meant to provide services to Kenyans. I would like to urge the Ministry of Health to consider waiving hospitals bills for the patients who are unable to clear them when they have been hospitalised. I would like to say that a sane man cannot prefer to be detained in a hospital if he has money. If you have money, you will definitely clear your hospital bill, but if you do not have it, you will be detained in the hospital. Therefore, it is high time the Government considered waiving these bills.

The other thing I would like to talk about is that wananchi in the rural areas contribute money towards the construction of dispensaries because of the need of the community. It is high time we completed these dispensaries. Let the Government expedite the process by posting enough medical personnel and providing enough medicine to these dispensaries. This is because we are taking development to the people, and mwananchi contributes money to construct these facilities. The Government's role is to post paramedics to these dispensaries. I would like the Ministry to listen to our pleas and post more nurses to Kibwezi, which is a malaria-prone area. This area has also a high rate of HIV/AIDS cases.

Thank you, Mr. Temporary Deputy Speaker, Sir.

Mr. Otula: Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me the chance to contribute on this very important Motion where the Minister is asking for over Kshs14 billion to run the Ministry. The Ministry of Health is very important because it normally deals with the health of Kenyans. I wish the Minister could ask for more funds to run this particular Ministry, because past records show that whatever they have been asking for has not been adequate to run it. I wish to support this Motion but would also like to state that whatever monies that would be given to the Ministry should be taken to relevant departments where they should be able to serve the common man at the grassroots level.

Mr. Temporary Deputy Speaker, Sir, when you go to the districts, you find that we have a number of district hospitals in Kenya which are not getting the support of the budgeted amount. For example, if you go to my constituency, we have a district hospital which has no facilities. If you go to Rachuonyo District Hospital, there is no X-ray machine, theatre and even wards. You wonder why this particular district hospital is called a district hospital. A district hospital must have certain facilities that warrant it to be called a district hospital. I would, therefore, ask the Minister to ensure that whatever monies they will be allocated---

(A mobile phone rang in the Chamber)

The Temporary Deputy Speaker (Mr. Sungu): Order! Did I hear a mobile phone in here?

An hon. Member: Yes!

The Temporary Deputy Speaker (Mr. Sungu): Order! Would you go out with that equipment?

Proceed, Mr. Otula!

Mr. Otula: Mr. Temporary Deputy Speaker, Sir, money should be taken to health facilities in the rural areas so that our people there can get services.

Mr. Temporary Deputy Speaker, Sir, as one of my colleagues said, health facilities within Nairobi area are bad. You find that most of these facilities are not working and this has resulted in Kenyatta National Hospital (KNH) being over-crowded. I would like to ask the Minister to put much effort and make sure that health facilities within the City Council are renovated and put into use. I am glad that KNH is doing the much it can to assist the common mwananchi. But there are so many patients going there, some of whom cannot afford to pay their bills. The Ministry should be able to give a substantial amount to KNH, to make sure that those patients who are admitted to that hospital and cannot afford to pay are given a waiver.

Mr. Temporary Deputy Speaker, Sir, some hospitals lack mortuaries. It is high time the Ministry put more effort in putting up mortuaries in most of our hospitals. At the moment, the private sector is making booming business from mortuaries. They charge as much as Kshs500 per day to keep the dead. I would like to ask the Ministry to make mortuaries available so that our common folk who cannot afford to pay the high bills demanded in the private mortuaries can keep their dead safely in those mortuaries.

Mr. Temporary Deputy Speaker, Sir, our health facilities lack manpower. If you go to a district hospital, you will find one qualified doctor. If you ask why this is happening, you will find that most of our doctors who are trained in Kenya have moved out of the country to look for greener pastures elsewhere. Something must be done to make sure that these people remain in Kenya to help our country be a better country. Personal emoluments are not adequate and something should be done to pay our health personnel adequately. For example, if you go to an institution, you will find that somebody who has gone for training; a supplier working with the supplies office, is paid an equivalent amount to that one of a clerk. If you ask why, you cannot be told. One person has a certificate and the other one is a Form Four leaver and they earn the same amount. I would request the Ministry to check into this particular anomaly so that a person can be paid according to his grade.

Mr. Temporary Deputy Speaker, Sir, as we know, HIV/AIDS is a Ministry of Health affair. But we are surprised here in Kenya that it has been taken to the Office of the President. Why has this one been taken to the Office of the President? Is it because of the money which is supposed to be coming to that particular project? Is it because the people in the Office of the President are more qualified than the ones who are in the Ministry of Health? It leaves a lot of questions. Something must be done to arrest this particular situation. We should be able to transfer the HIV/AIDS programme to the Ministry of Health so that they can handle it efficiently, so that the number of deaths that we are experiencing in Kenya can go down.

Within the public health sector, if you go to the rural areas, the staff have all been retrenched. I do not know how that particular department is being run. About two or three days ago, the Minister told us that they are thinking of absorbing back those who were retrenched. You wonder how these people came to decide to retrench those people who were providing very essential services to this particular country. They should not even think of

absorbing them back; they should call them back forthwith. The ones that we have can only think of going to inspect meat and after that, there is nothing else. That is why, when you come to Nairobi, you find that most of the places are filthy and a health hazard, and nobody is talking about it. This is the place where the Minister for Public Health is staying and things are in a complete mess. So, something should be done about it and these people are absorbed back to do a proper job.

Mr. Temporary Deputy Speaker, Sir, I would say that drug distribution is excellent. But the Minister should note that the people they have on the ground are messing the Ministry. The drugs will leave the Central Medical Store to the provincial headquarters, but will never reach the districts. A proper system should be designed to make sure that drugs reach the districts. I am talking like that because in my own district, my people have stayed without drugs for the last six months. Whenever somebody goes to the hospital, he is told to either go to a private hospital, or buy drugs for treatment.

The Temporary Deputy Speaker (Mr. Sungu): Your time is up! Let us hear from Ms. Karua!

Ms. Karua: Mr. Temporary Deputy Speaker, Sir, I rise in support of the Motion. Health is a very important sector. Without a healthy nation, we cannot develop. It is the duty of the Government to provide basic health services. The Government has abdicated this responsibility in the name of cost-sharing. I think that is a bad policy; it is time the Government re-thinks it.

We can talk about poverty eradication and plans to develop but we cannot develop at the pace we want unless we can provide basic health services to the population. That is why the first Government of this Republic had targeted three sectors to enable this country to develop, these being the eradication of ignorance, poverty and disease. The need for basic health services is as great as it was during Independence. In fact, we have reverted to a situation where health services are no longer accessible to the majority of Kenyans. There were days when Kenyans did not have to worry about health services. One could walk to the nearest health centre and in case of a complication, to the nearest district hospital. That is no longer the case today. All that we hear is Members of Parliament fund-raising for health needs, which cannot be met by a population that is wallowing in poverty. As a result, many people are denied access to basic health services. It is time we re-considered this situation, as a nation, and boldly agreed to provide basic health services. It is also time we negotiated with the international financial institutions, which are forcing cost-sharing on areas it is impossible to run the programme.

Mr. Temporary Deputy Speaker, Sir, one of the youngest democracies in Africa is the Republic of South Africa. That country provides basic health services to all. In fact, health services are free to even foreigners visiting that country. People from neighbouring countries, and even people from Kenya who can afford the fare to that country, will receive free health services from that country's public health facilities. One might say that, that country's economy is doing better than ours, but we are to blame for the sorry state of our economy. We need to plan to be able to provide basic health services for all.

One suggestion I would like to make is that the Government should actually let local authorities handle health services within their areas of jurisdiction. Maybe, dispensaries should be handed over for running by the local authorities. Perhaps, even district hospitals should be run by local authorities with subsidies from the Government. It will then be easier for people to monitor how the financial allocation for their facility is being used.

Right now, when all the medical supplies are being bought from a central place, all we do is give people incentives for corrupt deals. That is why, once in a while, we hear of scandals about tenders for health supplies. That is not an issue when you are doing bulk purchases for the entire Republic from one source. It will be better if each local authority is left to handle its health services and given specific allocation. The Government can then concentrate on policy, supervision and referral hospitals.

We remember the days when the Nairobi City Council (NCC) used to be very efficient in providing basic health services. Those were the days before the Government moved in to interfere with local authorities by amending the law and making chief officers answerable to the Ministry of Local Government instead of the councillors.

Mr. Temporary Deputy Speaker, Sir, I heard one hon. Member talk of the failure by the NCC to provide health services. The problem is not with the councillors or the DP-dominated council; the problem is with the chief officers, who are surrogates of this Government. We all remember, not too long ago, when Mrs. Zipporah Wandera was the Town Clerk, that the NCC paid out millions of shillings for the supply of water meters which were not needed, at a time when Pumwani Maternity Hospital lacked basic medical supplies, and infants were dying because there were no incubators.

Today, Mr. Godfrey Mate is the Town Clerk of the NCC, courtesy of the Government and not of the councillors. The councillors do not sign payment cheques. Sometimes, they are not even consulted when purchases are being made, or funds are being utilised. Therefore, the failure by the NCC to provide health services to its

residents can be traced to the Government. If the Government removes its sticky fingers from areas where they are needed, we might know who are failing in their duties. So, unless the Government agrees to let health services be handled closer to where the consumers are, we will continue having problems in this sector.

Mr. Temporary Deputy Speaker, Sir, there is some slight improvement at some health facilities in this country, one of them being Kenyatta National Hospital and some district hospitals. The picture is not yet rosy. We would like to see better standards in terms of cleanliness, response at times of emergencies, and also in the manner patients are received and treated. We do not need to see in newspapers every now and then that a patient has been turned away because he did not have money, or is being detained at a hospital because he did not have money. We could do with less bureaucracy when assessing cases of persons who cannot afford to pay. We expect the Minister to tell us what he intends to do make health services more accessible to the people.

The role of the Ministry, as stated in the Vote, is to oversee curative, preventive and promotive services. We are yet to see the input of the Ministry in preventive health services. What I mean is that the impact of the Ministry in preventive health services is yet to be felt. In the area of epidemics like HIV/AIDS, the programme is being managed from the Office of the President, but we need to see more participation by the Ministry of Health. It is the Ministry of Health that can formulate appropriate messages. It is the Ministry of Health, together with those managing the programme, that can suggest better ways for the campaign to eradicate HIV/AIDS.

We are yet to hear messages on national radio and television. We are hearing those messages from private stations, but we are yet to hear consistent and daily messages from the Kenya Broadcasting Corporation (KBC). This failure must be blamed on not only the managers of the anti-HIV/AIDS programme, but also on the preventive wing of the Ministry of Health.

On the issue of malaria, we only hear of the Minister and his team when there is an outbreak. They become busy and provide mosquito nets when people are already dying and over-crowded in hospitals. We need to hear about the Minister and his officials even when there are no epidemics because, we need to feel their impact on the ground. We also need know what programmes they have put in place to minimize mosquitoes and, therefore, minimize cases of malaria. We also need to be assured that there is constant supply of medicine in our hospitals so that we do not rush around when there is an outbreak of disease because we always seem ill-prepared whenever there is an outbreak of disease. Therefore, I do not think there are satisfactory programmes given by the Minister on preventive health care.

Mr. Temporary Deputy Speaker, Sir, on diseases like typhoid which are becoming quite common, we are yet to hear of a campaign to educate people on the need to drink boiled water. The Ministry of Health kept mum when the Ministry of Local Government gave an answer to a question in this House, encouraging residents of Nairobi, and Kenyans in general, to commit suicide by drinking contaminated water.

With those remarks, I beg to support.

Dr. Oburu: Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to contribute to this very important Motion.

First, I would like to talk about the policy of cost-sharing. This policy is ill-timed and misplaced because you cannot cost-share with people who are poor. We are currently talking about poverty reduction. How can we reduce poverty when we are demanding that very poor people should pay for medicine? In the area where I come from, people are being asked to pay even for entering their names in hospital records. They have to buy exercise books and take them to hospital in order for their names to be recorded for treatment. When they have paid for the exercise books, they are finally given prescriptions to go and buy medicine from chemists, yet, year in, year out, we have tenders from the Central Medical Stores for the supply of medicine to the Government. Now, we understand that there are kits which are supposed to be coming to the hospitals weekly. Why are people given prescriptions to go and buy medicine from chemists if such kits are supplied? Do these kits which are provided to hospitals contain insufficient medicines, yet they have estimates for them? There are diseases which are prevalent in given areas and I do not understand why the Ministry of Health cannot make correct estimates of the necessary medicine, so that people are not given prescriptions to go and buy medicine from very expensive chemists.

Mr. Temporary Deputy Speaker, Sir, the Central Medical Stores of the Ministry of Health is more or less like an "eating house". Whenever there are tenders floated, the pharmacists rush there because they know the price of medicine is going to be inflated. Therefore, I do not know why for so many years since we got Independence, the Ministry of Health has been unable to streamline operations of the Central Medical Stores so that drugs can be purchased cheaply and be made available in our hospitals.

Mr. Temporary Deputy Speaker, Sir, hon. Members have talked about sharing of beds in hospitals. This is a very, very serious issue. It is dehumanising to share beds. I do not know whether the Ministry of Health would like to turn our women into lesbians and our men into homosexuals. Sharing of beds is a very serious moral issue which should be tackled, and I think it is within the reach of the Ministry of Health to prevent such scandals.

Mr. Temporary Deputy Speaker, Sir, we also have a scandal within the Ministry of Health, and I do not know whether they have dealt with it. This is because two to three years ago, there was a scandal here in Parliament, where some company called Equip Agencies was given orders to purchase sprays for mosquitoes worth Kshs9 billion, a quantity sufficient to supply mosquito sprays for the whole of Kenya for the next 25 years. We understand that these sprays were supplied and the suppliers were not paid because there was a scandal. Where are those sprays? We do not see them in our villages, neither do we see people from the Public Health Department of the Ministry of Health going round spraying stagnant waters with sprays in order to deal with the malaria menace, and yet they have these sprays in stock. Unless they were not supplied, those sprays must be there. I understand the suppliers have taken the Ministry of Health to court with regard to the supply those sprays.

Mr. Temporary Deputy Speaker, Sir, the other issue that I would like to mention is about the morale of the doctors. We are not paying our doctors sufficiently and because of this, there is an exodus of doctors to our neighbouring countries. Countries which are not richer than Kenya are able to pay these doctors handsomely and these doctors are working there at the expense of our country. As a result of low pay, doctors prefer to serve people in their private clinics rather than in the Government hospitals. This is a real problem and a very big scandal because this is the channel of syphoning medicines from Government institutions to the private clinics manned by these doctors, such that you find a doctor recommending that a patient would rather be treated in his private clinic than in a Government hospital. This is a serious issue of policy which the Ministry of Health should come to grips with in order to save the lives of our people.

Mr. Temporary Deputy Speaker, Sir, we have been told that nobody will be detained in hospital because of inability to pay medical bills. This is a common practice which is happening everyday and yet the Ministry of Health is helpless, particularly with regard to private hospitals. The case of private hospitals is completely notorious because the charges are so enormous that, for example, you find a patient goes to Aga Khan for three days and the charges for whatever services they provide amount to between Kshs50,000 and Kshs100,000. Is there no way of regulating some of these charges in private hospitals? We understand some of them are claiming that they are charitable institutions, but what they charge for two to three days amounts to Kshs45,000 or Kshs100,000. How can you call these charitable institutions?

Mr. Temporary Deputy Speaker, Sir, Bondo Sub-District Hospital is in my constituency and a contractor was given a contract in 1993, but he abandoned the site in 1994. However, up to now, this contract has not been terminated and the Government is no longer allocating any money to that hospital, while our people continue to suffer. This man had also failed to complete a Nyayo Wards project in Kapsabet and he was kicked out. He also failed in Taita-Taveta District and he was kicked out and now the Ministry of Health is refusing to kick him out of Bondo although it is the only hospital that serves the whole of the western region, including Bondo, Rarieda and Mbita Constituencies, and even some parts of Uganda. I do not understand why the Ministry of Health, despite several petitions from the people, has refused to kick out this man out so that another tender for the contract can be issued, so that even those who sign security bonds can be asked to pay money for the completion of Bondo Sub-District Hospital. I think this is criminal negligence on the part of the Ministry of Health. There is no way people should continue dying due to lack of proper facilities, and yet the Government has spent a lot of money in constructing a structure which is standing there, 80 per cent complete because somebody somewhere does not know what is happening.

Mr. Temporary Deputy Speaker, Sir, I want to address the question of the NHIF. Recently, the NHIF distributed 35 ambulances to various district hospitals in the country, and yet they are unable to provide a proper medical cover to their own members. Instead of giving charity to those hospitals, the NHIF should devise a medical scheme that covers both inpatient and outpatient expenses for members. The NHIF has been in existence for many years. However, it can only partially cover the medical expenses of its members and, yet medicine is very expensive. Many people, even those who are members of the NHIF, are dying because they cannot afford proper medication. The NHIF should be transformed into a proper health insurance scheme like what is happening in South Africa and Zimbabwe. The policy of NHIF is wanting. Something should be done to improve the NHIF, so that it can give proper medical cover to its own members.

Mr. Temporary Deputy Speaker, Sir, the issue of providing clean water has been a policy of the Ministry of Health. The supply of clean water in the rural areas has not only been a responsibility of the Ministry of Environment and Natural Resources, but also the Ministry of Health. However, in this Vote, there are no sufficient provisions for the supply of clean water.

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

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, thank you very much. There have been excellent contributions from hon. Members on the Vote of this very important Ministry. However, the important thing is that unless this Government can be prevailed upon to turn the economy of this nation round, we will be indulging

ourselves in an exercise in futility. I believe most hon. Members in this House would be happy to vote to double the amount of money the Minister is asking this House to approve in recognition of the importance of health services. But the underpinning issue here is the economy. Until we get money, the Ministry of Health will not have adequate funds to render services to our people.

Mr. Temporary Deputy Speaker, Sir, it is my hope that in the new constitutional dispensation, which we are about to begin to debate, Kenyans must insist on access to affordable health services as one of our constitutional rights. This is something that should be enshrined in our Constitution. It is the right of every Kenyan, irrespective of his or her status in life, to have access to health services. We have lost many lives before their time in this country because of lack of access to health services. In the countryside, there are many men and women who are dying in their early 60s because of hypertension and diseases that are actually manageable. But because they cannot afford proper medication, they die prematurely. We ask the KANU Government to take responsibility for the number of lives that are being lost across the country because of the destruction of the economy, and, therefore, failure to give our people access to affordable health services.

As hon. Karua said, it is true one notices some slight improvement in district hospitals, particularly during the tenure of the current Permanent Secretary, and even when he was the Director of Medical Services. But it is a far cry from what it should be. We want health facilities improved so that our people can afford them.

Another issue I would like the Ministry of Health to look into is the brain drain. We are losing our well-trained and experienced nurses in their hordes. It is a sad affair that if you go to the United Kingdom today, most of their health services are being manned by nurses from Kenya. Even if you go to the United States of America, you will find many nurses who have left Kenya. These nurses were educated through high schools and colleges by public funds. We are subsidizing for developed countries like Britain, and that is an urgent issue that needs to be redressed. We need to urgently address the issue of brain drain. It is not just confined to nurses, but also to teachers. The United Kingdom is now on a recruiting mission in Kenya. She wants to recruit experienced graduate teachers from Kenya, who are able to teach mathematics and science subjects. This is something that needs to be addressed, and, certainly, the issue of nurses is an urgent one.

I do hope that the money that we are now voting for the Ministry of Health, each of its shilling will be spent without being diverted, for the specific purposes as outlined in the Budget. We do not want to hear of any story; of Kshs7 billion being somehow diverted to buy some useless items, five-year supply of some items and, then, you sacrifice an innocent PS on the basis that it is him who did that, when it is the politically-connected persons who are pushing for that particular contract.

I do support the importation of condoms. I think the Government needs to be commended here, because we cannot allow the HIV/AIDS scourge to continue killing Kenyans at the rate at which it is killing them. I would like to urge our Catholic and Muslim brothers and sisters that I support their position; that, it is much better to abstain from sex, but all Kenyans are not followers of the Catholic Church and Islamic religion. There are many Kenyans who, perhaps, will not listen to the good advice from the Catholic Church. So, the importation of condoms is not intended to encourage immorality. I ask members of the Catholic Church to listen to their Bishops and Priests and abstain from HIV/AIDS. But we have got to take into account those other members of the Kenyan community who are not followers of the Catholic Church and who should, therefore, have access to affordable condoms. I trust that the Minister for Public Health, who is here, will, certainly, make a sufficient supply of condoms available to his Cabinet colleague, Mr. ole Sunkuli---

(Laughter)

And others who might need them. But---

The Minister for Public Health (Prof. Onger): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is Mr. Muite in order to demand that the Vote of the Ministry, which is of high serious magnitude, be diverted to trivialities?

The Temporary Deputy Speaker (Mr. Sungu): I think I do agree with the Minister; that, we are discussing a very important issue of allocating funds to the Government Ministries and Departments and how they will use it properly. So, let us be serious.

The Assistant Minister for Foreign Affairs and International Co-operation (Mr. Affey): On a point of order, Mr. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Mr. Sungu): Order, Mr. Affey! Let Mr. Muite proceed.

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, I was emphasizing on the distribution of condoms.

The Assistant Minister for Foreign Affairs and International Co-operation (Mr. Affey): Mr.

Temporary Deputy Speaker, Sir, the hon. Member has made a very serious allegation. We just want him to withdraw and apologise to the hon. Member over the remarks he made against him. If he does that, we will let him continue.

Mr. Temporary Deputy Speaker, Sir, supposing it happens to you, would you be happy?

The Temporary Deputy Speaker (Mr. Sungu): I think, Mr. Affey, as I understood it, what Mr. Muite said was not unparliamentary.

So, Mr. Muite proceed.

Mr. Muite: I was emphasising on the importance of proper distribution of these items to everybody who might need them. I do not want to ask whether there are any other Members who need them.

(Mr. Biwott up stood in his place)

Why is Mr. Biwott standing? Does he need them?

The Minister for Trade and Industry (Mr. Biwott): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is he really in order to drag the name of an hon. Member into the discussion on condoms? Unless he withdraws that remark, it will be contained in the HANSARD. Therefore, I think it is very necessary that, that name which he has mentioned in the discussion on condoms be expunged.

The Temporary Deputy Speaker (Mr. Sungu): Order! Mr. Muite, I think this matter is serious enough for the Chair to intervene, and I have had time to assess what is going on. Perhaps it would be a good idea for you to withdraw, apologise and proceed.

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. Hon. Sunkuli is a Kenyan and we care about his health. He has confirmed to this House that he is the father of "Dennis", the mother of whom is not his wife. So, can we give him the condoms?

(Laughter)

The Temporary Deputy Speaker (Mr. Sungu): Order! Mr. Muite, can you proceed?

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, I shall comply with your order, although I do not agree with it. I had in mind the under-age girls who have suffered. If these items were distributed, perhaps, those girls would not have had babies. I withdraw that remark.

Mr. Temporary Deputy Speaker, Sir, I would like to ask that the Ministry of Health works hand in hand with the Office of the President in its efforts to distribute these items across the entire country. This exercise should particularly go hand in hand with proper education. Distribution of condoms does not mean that we should encourage the youth to be careless. As parents, we must tell our young daughters and sons that it is best that they must not do it, but if they must do it, they should use these condoms. It is much better not to bury our youth.

I beg to support.

The Assistant Minister for Foreign Affairs and International Co-operation (Mr. Affey): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity, especially after what we have just heard from Mr. Muite.

I stand to support this Motion. It is necessary to fund this Ministry to ensure good health, a strong nation and economy. I just want to highlight several issues which affect both my district and constituency. Last year, when the Ministry was requesting for funds, I spoke on the issue of Wajir District Hospital. I happen to know from the Minister that he served in Wajir Hospital in 1968, which is the year I was born. That hospital was established almost 25 years ago. That means that--

QUORUM

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Speaker, Sir. The matter of health is very important for this nation. As you can see, all the Benches are empty. We are discussing an important matter and yet there is no quorum. These Members are paid a lot of money, therefore, they must be in here.

The Temporary Deputy Speaker (Mr. Sungu): Order! There does appear to be lack of quorum. Ring the Division Bell.

(The Division Bell was rung)

Mr. Temporary Deputy Speaker (Mr. Sungu): Order, hon. Members! We have a quorum now. You may proceed, Mr. Affey.

The Assistant Minister for Foreign Affairs and International Co-operation (Mr. Affey): Thank you, Mr. Temporary Deputy Speaker, Sir.

I was saying that Wajir District Hospital, which was established initially not as a medical facility, has existed for very many years. Indeed, we have asked the Ministry to conduct a complete overhaul of that facility. This facility deserves to be a museum. We are using a museum as a hospital facility. This is a facility that we should have shown Kenyans as a facility that was built up earlier than 1940 by the Italians, at the time when we were at war. The Minister himself knows this because he has served in that hospital. Last year, I raised this issue, and this year I will raise it again. If the Government cannot find sufficient funds under the current Budget, we would like to request the Minister to go out of his way and look for friends who can establish a new health facility for us.

I would also want to take this opportunity to thank the Ministry's personnel for moving very swiftly to Wajir when we had a cholera outbreak a few weeks ago. This is commendable. I want to encourage them to move swiftly again in case this terrible disease affects any other part of our country. But we still require to equip our hospitals with sufficient drugs and personnel. In Wajir District Hospital, we have only one qualified medical doctor, a few nurses and clinical officers. Wajir District Hospital is located half-way between Nairobi and Mandera, along the Nairobi/Mandera Highway. It is one of the major health facilities in North Eastern Province. As you travel from Garissa towards Mandera, the main health facility along the way is Wajir District Hospital. We have only one medical doctor there, and as I speak, he is on leave and the hospital has no qualified doctor at the moment. We have clinical officers at the hospital who are doing very well and we are very happy with them, but they are not enough. If anything can be done, I would like to appeal to the Minister and the Ministry's officials who are here, to see how they can post more medical personnel to Wajir District Hospital.

Mr. Temporary Deputy Speaker, Sir, we know that admission to public health training institutions has been centralised in Nairobi, so that you cannot join the medical training institution in Garissa; you will have to get a letter of admission from Nairobi. Time is ripe now for the Ministry to reconsider that decision. Every institution should admit, the number of students it wants to admit, and students should join colleges in their respective districts. We have a nursing college in Garissa which does not offer clinical medicine, orthopaedics and other courses. We want the Ministry to see how best it can develop that institution in order for it to provide educational opportunities for students from North Eastern Province and other parts of this country. Nursing alone is not enough. We need the clinical course as well as other courses to be developed in that college. Admissions should be decentralised to the respective colleges because during admissions, we have a lot of students coming to Nairobi from all over the country and queuing outside the Kenya Medical Training College (KMTC) at Kenyatta National Hospital. You can reduce the cost incurred by parents by advertising the vacancies in the respective districts and provinces, so that students can get admission forms from their areas.

Mr. Temporary Deputy Speaker, Sir, just before I sit down, there was a project to have been undertaken by the Danish International Development Agency (DANIDA) as part of the Health Sector Reform. It was some kind of a support programme by DANIDA. Last year, we had an elaborate meeting with officials from the Ministry, Danish Embassy and DANIDA Project officers. We were promised that they will pick up programmes in the province this year. I gather that they do not intend to go to the province themselves, and they want to use a local Non-Governmental Organisation (NGO). They have started programmes in Mombasa and the Coast region.

The reason they gave for the use of the NGO was security. We never want anybody, either Government organisations, NGOs or friends of this country, to use security as a factor to deny us funding. The province is very secure and we have told them that we will guarantee that the programmes will take off effectively. But there is a tendency to use local NGOs. Why should they use a local NGO when there is a security problem? We need a proper explanation because security is not a reason for DANIDA to deny us funding in the province. We want them to come as they have gone to Coast Province. If they cannot undertake the programme themselves, let them give the responsibility to the Ministry of Health. After all, there is a provincial coordinator and district officers who can be able to do that job effectively, without any fear of insecurity, and without giving insecurity as the reason.

Mr. Temporary Deputy Speaker, Sir, I would also like to request the Minister--- I come from Wajir South Constituency in Habaswein Sub-District. We have a health facility which, by now, should have been upgraded to a sub-district health facility. The Office of the President recognises Habaswein as a sub-district. Already, we receive medical kits from the Ministry of Health and we are very happy for that. Although it is not regular, we did not have them before. We thank them for that. But what we need to do is to gazette the facility officially as a sub-district medical facility. It is not yet gazetted and that is something that I would request the

Minister to follow up on our behalf.

Mr. Temporary Deputy Speaker, Sir, finally, as a result of what we use in Wajir District, that is the bucket disposal of human waste, there is an outbreak of cholera all the time! If the Ministry could assist us by seeking funds from our bilateral friends, it can show us what other methods we can use. We use bucket latrines and the water source is very near to disposal areas. The Ministry can assist us in finding other ways of disposing our waste. That requires some study to be undertaken and some funds. I would like the Minister to consider that.

With those few remarks, I beg to support.

Mr. Angwenyi: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me a chance to contribute on this important Vote of the Ministry of Health.

Mr. Muiruri: On a point of order, Mr. Temporary Deputy Speaker, Sir. It is the usual practice of this House that when a KANU Member of Parliament has spoken, your next choice should be an Opposition Member. Is it in order to have two KANU Members of Parliament in a row?

The Temporary Deputy Speaker (Mr. Sungu): Order, Mr. Muiruri! The Speaker has eyes and sees and, therefore, Mr. Angwenyi was the first one and I saw him.

Proceed, Mr. Angwenyi!

Mr. Angwenyi: Thank you, Mr. Temporary Deputy Speaker, Sir. They must also know that their numbers are fewer than ours. We were more from the start and we also have the NDP Members of Parliament on this side.

The Temporary Deputy Speaker, Sir, health is very important for our people. Our forefathers lost their blood. They were killed because they wanted to remove the colonial Government, which could not provide free medical services to our people. When we got our Independence in 1963, one of the premises on which our Government was founded was to extend health services to every Kenyan. However, what is obtaining today? Today, we pay taxes which are supposed to purchase health services for us, and yet the Government goes ahead and taxes the mwananchi a second time in order to construct health facilities in the country. We are taxed a third time to pay for cost-sharing. A lot of people are dying in this country, not because of serious illnesses, but because they cannot afford health care.

Mr. Temporary Deputy Speaker, Sir, you can see the budget for this Ministry is so little that it is actually less than what Pattni paid Somaia to buy the Somaia businesses under the table. It is time that this Government gave adequate resources to this Ministry to provide health care to the country; to do research work on diseases, and to provide training in health care. We have one referral hospital in the country, which is Kenyatta National Hospital, but it has been turned into something like a district hospital. If you were sick today and taken to Kenyatta National Hospital, you cannot get a bed there. Why? It is because this Government has refused to expand that facility and provide referral hospitals out in the provinces. So, every serious case throughout the country is taken to the Kenyatta National Hospital, and yet we do not give it adequate resources. The amount of money we are giving to Kenyatta National Hospital is so little that they must now tax our people. People who go there cannot be admitted into wards if they cannot afford to raise deposits. So, I am saying that this Parliament must insist that in the next Budget, adequate resources must be provided for this Ministry, so that health care can be provide to every Kenyan who needs it.

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

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

Mr. Temporary Deputy Speaker, Sir, Members of Parliament are now the agents for establishing health care facilities. Recently, we completed a health centre in my constituency without getting a single cent from the Government. However, we cannot get the manpower in that health centre. We were given one nurse to take care of a catchment area of about 50,000 people. So, if the Government cannot provide the facility itself, why can it not provide the manpower? If you looked at our district hospitals, like Kisii, Kericho and Homa Bay, you will find that they were built many years ago and the facilities have never been expanded. Kisii District Hospital alone has got a catchment area of about 4 million people. The hospital should have been upgraded a long time ago into a provincial hospital. Marani Hospital, which is in my constituency, should have been upgraded into a district hospital because it cares for about 500,000 people. However, what is---

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Musila): Order! Hon. Angwenyi, you will continue with your contribution next week.

It is now time for the interruption of business. The House is, therefore, adjourned until Tuesday, 17th July, at 2.30 p.m.

The House rose at 6.30 p.m.