

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

**Tuesday, 29th July, 2003**

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

PRAYERS

### ORAL ANSWERS TO QUESTIONS

**Mr. Keter:** Mr. Speaker, Sir, I have just received the written answer to my Question and I have not gone through it.

*Question No.570*

#### REPAIR OF KAPTOBOITI PRIMARY SCHOOL ROOF

**Mr. Keter** asked the Minister for Education, Science and Technology what urgent measures he is taking to repair the roof of Kaptoboiti Primary School in Waldai Division, which was blown off by wind on 21st April, 2003.

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

**Mr. Munya:** On a point of order, Mr. Speaker, Sir. I thought you ruled that we will be starting with Questions by Private Notice!

**Mr. Speaker:** I think it is right that we start with Questions by Private Notice. But now, I cannot stop the Assistant Minister because she has taken the microphone. I will, however, try to hurry up so that we do not miss Questions by Private Notice. I am sorry! Remind me always!

Proceed Mrs. Mugo!

**The Assistant Minister for Education, Science and Technology** (Mrs. Mugo): Mr. Speaker, Sir, in May 2003, the Ministry released Kshs108,000 under the Free Primary Education

Programme, under repairs, maintenance and improvement account, and it is in the process of disbursing a further Kshs100,000 to help in completing the repair of the roof of Kaptoboiti Primary School.

**Mr. Keter:** Mr. Speaker, Sir, I am surprised to hear that the Ministry released Kshs108,000 in May. By yesterday, the school had not received a single cent from the Ministry. The total amount that the Assistant Minister is talking about is Kshs208,000 and there are seven damaged classrooms. Could the Ministry consider increasing that amount to the required figure of Kshs1 million?

**Mrs. Mugo:** Mr. Speaker, Sir, the money should have been received. But if it has not, we will follow up that matter and find out why it has not reached the school. As far as the amounts are concerned, the Ministry realised that the damage was very big and appealed to well-wishers to support in renovating the school. So far, we have received iron sheets worth Kshs50,000 from the Kipsigis

County Council, Kshs50,000 from Nation Media Group and Kshs400,000 from the Kenya Charity Sweepstake. The total amount received so far is Kshs625,050.

We shall follow up the money allocated to that school. We are aware that some of the money was sent through the Provincial Commissioner and the District Commissioner, especially the donation from the Kenya Charity Sweepstake and Nation Media Group. We will follow up the matter and ensure that the money reaches the school as soon as possible.

**Mr. Speaker:** Very well! Last question, Mr. Owino!

**Mr. Owino:** Mr. Speaker, Sir, I wanted to know from the Assistant Minister whether the Ministry has any plans to set up a fund to cater for any unforeseen contingencies in the future.

**Mrs. Mugo:** Mr. Speaker, Sir, the Ministry is always looking for ways to support those schools. Our priority has been teaching materials and the Ministry has already disbursed Kshs633 to cater for every child in the country. We are looking for ways and means to handle other things like repairs and so on. But it is a very good suggestion and we will look into it.

**Mr. Speaker:** Next Question by Prof. Oniang'o!

*Question No.512*

LICENSING OF RADIO/TV STATIONS

**Prof. Oniang'o** asked the Minister for Tourism and Information:-

(a) whether he could state how many radio and television stations have been issued with broadcasting licences since January 2003; and,

(b) how many of the current radio and television operators have been licensed to broadcast countrywide.

**Mr. Speaker:** Where is the Minister for Tourism and Information?

**Hon. Members:** Gumo! Gumo!

**The Assistant Minister for Tourism and Information** (Mr. Gumo): Mr. Speaker, Sir, I beg to reply.

(a) The Ministry has not licensed any new radio and television station since January, 2003.

(b) A total of 33 various radio and television stations have been licensed to broadcast in different parts of the country, but outside Nairobi, before January, 2003.

**Prof. Oniang'o:** Mr. Speaker, Sir, obviously the answer is very unsatisfactory. I do not think they did any research. Given that this House is going to start live broadcasting, and the need for Kenyans to listen to national news, could we be told what the Government's policy is to ensure that every Kenyan has access to news through radio and television?

**Mr. Gumo:** Mr. Speaker, Sir, it is a policy of the Government that everybody in this country accesses news on television. The problem is that some of the people in the private sector who have been licensed to undertake television broadcasting have not been able to open their stations, because it is very expensive to do so. As you know, some people applied for the licences not really to open television stations but, maybe, to sell them to some rich people.

Since nobody has come forward to buy the licences, these people have kept their licences at home. I hope that the hon. Member will follow them up and ask them to open new stations.

**Mr. Munya:** Mr. Speaker, Sir, Nation Television has been licensed to broadcast in the whole country except in Meru region.

Could the Assistant Minister explain why the people of Meru are being excluded from viewing Nation Television?

**Mr. Gumo:** Mr. Speaker, Sir, the problem is that the frequencies that we have are not enough to cover more areas. However, the hon. Member is free to apply for a licence to broadcast just in

Meru and the Mount Kenya region, as has been done in other areas.

**Mr. Munya:** On a point of order, Mr. Speaker, Sir. The Assistant Minister is misleading the House. It is the Ministry of Transport and Communications which provides radio and television frequencies. The Ministry of Tourism and Information is supposed to just license people who are willing to venture into the broadcasting business. So, I have asked him why they have licensed Nation Television to cover the whole country except Meru country?

**Mr. Gumo:** Mr. Speaker, Sir, there is no "Meru country" in this country. Also, the Nation Television is not licensed to cover the whole country but rather only certain areas, namely, Nairobi and parts of the Rift Valley region and a few other areas. So, Meru happens to be one of the areas that were left out.

**Mr. Sasura:** Mr. Speaker, Sir, the media is very important in the governance process of this country. Could the Assistant Minister tell us very clearly why the Government cannot license all the applicants for radio and television stations to cover the whole country? Could he confirm or deny that the proprietor of Citizen Media Services is operating a parallel frequency besides that allocated to it?

**Mr. Gumo:** Mr. Speaker, Sir, the Ministry has licensed more than 30 radio and television stations. If these stations were operating effectively, every part of the country would be covered. In fact, I expected the hon. Member to propose the withdrawal of licences from the companies which are not operating broadcasting stations, so that they can be given to other people who are willing to do so. That is what we are looking into.

**Mr. Speaker:** I will give Dr. Shaban a chance to ask the last question on this matter.

**Dr. Shaban:** Bw. Spika, ijapokuwa huduma za runinga ya shirika la utangazaji nchini, KBC, zinatakiwa kufikia sehemu zote nchini, sisi wakazi wa Taveta tumenyimwa huduma hizo. Sisi hutazama runinga ya Tanzania. Ni aibu sana kusema kwamba Kenya imeendelea hali Wakenya wengine wanadoea huduma kutoka nchi jirani.

**Mr. Gumo:** Bw. Spika, Dr. Shaban hajauliza swali lolote. Labda, akiuliza swali nitalijibu.

**Mr. Mganga:** On a point of order, Mr. Speaker, Sir. The hon. Member has asked a specific question; that, in Taveta, they are not able to watch Kenyan television stations and that they have to rely on television stations from Tanzania. What is the Ministry doing to ensure that the people of Taveta, Voi and the general neighbourhood, access Kenyan television stations? That is what she asked in Kiswahili. Maybe, the Assistant Minister did not understand.

**Mr. Gumo:** Mr. Speaker, Sir, that is much better.

*(Laughter)*

Of course there are plans to ensure that KBC Television is received in almost every part of the country.

**Mr. Wario:** Jambo la nidhamu, Bw. Spika. Tangu lini matumizi ya Kiswahili yamepigwa marufuku katika Bunge hili? Mhe. Shaban aliuliza swali kwa ufasaha, kwa Kiswahili, lakini Waziri Msaidizi alisema kwamba halikuwa swali. Lakini swali hilo liliporudiwa kwa Kiingereza, amesema sasa ni afadhali. Je, ni makosa kuzungumza Kiswahili?

*(Applause)*

**Mr. Speaker:** Si makosa kuzungumza Kiswahili lakini siwezi kuwalazimisha kuifahamu lugha hiyo. Inategemea iwapo Waziri Msaidizi ameelewa swali.

**Mr. Gumo:** Bw. Spika, mimi pia nilimjibu Dr. Shaban kwa Kiswahili.

Mr. Speaker, Sir, of course, there are plans to ensure that KBC Television is received in almost every part of the country. The problem is that it is very expensive to do so. At the moment,

KBC cannot afford to extend its services. It will cost the KBC about Kshs108 million to extend television services to every part of the country. There are plans to source some funds so that every part of this country, including Taita-Taveta District, watches KBC Television. In the meantime, since the hon. Member cannot [Mr. Gumo] receive the signal of KBC Television, she should ensure that she switches off the Tanzanian station; it is not useful to her!

*(Laughter)*

*Question No.364*

STREAMLINING OF MARSABIT  
DISTRICT HOSPITAL MANAGEMENT

**Mr. Sasura** asked the Minister for Health:-

- (a) what action she is taking to provide drugs in Marsabit District Hospital and also ensure that staff report for duty early, as required; and,
- (b) what further action she will take to streamline the management of the hospital.

**The Assistant Minister for Health** (Mr. Konchella): Mr. Speaker, Sir, I wish to give the answer to the Question tomorrow.

**Mr. Speaker:** Why, Mr. Konchella?

**The Assistant Minister for Health** (Mr. Konchella): Mr. Speaker, Sir, I had discussed with the Questioner and he was satisfied with the answer; because it has taken so long. So, I have not brought the answer because we had discussed the matter and he said that he was satisfied; so, he did not need me to bring the answer to the House.

**Dr. Godana:** On a point of order, Mr. Speaker, Sir. We are at a loss. Mr. Sasura asked a Question, and it appears on the Order Paper. I did not quite get what the Assistant Minister said; that, he discussed the matter with the Questioner and that he was satisfied, and so he does not see why the Question has come up. Is he saying that the Question should not have been on the Order Paper?

**The Assistant Minister for Health** (Mr. Konchella): Mr. Speaker, Sir, the first time the Question came up, the Questioner was not here. So, when I subsequently asked him where he was, he said that he did not need to ask the Question because he was satisfied with the answer he got last time.

**Mr. Speaker:** What is your reaction, Mr. Sasura?

**Mr. Sasura:** Mr. Speaker, Sir, the Assistant Minister reminds me of a comedian called "Mr. Bean." I have not discussed anything with him!

*(Laughter)*

I have just been given the written reply to the Question. It is true that the Question has taken two months. So, could he now answer the Question or tell the House when and where we discussed it?

**The Assistant Minister for Health** (Mr. Konchella): Mr. Speaker, Sir, allow me to present the answer tomorrow.

**Mr. Speaker:** Very well; you will answer the Question tomorrow. By the way, Mr. Sasura, who is a "Mr. Bean"?

**Mr. Sasura:** Mr. Speaker, Sir, I did not say that the Assistant Minister is "Mr. Bean." I only said that he reminds me of a comedian called "Mr. Bean." He is a very polite man like Mr. Konchella!

(Laughter)

Question No.569

UPGRADING OF RUNYENJES  
SUB-DISTRICT HOSPITAL

**Mr. Wambora** asked the Minister for Health:-

- (a) whether she is aware that Embu District does not have a district hospital; and,
- (b) whether she could consider upgrading the oldest sub-district hospital at Runyenjes to a district hospital.

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

(a) I am aware that Embu District does not have a district hospital. However, the district is served by Embu Provincial Hospital, which also serves as a referral hospital for the entire Eastern Province.

(b) The Ministry has no immediate plans to upgrade Runyenjes Sub-district Hospital to a district hospital. There are current plans to expand and modernise Embu Provincial Hospital, so that it can effectively serve a bigger population.

**Mr. Wambora:** Mr. Speaker, Sir, I am very dissatisfied with the answer given by the Assistant Minister. I have not asked about Embu Provincial Hospital. I am aware of the existence of the hospital; it is a referral hospital. I asked about a district hospital, which the Ministry itself started constructing more than ten years ago and then abandoned the project. It is not in order to be told that we shall be served by Embu Provincial Hospital, which serves the whole of Eastern Province and parts of Central Province such as Kirinyaga. So, could he tell us when Runyenjes Sub-district Hospital will be upgraded to a district hospital?

**Mr. Konchella:** Mr. Speaker, Sir, the reasons for the subdistrict hospital not being graded for so many years are, probably, best known by those who were in the previous Government. However, the Ministry is now negotiating with the Arab Development Bank for a loan of Kshs500 million to upgrade the hospital to be able to serve the catchment area. We will provide more referral facilities in the hospital. Meanwhile, the Ministry has to plan because the upgrading of this district hospital requires Kshs120 million, which is not provided in the current Budget.

**Dr. Godana:** Mr. Speaker, Sir, this is an interesting Question. This is because, in the 1960s, when the Government planned well and without caring about regions, it planned for a major hospital with a nursing school in Marsabit District. Much later, the facility was diverted to Embu District. Embu District Hospital was upgraded to provincial status and given a nursing school. This is what I established when I became an Assistant Minister in the Ministry of Health. I studied the file and found that the upgrading of Marsabit District Hospital had gone to Embu District Hospital. Could the Assistant Minister now consider, in the spirit of the new equity that all Kenyans are looking for, transferring that package to Marsabit District to compensate it for the loss it suffered when upgrading went to Embu District?

**Mr. Konchella:** Mr. Speaker, Sir, the hon. Member may wish to request the upgrading of Marsabit District Hospital in a different Question.

**Mr. Kaindi:** Mr. Speaker, Sir, upgrading of health facilities is done because of the level of services provided. Could the Assistant Minister explain to this House what criteria he uses to upgrade health facilities? Could he consider decentralising services to lower levels? If this is done, hon. Members will talk of equity.

**Mr. Konchella:** Mr. Speaker, Sir, the criteria for upgrading facilities are determined by a catchment area. A subdistrict hospital will have a catchment area of 70,000 people and this, therefore,

means more people for a district hospital. The process of upgrading has to go through the DDC which approves it and then brings it to the Ministry to be included in the normal budgetary process.

**Mr. Speaker:** The last question on this, Mr. Wambora!

**Mr. Wambora:** Mr. Speaker, Sir, the Assistant Minister is talking of a catchment area of 70,000 people. Runyenjes Subdistrict Hospital's catchment area has over 200,000 people because it extends to beyond Runyenjes and Kyeni Divisions.

Mr. Speaker, Sir, if the Ministry is going to spend Kshs500 million on Embu Provincial Hospital, all Runyenjes Constituency requires is only about Kshs20 million. This year we have been given Kshs600,000. Why can we not get a portion of that Kshs500 million meant for the provincial hospital so that the catchment area of over 200,000 people can be served?

**Mr. Konchella:** Mr. Speaker, Sir, if the hon. Member had asked for improvement of the facility to serve the population, as it is today, that would be acceptable. However, what he has asked for is the upgrading of it to a district hospital, which will require Kshs120 million. Now, the hospital has only 15 beds and so cannot serve as a district hospital. We have to provide a theatre, a kitchen and staff housing for it. He has asked for Kshs20 million, which is the normal amount required to repair and maintain the hospital. This could be a different request which the Ministry will consider if the Medical Officer of Health (MOH) of the hospital advises the Ministry appropriately.

**Mr. Leshore:** Mr. Speaker, Sir, I would like to ask the Assistant Minister if his Ministry has any policy on upgrading of health centres in every constituency to become either subdistrict or district hospitals.

**Mr. Konchella:** Mr. Speaker, Sir, the onus is really on this House to allocate funds to the Ministry of Health for us to be able to undertake the upgrading of all the hospitals to the status the hon. Members want.

*Question No.572*

VIABILITY OF KENYA OIL  
REFINERIES LIMITED

**Mr. Kajembe** asked the Minister for Energy:-

(a) how much money has been paid as dividends to each shareholder of Kenya Oil Refineries Limited; and,

(b) if he could assure the House of the viability of the company in the light of liberalisation of the energy

sector.

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

(a) The dividends paid to shareholders of Kenya Refineries Limited for the past seven years are as outlined below. The figures shown bellow are in millions of Kenya Shillings.

	1997	1998	1999	2000	2001	2002	2003
Government	58.5	50	0	0	75	75	65
Shell	19.5	16.6	0	0	25	25	21.6
BP	19.5	16.6	0	0	25	25	21.6
Caltex	19.5	16.6	0	0	25	25	21.6

It is also noted that there were no dividends declared in 1999 and 2000, a scenario that was prompted by lack of investment and maintenance at the refineries, and thus poor performance in the subsequent years, after the liberalisation of the energy sector in 1994.

You may also note that my Ministry has only given a breakdown of the dividends paid in the last seven years since the Question has not indicated the timeframe to be covered.

(b) My Ministry is aware of the challenges facing the Kenya Oil Refineries Limited with regard to growth and demand for different products as a consequence of liberalisation of the energy sector, thus rendering the facility less competitive.

*(Loud consultations)*

**Mr. Speaker:** Order! Order, hon. Members! We cannot hear what the Assistant Minister is saying. Quite frankly, we cannot hear what Mr. Kiunjuri is saying and I am sure that hon. Members want to hear it. Can we, please, be in a position to communicate? Continue, Mr. Assistant Minister!

**The Assistant Minister for Energy** (Mr. Kiunjuri): Mr. Speaker, Sir, I cannot repeat what I have said. They are the ones making noise. They should have listened to me!

**Hon. Members:** Aah! Aah!

**The Assistant Minister for Energy** (Mr. Kiunjuri): Mr. Speaker, Sir, to address this problem, My Ministry has commissioned some studies---

**Mr. Sasura:** On a point of order, Mr. Speaker, Sir. Mr. Kiunjuri is not a new hon. Member. Is it in order for him to say that hon. Members are making noise? Do hon. Members make noise?

**Mr. Speaker:** Mr. Kiunjuri, who told you that hon. Members make noise?

**The Assistant Minister for Energy** (Mr. Kiunjuri): Mr. Speaker, Sir, they are consulting in loud voices.

To address this problem, my Ministry has commissioned some studies with a view to addressing the continued uncompetitiveness of the refinery. However, the same have not been finalised.

**Mr. Speaker:** Mr. Kajembe are you going to ask any more questions, or are you happy with the answer?

**Mr. Kajembe:** Mr. Speaker, Sir, I am not happy. In the year 1999/2000, no shareholder was paid dividend by this refinery because it is not viable. Processing crude oil in the refinery is very expensive. The Government has stopped other investors from abroad from investing in oil refining. In his reply he talked of appointment of a commission. When did he appoint this commission and when will it submit its findings?

**The Assistant Minister for Energy** (Mr. Kiunjuri): Mr. Speaker, Sir, the consultant is already commissioned and, in 12 weeks, we shall get his report. However, I would like the hon. Member to note that we require at least US\$43 million to be able to properly rehabilitate the refinery.

**Mr. M'Mukindia:** Mr. Speaker, Sir, I have benefited from working in this refinery for many years, and I can categorically say that there have been feasibility studies whose findings were shelved by the Ministry of Energy.

Could the Assistant Minister assure us that the findings of the study that is going on will not be shelved like all the others in previous years?

**Mr. Kiunjuri:** I can assure you that everything that is commissioned by the NARC Government will be worked on. We must take action!

*(Applause)*

**Mr. Mwandawiro:** Ikizingatiwa umuhimu wa sekta ya umma katika kuongeza ajira nchini; na tukitambua kwamba kubinafsisha hiyo sekta peke yake hakuwezi kutengeneza kazi, je, Serikali ina mipango gani ya kuendeleza na kukuza viwanda vya kusafisha mafuta ili watu waendeleo kupata kazi?

**Mr. Kiunjuri:** Mr. Speaker, Sir, the Kenya Oil Refineries is operational and we are also considering the positive and negative conditionalities in both closing and having the refinery working. I can assure the hon. Member that the Kenya Oil Refineries Limited has already employed 220 people while we already have 300 people working on contract basis; as support staff.

**Mr. Speaker:** Let us have the last question from Mr. Kajembe.

**Mr. Kajembe:** Mr. Speaker, Sir, the Kenya Oil Refineries has caught fire two times in the past. In the first instance, two workers were killed by that fire. Had it not been for the fire brigade from the Kenya Ports Authority and the Mombasa City Council, the whole refinery plant would have been burnt down to ashes, and some people would have been killed. What is the Assistant Minister doing to shift that plant from the middle of residential houses to a place which is very far from the people?

*(Applause)*

**Mr. Kiunjuri:** Mr. Speaker, Sir, I believe that you also agree or sympathise with me. That is a very different Question from what the hon. Member brought and, given more time and a similar Question, I would be able to come and answer it.

**Mr. Speaker:** You are right. Let us now have the first Question by Private Notice from Archbishop Ondiek.

#### QUESTIONS BY PRIVATE NOTICE

##### DEATH OF MR. STEVEN KOJA

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

(a) Is the Minister aware that Mr. Steven Omondi Kojia was killed on the night of 8th May, 2003, by known assailants at Nyamsenda Sub-location, North East Ugenya and his body taken by police from Ukwala Police Station to Siaya District Hospital and that to date the body cannot be traced?

(b) What action has he taken to have Mr. Kojia's killers arrested?

(c) What further action will he take to locate the body for burial and also have those responsible for the loss of the body at Siaya District Hospital apprehended?

**Mr. Speaker:** There was an aspect of this Question that was left unanswered, because the bulk of it was answered. So, I would ask the Assistant Minister to go straight to that aspect.

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

Indeed, the aspects of the Question which were not answered are as follows:-

The mortuary attendant of Siaya District Hospital, from whose custody the dead body disappeared, has been charged in court. The case is due for hearing on 29th August, 2003.

Secondly, one of the two suspects has been arrested and charged with murder.

Finally, the Provincial Medical Officer of Health, Nyanza Province, has been approached to send a team of doctors to take out the body samples of one dead body which has not been identified at the mortuary. A DNA test is to be conducted with a view to identifying this particular body to ensure that it is not the missing one.

Thank you, Mr. Speaker, Sir.

**Archbishop Ondiek:** Mr. Speaker, Sir, looking at the written answer, where there is Case No.794/03, who are these persons who were arrested? The Assistant Minister is not telling us the names of these persons who were arrested. The House would like to know who these killers are and



whether they were arrested. Can he give the answer to the House?

**Mr. Speaker:** They are suspects so far.

**Prof. Kibwana:** Yes, they are still suspects. Under normal circumstances, the names of the suspects are not normally divulged---

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

**Prof. Kibwana:** This is because they are still suspects. But James Otieno Muswa was arrested on 22nd July, 2003, and charged with the offence of murder according to Section 204 of the Penal Code, and he was brought to court on 25th July, 2003.

**Mr. Muiruri:** Thank you, Mr. Speaker, Sir. This is the fourth time that this Question has come to this House, and everyday there are always Questions addressed to the Office of the President, mostly on offences committed by the police and the relevant militia forces. The problem is that these Questions are normally addressed or answered by the Officers Commanding Police Divisions (OCPD), who normally cover their officers. That has been the major problem in this country because---

**Mr. Speaker:** What is your question?

**Mr. Muiruri:** To avoid all this, could the Assistant Minister consider establishing something like the Forces Complaints Commission which should be totally independent, to be able to investigate the offences committed within the armed forces, rather than the OCPDs or the Provincial Criminal Investigating Officers (PCIOs) covering their own men in crimes committed within the armed forces?

*(Applause)*

**Prof. Kibwana:** Mr. Speaker, Sir, it is, indeed, a problem where often police officers take a lot of time to give information on Parliamentary Questions.

Indeed, tomorrow we have summoned senior police officers from the entire country so that we can deliberate on this particular matter, so that we become more effective in terms of answering these Questions. But also, there is going to be a Public Complaints Committee which will also be able to take care of the Questions raised by hon. Members.

**Mr. Too:** Mr. Speaker, Sir, it is very serious that dead bodies can disappear from a mortuary. The Assistant Minister has told the House that the mortuary attendant has been charged. Could he tell us what criminal offence he has been charged with?

**Prof. Kibwana:** He has actually been charged with stealing the body.

*(Laughter)*

**Mr. Speaker:** Let us have the last question from Archbishop Ondiek.

**Archbishop Ondiek:** Mr. Speaker, Sir, I am not satisfied with the Assistant Minister's answer. The Assistant Minister seems not to---

*(Loud consultations)*

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

Proceed Archbishop Ondiek!

**Archbishop Ondiek:** Mr. Speaker, Sir, the Assistant Minister seems to be going round this Question. Even last week the case number was there, but he did not know the person who was arrested.

**Prof. Kibwana:** Mr. Speaker, Sir, in my answer I actually did say that James Otieno Muswa

was arrested on 22nd July, 2003, so I did answer that particular Question.

**Mr. Speaker:** Very well, let us have the next Question by hon. Rai.

ARREST OF MR. MURISA BY UGANDAN  
SECURITY FORCES

**Mr. Rai:** Mr. Speaker, Sir, I beg to ask the Minister for Foreign Affairs the following Question by Private Notice.

(a) Is the Minister aware that Mr. Matai Murisa, an employee of Altigan Transporters, is being held by Ugandan Security Forces since May, 2003?

(b) What urgent measures is he taking to secure his release?

**The Assistant Minister for Foreign Affairs (Mr. Wetangula):** Mr. Speaker, Sir, I beg to reply.

(a) I am not aware that Mr. Matai Murisa, an employee of Altigan Transporters, is being held by Ugandan Security Forces since May 2003.

(b) To be able to assist the hon. Member and the arrested gentleman, I would want to ask the hon. Member to help us by telling us or providing the following information:-

His details which include his home, place of birth, identity card or passport number; his chief's name, employer's details, and further, we need to know his date of entry into Uganda, and if he was on duty, the registration number of the vehicle that he was riding in as he went to Uganda. As it is, it is not possible for us to make further comments.

**Mr. Rai:** Mr. Speaker, Sir, although I hold a different answer from that which the Assistant Minister has just read out, the Question is very simple. Mr. Murisa is employed by Altigan Transporters, a [Mr. Rai] company based in Mombasa. If the Assistant Minister wants the facts, then they are as follows:

Mr. Murisa is a resident of Samburu South Location, Kinagoni Sub-location, his chief is Mr. Morris Dzombo. At the moment, I am only missing his identity card number. He left for Uganda in April this year. His family has been trying to know his whereabouts from the company and up to now---

**Mr. Speaker:** Order! I do not think we are making any progress. I think I will defer the Question. I direct that hon. Rai and the hon. Assistant Minister get in touch and try the best way they can to help this Kenyan and then the Question will come up again. Could Thursday be okay?

**Mr. Wetangula:** Mr. Speaker, Sir, Thursday will be okay. That is alright.

**Mr. Speaker:** So, urgently, the two of you should get together and see how best you can help.

*(Question deferred)*

AWARD OF KTDA TENDER TO  
ROMANIAN COMPANY

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

(a) Is the Minister aware that Kenya Tea Development Agency (KTDA) tendered for the supply of 65,000 metric tonnes of growers fertiliser NPK + S (25.5.5 + 5) where several companies bid to supply the fertiliser?

(b) Is he further aware that instead the Agency awarded the tender to Azumores SPA of Romania, to supply NPK (25.5.5) without competitive bidding leaving out 5% sulphur?

(c) What urgent measures is he taking to ensure that the farmers are not supplied with this fertiliser as it is not suitable for the tea crop?

**The Minister for Agriculture** (Mr. Kirwa): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that KTDA tendered for the supply of 65,000 metric tonnes of growers fertiliser NPK + S (25.5.5 + 5) where several companies bid for the supply of the same.

(b) I am also aware that the Agency awarded the tender to Azumores SPA of Romania to supply NPK (25.5.5) minus sulphur without competitive bidding leaving out the element of 5 per cent of sulphur.

(c) What I would like to confirm to the hon. Members is that while sulphur is a very important component in the growth of tea, our soils, given the research that has been taken, do not require sulphur to be part of the formulations in the fertiliser for the next six years. So, as for now, the issue of sulphur is not a very serious component, but the main problem is on the awarding of the tender.

**Mr. Mwanicha:** Mr. Speaker, Sir, the Minister has told the House that the Tea Research Foundation, which is mandated to do research on the tea crop, has advised that there should be no sulphur. Why then did the KTDA tender for that supply because the difference in price is immense? Why did they tender for the supply of the fertiliser?

**Mr. Kirwa:** Mr. Speaker, Sir, I have said that we have admitted there was a problem and there was some kind of mess in terms of tendering and KTDA has admitted and it appeared before the Committee dealing with matters related to agriculture and said there is a problem. What we are doing now is to address the issue so that it does not arise in the future. What we have said to KTDA is not to flout procedures again when tendering.

**Mr. Keter:** Mr. Speaker, Sir, could the Minister confirm or deny that the Board of Directors of KTDA, and somebody from the Tea Research Foundation (TRF), went to Romania in May after they had tendered and, on coming back, they awarded the tender?

**Mr. Kirwa:** Mr. Speaker, Sir, I do not need to confirm what is public knowledge. What I just need to say is that there was a problem and we have said that what they did should not be repeated. They did go to Romania.

**Mr. Sambu:** On a point of order, Mr. Speaker, Sir. The Minister has clearly said that there was a problem. Is he in order to allow direct flouting of the law by KTDA? Is he in order to allow the KTDA which, is an agency and not an authority, to flout the tendering procedures of the Kenya Government?

**Mr. Kirwa:** Mr. Speaker, Sir, I do not think it is a question of allowing KTDA to flout the rules. The problem is that the horse has bolted and, therefore, what do we do with the stable in future?

**Prof. Olweny:** Mr. Speaker, Sir, the Minister has admitted here that there was more calcium oxide in the fertiliser that was required, almost four times and it is well known that a high level of calcium in fertiliser is not good for tea. What measures will the Minister take to ensure that the quality of our tea is not affected by this fertiliser?

**Mr. Kirwa:** Mr. Speaker, Sir, I have said that the research findings do admit that one, there was a problem in terms of tendering. Two, the chemical formulation, as far as the fertiliser that we have is concerned, is not harmful to tea whatsoever.

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

**Mr. Speaker:** It is Question Time. You will not raise points of order now unless there is fire in Chamber because the problem with hon. Members is that they want to commandeer my eye by rising on points of order.

**Mr. Rotino:** Mr. Speaker, Sir, you have heard the Minister admit that there was a problem in the tendering system. What disciplinary action has he taken against the officers because this mistake will be repeated again? It is not just enough to say that there was a problem in the tendering system. What specific steps is the Minister taking to be able to discipline those officers who caused that

problem?

**Mr. Kirwa:** Mr. Speaker, Sir, for avoidance of doubt, when I realised that this particular problem had occurred, I summoned the entire Board of Directors of KTDA to appear before me. We went through each and every question that had been raised by the Agricultural Committee and the questions that have been raised by hon. Members today. I made my position clear in no uncertain terms that we shall not allow some of these things to take place.

Mr. Speaker, Sir, I have given clear instructions to the KTDA Board of Directors; that anybody under the sun within the Ministry who commits that kind of offence again should know that the Minister has the residual powers to deal with him decisively. They heard that information clearly.

**Mr. M'Mukindia:** Mr. Speaker, Sir, is the Minister aware that the KTDA management claims to be independent from Government control and, therefore, any directives that the Minister may give are likely to be ignored?

**Mr. Speaker:** Mr. Kirwa, I think the following is what is disturbing hon. Members: You said that the tender was badly awarded and it was wrong. Now, hon. Members are asking you: Have you forgiven them?

**Mr. Kirwa:** Mr. Speaker, Sir, you know, as well as I do, that I do not forgive those who flout the rules. We will make sure that even those on the other side of the House are followed to the letter. I have taken action and I have told the Permanent Secretary to do what is required within the powers of the Ministry.

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

**Mr. Speaker:** Order! Mr. Minister, what the House wants to know, and I believe the Kenyans too, is what action you have taken. That is what is disturbing the House.

**Mr. Kirwa:** We have commenced disciplinary action.

**Mr. Sambu:** Mr. Speaker, Sir, Parliament is supreme. Since the law has been enacted, is the Minister in order to flout the law by associating with those who are flouting the laws of Kenya?

*(Applause)*

**Mr. Speaker:** What has he done to flout the law?

**Mr. Sambu:** Mr. Speaker, Sir, he has allowed the Kenyan tea farmers to be cheated and subsequently lose several billions of Kenya shillings by the Managing Director of Kenya Tea Development Agency (KTDA) which is an agency and not an authority. We shall tell the tea farmers not to take the fertiliser nor pay for it!

**Mr. Angwenyi:** Mr. Speaker, Sir, the Minister has said very clearly that there was a tendering problem and that farmers were given the wrong material. What was the cost differential in bringing this substandard fertiliser into the country and how will the farmers recover that cost differential?

**Mr. Kirwa:** Mr. Speaker, Sir, I think we need to be clear here. The fertiliser has got nothing wrong in terms of chemical formulation. What went wrong is the question of tendering. The price of fertiliser is not going to affect the price the farmer is going to pay at the end of the day. It is clear from the tender that whatever was awarded, was awarded to the lowest bidder but the problem is that this bidder had privileged information that they could do without sulphur because there is no problem as far as our soils are concerned.

Secondly, this is a problem that arose in May this year and I wrote a memo to the Permanent Secretary. The memo was clear because the information available to me at that time was the information available to hon. Members of Parliament. I told the Permanent Secretary to carry out investigations on the matters raised with a view to rectifying the anomaly and to advise me accordingly.

The Permanent Secretary did what was required, but the Managing Director of KTDA went against our instructions and opened LC; a situation that we could not reverse given the fact that we had already opened an LC. What I did, therefore, was to ensure remedial measures were put in place so that such a thing does not happen in the future.

**Mr. Sungu:** Mr. Speaker, Sir, the Minister has clearly accepted that there was wrongdoing. Is this Managing Director above the law of Kenya? Why do you not take this person to the Kenya Anti-Corruption

Authority so that he can be charged in court? Could the Minister name the people involved so that we know them?

**Mr. Kirwa:** Mr. Speaker, Sir, I think it has been very clearly stated. The Managing Director involved is Mr. Erick Kimani, the Managing Director of KTDA. It is not a question of being afraid; rather it is a question that we have to follow the law. As it is---

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

**Mr. Speaker:** What is it Mr. Salat?

**Mr. Salat:** Mr. Speaker, Sir, this is the same Government that has declared zero tolerance to corruption. Here is a clear case of a man who has actually participated in corruption. Could the Minister tell us if the man is still in office and what is he doing about it?

*(Loud consultations)*

**Mr. Kirwa:** Mr. Speaker, Sir, I do appreciate the excitement of hon. Members, but as I have said and, I am not under any obligation to say what action I am going to take, the hon. Members are going to get the information.

*(Loud consultations)*

**Mr. Mganga:** Mr. Speaker, Sir, first of all it is wrong for the Minister to say that we are excited. We are not excited; rather we are concerned. We are concerned about this grave matter. The service regulations are very clear in parastatals and government agencies just as they are in the Civil Service. When an officer has committed an offence of that nature, he is suspended---

**Mr. Speaker:** Order! Order, Mr. Mganga! You are making a speech rather than a question, but I am worried about the last statement made by the hon. Minister. Mr. Kirwa, are you saying that you are not answerable to this Parliament? Is that what you are saying?

**Mr. Kirwa:** Mr. Speaker, Sir, what I said is that I have already initiated the requisite action against the people who committed this particular fraud.

**Mr. Khamasi:** Mr. Speaker, Sir, you are right you heard the Minister say that he is under no obligation whatsoever to answer to this House. That is a wrong statement. Can he withdraw that statement?

**Mr. Speaker:** Order, Members! I think as the Chair, if I let that to pass, that a Minister is not answerable to Parliament, I think it is absolutely wrong. You certainly are answerable to Parliament and you may have a reason for not saying what you do not want to say, but you cannot say that you cannot answer a question to Parliament. You cannot say that!

*(Loud consultations)*

**Mr. Kirwa:** Mr. Speaker, Sir, what I did say was that the details of what I am planning to do against those who---

**Mr. Speaker:** What is it?

**Mr. Owino:** On a point of order, Mr. Speaker, Sir. Is it in order for the Minister to speak furiously in this House and refuse to answer the questions asked?

*(Loud consultations)*

**Mr. Speaker:** Order, Members! We all have to be very serious including, the Minister. I think you cannot simply be allowed to get away with it; that you cannot answer to Parliament! You may have valid reasons for not disclosing whatever action you are taking, but you better say that. You cannot tell the House that you are under no obligation. I will not allow that to pass!

**Mr. Kirwa:** Mr. Speaker, Sir, that is not what I implied. What I meant is that I do not want to give more information---

*(Loud consultations)*

Mr. Speaker, Sir, shall I be able to explain myself?

**Mr. Speaker:** Yes, please!

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

**Mr. Speaker:** Order, Members! Who are those hon. Members saying no? I am the Speaker and I have given the Minister the opportunity to explain to the House what he has said. I want to hear.

Now, proceed!

**Mr. Kirwa:** Mr. Speaker, Sir, I am very clear on that point. I know the rules of the House and I know I owe this House an explanation on any matter. I was clear and the only thing I did not come clear on is that there is information that I feel I should not share with the House for now because investigations are still going on.

**Mr. Speaker:** Very well. Mr. Tuju! Sorry, Mr. Mwanicha. I am sorry because of the time now. I will compensate you somehow some day.

*(Laughter)*

Okay, what is it?

**Mr. Mwanicha:** Mr. Speaker, Sir, as you can see all of us are not satisfied with the answer and specifically with regard to the action the Minister is going to take. Can you defer this Question until Thursday so that he can come and tell us what he is going to do?

**Mr. Speaker:** I will not do that. I think what you could do, Mr. Mwanicha, if you are not satisfied with the answer, is to proceed under Standing Order No.18.

### PERSONAL STATEMENT

#### CLOSURE OF MASENO UNIVERSITY

**The Minister for Tourism and Information** (Mr. Tuju): Thank you, Mr. Speaker, Sir. Following allegations made on the Floor of the House last week by hon. Munya, that I am associated with the cause of problems at Maseno University, I beg to make a Personal Statement for the record.

A Memorandum of Understanding was signed between the BITC and Maseno University on 11th July, 2001; exactly two years ago. Under this arrangement, BITC was to operate Information Technology (IT) trade certificate courses in areas that are not covered by the university's Computer Science Department. The BITC also undertook to complete a building within Maseno University that

had been abandoned and was then derelict, at no cost to the university. A trial run on the IT Project was initiated on 26th March, 2002 and has been proceeding since then; based on the memorandum that was approved by the management of Maseno University, passed by the senate of the university and approved by the full council meeting held on 1st March, 2002 and signed by Prof. Bwibo. Copies of the minutes of the same are herewith attached.

Under normal circumstances, I would not have bothered to reply to these false allegations because I realise that it is often quite juicy to drag the name of a Minister in the mud whenever possible. However, since the Vice-Chancellor, Prof. Onyango, has been wrongly accused in those statements as being in partnership with the BITC and he is not here to defend himself, it is incumbent upon me to make this Statement to clear the air. I am Chairman of BITC, a position I am quite ready to relinquish if it amounts to a clash of interest in view of my new responsibilities. Prof. Onyango is not a director or shareholder of BITC. The BITC registration number is C93954 and is in the open file system of the Registrar of Companies' office and any hon. Member is welcome to visit the office and ascertain this membership. N

Mr. Speaker, Sir, no Maseno University student has been forced, from the inception of the programme, to take the IT courses. Indeed, it is an under-estimation of the intelligence of Kenyans that students could have been forced to pay and take certain IT courses against their will.

### MOTION

#### ADOPTION OF REPORT ON NOMINATION OF KACAB MEMBERS

THAT, this House adopts the Report of the Departmental Committee on Administration of Justice and Legal Affairs on the nomination of members to the Kenya Anti-Corruption Advisory Board laid on the table of the House on Thursday, 24th July, 2003

**Mr. Speaker:** We will skip Order No.7 and put it on tomorrow's Order Paper. We will go straightaway to Order No.8

**Mr. M. Kariuki:** On a point of order, Mr. Speaker, Sir. With regard to Order No.7, it was my intention to withdraw that Motion. If you permit me now, I will do so.

**Mr. Speaker:** You wish to withdraw the Motion?

**Mr. M. Kariuki:** Mr. Speaker, Sir, I wish to give reasons.

**Mr. Speaker:** Mr. M. Kariuki, you cannot do that within this time. You can either withdraw the Motion now or---

**Mr. M. Kariuki:** Mr. Speaker, Sir, that is what I intend to do. Standing Order No.44---

**Mr. Speaker:** Order! We are in another Order, Mr. M. Kariuki!

**Mr. M. Kariuki:** Mr. Speaker, Sir, I am trying to---

**Mr. Speaker:** For the management of the House business, it is good for an hon. Member who intends to take a certain procedural issue or position, at least, to have the courtesy of appraising the Chair. The Chair then can also properly address the issue and give advice. But you just do not take me like that. Supposing I say no, what will you do? o, for the time being, to enable you to consult and for us to get the best way out of this, because I understand the problems you face, I will put this matter to tomorrow afternoon. Then you are at liberty to approach the Chair in the Chamber or anywhere you please to get an appropriate guidance.

### COMMITTEE OF SUPPLY

*(Order for Committee read being  
the Ninth Allotted Day)*

**MOTION**

THAT MR. SPEAKER DO NOW  
LEAVE THE CHAIR

Vote 11 - Ministry of Health

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair. This will enable me to initiate debate on Vote 11 - Ministry of Health.

Mr. Speaker, Sir, sick people cannot help in making Kenya a working nation. In order to realise the President's call of making Kenya a working nation, we must endeavour to reduce morbidity among Kenyans, especially that which is caused by preventable diseases. The burden of diseases in Kenya stands as a stark barrier to economic growth and, therefore, must be addressed in a comprehensive development strategy.

*(Loud consultations)*

**Mr. Speaker:** Order! Those who are taking leave from the Chamber, please do so quietly. I reiterate what I said last Thursday: The opportunity to speak will be dependent on your continued stay in the Chamber.

Proceed!

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Speaker, Sir. The mandate of the Ministry of Health is to provide and promote qualitative, curative, preventive, promotive and rehabilitative health care to all Kenyans. This mandate will be fulfilled through direct provision and the collaboration with other health providers in the private, Non-Government Organisations (NGOs) and mission sectors. The Ministry has overall responsibility for the provision and maintenance of health standards in the country. As hon. Members are aware, the September 2000 Millennium Summit of the United Nations, adopted the millennium development goals. The millennium development goals call for a dramatic reduction in poverty and mass improvement in the health of the poor. The National Rainbow Coalition ---

*(Loud consultations)*

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): On a point of order, Mr. Speaker, Sir. There are loud consultations and we cannot even hear what the Minister is saying.

**Mr. Speaker:** Order, hon. Members! This is a Vote of the Ministry of Health. My office is inundated with a variety of Questions relating to health problems. This tells me in clear terms that it is a very important Ministry in the daily lives of our people. Please let us hear, so that we can contribute meaningfully to this debate.

Please continue!

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Speaker, Sir. I will only answer questions which will not be answered in my Speech.

As hon. Members are aware, the September 2000 Millennium Summit of the United Nations adopted the millennium development goals for a dramatic reduction in poverty and mass improvement in the health of the poor. The NARC Government won the election on a similar platform and is



committed to making this pledge a reality. We inherited a health care system that was facing many problems; a system that was under-funded and inefficient. In fact, a study that was carried out by the World Health Organisation (WHO) in the year 2000 revealed that 30 per cent of our health care resources are wasted due to perennial systemic problems in the distribution chain and irrational use of human resources. In order to reduce wastage on drugs, medical supplies and human resources---

*(Mr. Katuku consulted with Mr. Ojode)*

**Mr. Speaker:** Order, Mr. Katuku! Give the Minister for Health an opportunity to move the Vote.

Proceed!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I also want to warn hon. Members that I will not answer questions that I will have answered in this Speech.

In order to reduce wastage on drugs, medical supplies and human resources, my Ministry has embarked on the following:-

(1) Restructuring and reforming the Kenya Medical Supplies Agency to make it a more viable entity. This will enable the Kenya Medical Supplies Agency (KEMSA) to effectively procure and distribute drugs as per its mandate.

(2) Reviewing the drug system to respond to disease morbidity and demand at the district level.

(3) Improving the logistics for drug distribution.

(4) Developing the staffing norms and procuring of necessary tools to enable health workers perform their roles effectively.

Mr. Speaker, Sir, one other challenge that is facing the health sector is the shortage of staff. Currently, we have only 1,100 doctors---

**Mr. Osundwa:** On a point of order Mr. Speaker, Sir. Many Members are consulting in very low tones, but still we cannot get what the Minister is saying.

**Mr. Speaker:** Could somebody bring the microphone close to the Minister?

Mrs. Ngilu, proceed!

**Hon. Members:** Speak from this side!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I cannot speak from the Opposition side. I left that side a year ago.

One other challenge facing the health sector is the shortage of staff. Currently, we have only 1,100 doctors, 2,000 clinical officers and 15,832 nurses in the public sector who are distributed throughout the country. Delivery of appropriate health care services will require an additional 500 doctors, 2,000 nurses and 800 clinical officers to be employed.

Although we understand the rationale behind the current embargo on employment, it is high time my Ministry was exempted from this embargo. The shortage of staff has paralysed operations in some of the health facilities and, in a few cases, resulted into closure.

Mr. Speaker, Sir, this country is facing an acute brain-drain of doctors, clinical officers and nurses. Most of them are leaving for South Africa, Britain and America. The situation affected the health sector to the extent that in 2000, we had only 660 doctors in the public sector. In 2002, a total of 1,000 nurses and 240 doctors left the country. Those who are leaving are the most experienced. The country is losing both in terms of training cost and experience.

Mr. Speaker, Sir, due to the recent improvement of terms and conditions of service for the doctors, we have started witnessing more doctors applying to join the public sector.

Mr. Speaker, Sir, in the 2002/2003 financial year, the per capita public health expenditure was US\$6 million compared to the recommended US\$35 million by the World Health Organisation

(WHO). The bulk of the under-funding was met by households through out of pocket expenditure. In 1998, the National Health Accounts estimated that 53 per cent of health care services were financed by households.

In the 2003/2004 financial year, there has been a slight increase in the funds allocated to the Ministry. These additional resources will be targeted to essential health packages, including purchasing drugs for health centres and dispensaries.

Mr. Speaker, Sir, Nairobi is the home to approximately 10 per cent of the Kenyan population. Although there exists a good network of private health care providers, majority of poor Nairobi residents have no access to health care services. In fact, most of the cases, however minor, are referred to Kenyatta National Hospital (KNH), thereby congesting this referral hospital.

Mr. Speaker, Sir, my Ministry will work closely with the Ministry of Local Government to develop a masterplan for health care delivery in Nairobi and its environs. As an interim measure, my Ministry will provide drug kits to the health centres in Nairobi. These efforts are intended to decongest the KNH. I will be extending similar support to other municipalities.

Mr. Speaker, Sir, as hon. Members are aware, cost-sharing was introduced in 1989 to mobilise additional resources for the health sector. To date, this programme contributes an equivalent of 5 per cent of the Ministry's total Recurrent Budget and 25 per cent of operational and maintenance expenditures.

I am aware that cost-sharing may be acting as a barrier to access health care services for the poor. We all know that 56 per cent of Kenyans are living below the poverty line and, therefore, are unable to access health care services. It is against this background that I have directed that, I repeat here, nobody should be detained in public facilities because of their inability to pay. All collateral that may be held by our public hospitals should be surrendered.

*(Applause)*

In the short-term, my Ministry intends to streamline the waiver and exemption procedures to ensure that no patient is denied access to medical facilities due to inability to pay.

Mr. Speaker, Sir, it is now recognised that user-fees or rather cost-sharing is not a sustainable mechanism of financing health care. It is against this background that my Ministry is developing a framework for the establishment of a National Social Health Insurance Scheme (NSHIS). This will be a long-term agenda which will require new legislation. Already, a draft Sessional Paper and a draft Bill have been prepared. I hope hon. Members will support me when I bring this Paper to the House for legislation. It is expected that the NSHIS will commence on 1st July, 2004.

Mr. Speaker, Sir, the Districts Hospital Management Boards (DHMBs) play a key role in the management of health services at the district level. To make these boards more effective, there is need to train the board members in their roles and responsibilities and define the calibre of people who are eligible for appointments.

Mr. Speaker, Sir, the greatest challenge that is facing the health sector is posed by the HIV/AIDS pandemic. Over 50 per cent of our hospital beds are occupied by patients with HIV/AIDS related complications. The gains which Kenya made in the improvement of health indicators are now being reversed by the HIV/AIDS pandemic. If this situation is not checked, the life expectancy of Kenyans may go down to 35 years by the year 2010.

Mr. Speaker, Sir, as hon. Members will remember, our President has declared total war on the HIV/AIDS pandemic. In support of this declaration, my Ministry, in collaboration with other partners, will continue to play its role in containing this pandemic by providing prevention of mother to child transmission and voluntary counselling and testing services. Although there exists technology and

drugs to manage HIV/AIDS patients, only 10,000 out of 200,000 who qualify for ARVs have access to anti-retrovirals due to their prohibitive costs. Lack of resources has also constrained my Ministry from scaling up the ARVs provision.

I am now happy to inform the hon. Members that we expect to receive some US\$129,000 from the Global Trust Fund on AIDS, TB and malaria for the control of the HIV/AIDS pandemic in the next five years. My Ministry will involve faith-based organizations, private sector and development partners in the control of HIV/AIDS. We must educate Kenyans, and especially the youth, to desist from immoral and irresponsible behaviour and enhance self-control. In addition, we will involve the long distance truck drivers and commercial sex workers in the control of HIV/AIDS pandemic.

The cost of HIV/AIDS treatment has drastically come down, and currently a patient needs Kshs3,000 per month to access the drugs. My Ministry will collaborate with all stakeholders in order to formulate a bulk procurement strategy. An enabling environment will be created to attract funds to manufacture the HIV/AIDS drugs locally. These efforts will further reduce the cost of HIV/AIDS drugs.

Mr. Speaker, Sir, malaria accounts for 30 per cent of the morbidity and 5 per cent of all deaths. What is more disturbing is the fact that malaria is now found in areas that were considered malaria-free zones. Efforts will be made to target the vector by destroying the breeding sites while at the same time the public are encouraged to sleep under insecticide treated nets. I will be launching a campaign on the use of insecticide treated nets and destroying mosquito breeding sites, starting with public health facilities.

Mr. Speaker, Sir, it is the intention of my Ministry to provide an insecticide treated net to every pregnant mother coming for ante-natal services. I strongly urge all pregnant mothers and children under five years of age to sleep under insecticide treated nets. This year, unlike in the past, malaria outbreak has been drastically scaled down because of intensified mosquito control activities alongside provision of anti-malarial drugs. I would appreciate if hon. Members could alert the Ministry of any outbreak in their areas. In future, my Ministry will direct more funds for control of malaria. We have received some US\$34 million from the Global Fund for AIDS, TB and Malaria Control.

Mr. Speaker, Sir, according to the 2003 Public Expenditure Review, 24 per cent of all the resources allocated to my Ministry go towards supporting Kenyatta National Hospital, Kenya Medical Research Institute, Moi Referral Hospital and the Kenya Medical Training College. A further 53 per cent is spent on personal emoluments, leaving a meagre 23 per cent for operation and maintenance, including drugs. As we continue with reforms in the health sector, the development of a financing strategy would be necessary in order to guide the targeting of resources to the most cost-effective interventions.

Kenyatta National Hospital is allocated 15 per cent of this financial year's Recurrent Budget. However, this is not enough to make Kenyatta National Hospital to operate fully as a national referral hospital. To date, Kenyatta National Hospital is facing many problems due to past mismanagement, and unless funds are injected to the institution, it may be forced to close down some of its operational departments. Some of the wards are already holding more than three times their capacity. In order to save the situation, efforts are being made to streamline the procurement system and rationalize the staff portfolio. Kenyatta National Hospital is one of the regional centres of excellence, and receives patients from Eastern and Central Africa. Most of these patients come for intensive care services and heart operations. Deterioration of services at the hospital will impact negatively on its image.

Mr. Speaker, Sir, the contribution of alternative health providers, such as Non-Governmental Organizations, private for profit health providers and traditional health practitioners cannot be over-emphasised. These providers continue to supplement the Government in the provision of health care services. The Government will continue to create an enabling environment for this sector, while at

the same time, the necessary legislation will be developed in order to protect the Kenyan consumer.

One of the most powerful contributors to reduced child mortality is the literacy of mothers, which is itself a product of an education system that ensures widespread access to education for the poor, including girls as well as boys. The investment that the NARC Government has put to provide free primary education will have a long-term positive impact on the health of this nation.

Mr. Speaker, Sir, as hon. Members are aware, the world faced the Severe Acute Respiratory Syndrome (SARS), which threatened to go out of hand. We were lucky that Kenya was not affected. My Ministry will strengthen its preparedness to combat a possible outbreak of the epidemic by constructing quarantine facilities at major airports, other entry points and provision of isolation rooms in selected hospitals. The capacity for surveillance of infectious diseases will also be strengthened in order to contain epidemics in future.

Mr. Speaker, Sir, the focus of my Ministry will be to target resources available on essential health packages which include malaria, reproductive health, HIV/AIDS and TB, integrated management of child illnesses, expanded programmes on immunization and the control and prevention of major environmental health related communicable diseases. The 2003/2004 financial year Estimates reflect this new thinking.

Mr. Speaker, Sir, it is expected that this shift in focus will result in reduced morbidity and assist in shifting resources to preventive and promotive health. In the Development Vote, some funds have been earmarked to rehabilitate the existing infrastructure, although these are not adequate.

I will, therefore, endeavour to undertake a rehabilitation programme based on prioritised needs. For example, when I took office, I was shocked to learn that most of the hospitals in this country do not have alternative water supply.

In order to address this serious phenomenon, my Ministry will sink boreholes in most of the hospitals in the country to create an alternative source of water.

I would like to recognise our development partners who contribute 91 per cent towards our Development Vote. Without such support, it would be very difficult for us to achieve the health sector objectives.

In conclusion, I wish to request this House to approve a gross total of Kshs21,120,252,764 for Vote No.11 of the Ministry of Health. Of the amount requested, Kshs16,004,711,324 will go towards supporting Recurrent Expenditure and Ksh5,115,541,440 to the Development Expenditure.

Mr. Speaker, Sir, I beg to move.

**The Assistant Minister of Foreign Affairs** (Mr. Wetangula): Thank you, Mr. Speaker, Sir. I rise to second the Motion.

The Ministry of Health is asking for Ksh21 billion for the current financial year. Given the central role that the Ministry plays in this country, the amount is visibly inadequate, but, it is a good start. In seconding this Motion, I would like to urge the Minister as she spends the money, to pay attention to several issues that keep recurring both on the Floor of this House and elsewhere.

First and foremost, I would urge the Minister to curb the unnecessary waste that we see in her Ministry. Sometimes it is heartbreaking to keep reading in the newspapers that there are drugs on the shelves of Government hospitals and institutions that are kept until they expire, yet, we have Kenyans in need of them.

Recently, the Minister attempted to reorganise the supply system of drugs in her Ministry. I would like to urge her to move to the district hospitals and provincial hospitals, where most of the rot lies, and streamline the application of drugs that the Ministry sends to these areas. I would also want to urge her to move closer the date she had intended to effect the National Health Insurance Scheme from 2004, which is a little bit far. In the rural areas, many of the people we represent cannot access proper medicare because of lack of money. A proper insurance scheme would help alleviate this problem.

Mr. Speaker, Sir, 40 years after Independence, easily controllable diseases like malaria continue claiming large numbers of lives of our people. I am happy that the Ministry is paying attention to the control of malaria. I would want to urge the Ministry to pay a little more attention to the resurgence of diseases such as typhoid and dysentery which are waterborne. It would be desirable for the Ministry of Health to work hand in hand with the Ministry of Water Resources Management and Development to ensure that there is provision of clean water especially to rural areas where the bulk of our people live. If you go to the villages, you will find that there is a proliferation of the shallow pit latrines. These are made without guidance from the Ministry of Health or the Ministry of Water Resources Management and Development. These shallow pit latrines end up contaminating the springs and wells which *wananchi* rely on for their supply of water. I think that the Ministry of Health will do us a good turn if it concentrated on the rural areas, in advising *wananchi* to boil water from whatever source, before it is put into domestic use.

Mr. Speaker, Sir, I would also want to urge the Minister for Health to consider supplying and providing ambulances to as many hospitals and areas as possible. In the rural areas, we have situations whereby people simply pass away because they cannot reach the nearest health centres. The provision of an ambulance to an average of one per division or if possible one per location, would help a great deal in saving lives. When such ambulances are provided, I want the Ministry to pay attention to the way they are managed because if you go to the rural areas, once an ambulance has been handed over to the health centre, it becomes the private property of the doctor or clinical officer in charge of that area. He or she uses it the way he or she wants. This kind of management should be streamlined. It is necessary for *wananchi* to get the services that they deserve.

We have been hearing about the resurgence of cases of tuberculosis (TB). I am happy that the Minister has stated clearly that she wants to pay more attention to the prevention of the resurgence of TB and the treatment of patients suffering from the same disease. At one time, WHO had passed word round that TB was about to be wiped out. Now, we hear it has emerged with full force. I think that our country needs to pay full attention to wipe it out once and for all. TB is a disease that can be communicated very easily and it is desirable that we control it as quickly as we possibly can.

Mr. Speaker, Sir, child mortality in this country is still a problem. We have problems, especially in the rural areas and the poor neighbourhoods of our urban centres where children die because of lack of adequate care either ante-natal or post-natal. I think that it is necessary that the Ministry of Health pays attention to that, so that we can have a healthy nation.

His Excellency the President declared Kenya a working nation. A working nation must go hand in hand with a healthy nation. If Kenyans get adequate medical care, then we will be able to redouble our productivity and come out of the economic problems that we have.

Mr. Speaker, Sir, the Minister has mentioned the issue of brain drain that is a nightmare to the health institutions. Indeed, if you go down south, whether to Lesotho, Botswana, South Africa, or any other country in the south, the bulk of the manpower in their health institutions is from Kenya. I do not know whether these Kenyans are leaving the country because the doctors are inadequately remunerated. If it is so, I would like to urge the Minister to look into the possibility of improving the terms and conditions of service for members of staff of her Ministry. Everywhere you go, even in Europe, you will find Kenyan nurses there. If you ask them what they are doing there, they will say they are looking for greener pastures. I am sure we can create greener pastures here so that we do not lose them.

Mr. Speaker, Sir, Kenyatta National Hospital (KNH) is a referral hospital and we also have another referral hospital in Eldoret. I think it is necessary for the Ministry to try as much as possible to have extensions of the KNH in at least every province or region where we have lots of people that require attention at the referral level. It is very expensive for people from places like Turkana, Mandera, North Eastern Province, or many other parts of the country, to be brought to the KNH for

referral cases on matters that can be dealt with at the provincial level. I think we have allocated enough money under Recurrent Expenditure for the Ministry to try and set up some units of the KNH in areas where people can get better attention. We have the Kenya Medical Training College, where an hon. Member of this House was a principal for a long time. That is one of the most abused institutions in the Ministry of Health. This is an institution that trains medium and low level technicians, nurses and dressers in the Ministry. These are people who are relevant to virtually every single village in the country. During previous years, intake into this institution was so skewed, lopsided and inequitable that many parts of the country were not able to get any admissions to it. You would find, at a glance, that half of the intake came from one ethnic community, district or geographical area of the country. I want to urge the Minister to ensure that this institution serves Kenyans equitably and properly. I would like to see a situation---

**Mr. Speaker:** Your time is up.

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): Mr. Speaker, Sir, my time is up. I will finalise by saying that the Minister must reorganise the intake at the KMTC so that we can all benefit.

Mr. Speaker, Sir, I beg to second.

*(Question proposed)*

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

**Mr. Speaker:** Mr. Maore, are you going to be the Official Responder?

**Mr. Maore:** Mr. Speaker, Sir, the Official Responder is not here and I am able to do it for the remaining time.

**Mr. Speaker:** So, are you going to be the official spokesman?

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

**Mr. Speaker:** Very well. By the way, before he speaks, can I tell the House this: I have kept records. We will continue to update our records to ensure that those hon. Members who stay here will have a chance to speak. We will also ensure that those hon. Members who go to do their businesses, return at 5.30 p.m. and hope to get a chance to speak do not get that chance. I wish to say further that the record we keep today will be carried over to tomorrow, so that we have a debate because we have been having a monologue. People go out and when they come back, they do not know what others have said. They then speak from a position of ignorance.

Proceed, Mr. Maore!

**Mr. Maore:** Thank you, Mr. Speaker, Sir, for the opportunity to say a few words about this Vote. During debate on the Vote on Account for this year, the Minister said a few things that need to be clarified. It is only fair that we differentiate between the political promises by a political party during the electioneering period and what the Government can actually deliver or what is practical. I have this issue about the National Social Health Insurance Scheme (NSHIS) in mind. It is a very catchy phrase for campaigning. If you want to have free health care, more research needs to go into it. It is only fair to compare ourselves with countries like the Scandinavian ones, namely Sweden, Norway and Denmark, which have social health care systems. If we compare ourselves with the United States or the United Kingdom, you will confirm that Jesus' statement, of 2,000 years ago, that the poor will always be with us, is true. You cannot have a country that provides free medical care. It is not practical. The only practical thing to do is for the politicians to wake up one morning and start telling their countrymen: "We are sorry. We were just asking for your votes and some of these are not practical. *Maisha huwa namna hii.*"

*[Mr. Speaker left the Chair]*

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

Mr. Temporary Deputy Speaker, Sir, a link between the National Hospital Insurance Fund (NHIF) and the NSHIS should not be allowed at any one time. The NHIF is a contributory scheme for the Kenyan worker. Those people who work and are on wages are the bulk of the contributors to the NHIF. If the Government wants to expand the NHIF to be the NSHIS, I would caution it to be careful about it. It may not work. It may not be practical. If we are looking for a NSHIS, we are not afraid of it. Let us establish one. Let workers continue with their current health insurance scheme. When the new one works, we can introduce an amendment to the NHIF Act and amalgamate it with the new scheme that the Government has envisaged. My reasoning is that the NSHIS has not been well thought out or researched. We are not fighting it for the sake of it. It is a good idea, but we are just saying it should not be merged with NHIF.

Another issue is that of the Kenya Medical Supplies Agency (KEMSA). There has been tales of attempts to reform and refurbish it. We would like to commend the Minister for reshuffling the leadership of KEMSA at both the management and board levels. We insist on genuine reforms in this agency. It is actually at the heart of the work of the Ministry.

There has been a lot of interest from the donor community to fund the NACC. However, they insist on its autonomy so that it can come up with its own business plan and set up its own budget. There has been resistance from other Ministries that happen to be interested in areas where there is potential for big money. The Treasury believes it is the centre of the universe. When it comes to parastatals that have money, the Office of the President believes it is the centre of the universe and it must have direct control. As a result, organisations like the European Union (EU) who have been very much interested in funding the operations of the Kenya Medical Supplies Agency (KEMSA) have problems dealing with the Ministry. The Ministry is not able to put up the necessary infrastructure within KEMSA so that donors can actually fund them. There is no donor who wants to put his good money into bad use. As of today, KEMSA is just another department in a sucking bureaucracy of the Ministry of Health. Nobody is interested in funding it.

Mr. Temporary Deputy Speaker, Sir, there are organisations that fall directly under the Ministry. These are the Kenya Medical Association (KMA) and the Kenya Medical Practitioners and Dentists Board (KMPDB). They are unable to rein in their own colleagues who happen to be quacks. Three years ago, I gave examples of illegal clinics in my constituency. We have some fellows who have never been to a medical school at all, but they are operating clinics and dispensing medicine. The moment I raised this issue with the Medical Officer of Health (MOH), money changed hands and the same guys are still running those clinics. Those clinics have never been closed down for more than a day. After the extortion exercise was over, it is now business as usual. I would urge the Minister to come up with the necessary amendments to the KMA Act so that we do not have the safety of Kenyans jeopardised by members of the medical fraternity who are ill-equipped or ill-trained to handle certain kinds of operations. Even though we do not want to talk loudly, you will find that operations like the one that was purported to have been done at Thika District Hospital, without adequate equipment, was a delicate one. Unfortunately, Mr. Wahome Mutahi passed away. Many Kenyans actually are dying every day at the hands of doctors who would try to stitch a wound even though the fellow is a dentist. I want this kind of organisation to be handled with a lot of care.

Mr. Temporary Deputy Speaker, Sir, another issue is the one that we did complain some two weeks ago with regard to the National Aids Control Council (NACC). It should be debated under this Ministry. It is unfair for us to lament about the HIV/AIDS scourge, yet the Minister for Health is not

in charge of the NACC. The statistics that 700 Kenyans die every day from HIV/AIDS pandemic are outdated and absolutely false. Those are statistics of 2000. There is no way that figure can remain constant. I believe that the HIV/AIDS scourge is having a heavier toll on Kenyans per day than what the Government statistics show.

Another obscene issue I would like to talk about is the remuneration for the Director of the NACC. She earns Kshs2 million every month. This is a rip-off. I do not believe that this officer works as hard as the Director of Medical Services, the Head of Public Service, or the Minister. So whoever awarded that officer that amount of money, be it the PriceWaterHouseCoopers or the other auditors, maybe they did so with the intention of siphoning money because they were aware that it is from the United Nations (UN), the Global Fund or other agencies. Now that it is in the hands of Government, that figure should be brought down to a reasonable amount.

Mr. Temporary Deputy Speaker, Sir, on the issue of anti-retroviral drugs, when the Government talks about the availability of anti-retroviral drugs should make sure that this does not cause unnecessary anxiety leading to promiscuity. It should not make people start to think that there is a cure for HIV/AIDS scourge. We all know that the anti-retroviral drugs are only supposed to restore some energy and vitality to HIV/AIDS victims. It is not a cure for HIV/AIDS pandemic. We know of some Kenyan leaders who contributed to the death of many Kenyans when they pretended to launch *KEMRON* and *Pearl Omega* drugs some ten years ago. Our people started to behave in a way that they would not wish not to behave, because they thought those drugs were the cure for the scourge. Those drugs were just conduits for people to siphon money just like the Goldenberg scandal. So, we do not want the Ministry at any one given time, even when the anti-retroviral drugs are available, to tell the public that there is a cure for HIV/AIDS scourge until they are sure that there is a cure.

Mr. Temporary Deputy Speaker, Sir, there is another problem I would wish the Minister to deal with. There are donors who would like to expand markets for their manufactured goods. These donor communities are likely to go through the International Monetary Fund (IMF), the World Bank and the European Union (EU) and put in some conditionalities. For example, they may give us Kshs50 million for the control of tuberculosis, HIV/AIDS pandemic and other diseases, but then, in the process, ask the Government to procure condoms worth Kshs20 million. It would not be fair or acceptable for the Minister to tell us that they are being forced to buy condoms. If those donors want us to buy condoms worth Kshs20 million, we should let them keep them and use them themselves. We do not need them. We need the money to buy the anti-retroviral drugs and to control the rising cases of tuberculosis and help us with the out-patient health care and other major health care needs. We do not want condoms.

Mr. Temporary Deputy Speaker, Sir, another issue that we would like the Ministry to put a lot of emphasis on is research. I know that we have the Kenya Medical Research Institute (KEMRI), but we need to put a lot of emphasis on research on tropical diseases which the Centre for Disease Control (CDC) in Atlanta may never come across. Those who have studied tropical medicine will tell you that if you procure or you are lucky to get malaria, you will land somewhere in America. By the time they do the bureaucracy of getting clearance from the CDC, you will be dead. So, we have very good facilities, doctors and researchers. I would like the Ministry to support research with the same enthusiasm as it supports other sectors or departments in the Ministry.

I appeal to the Minister to visit some health facilities in this country. A lot of them are run down and dilapidated. The main part of the problem is the maintenance department in every health institution. There are basic things like just using water and paint to make an institution to look like a health care institution. Instead, some of them look like some shackles in the slums. It is sad that some buildings housing the MOH have never been painted in the last five years. So, I would urge the Minister to make sure that we have real health institutions in this country.



Mr. Temporary Deputy Speaker, Sir, another issue is about the Health Management Organizations (HMOs). They are very delicate and critical in the provision of health care in this country, especially on the cost. We would like the Minister for Health to liaise with the Treasury so that they can evaluate the financial base or technical capacity of all the HMOs. We do not want a situation where in the middle of the year, they tell their clients that, if you have paid within the last 90 days, we can refund the money. I am sure you have seen something like that over the week. This is a serious flaw on the side of the Government. They should be able to rein in any HMO that collects people's money to help them offset their hospital bills. In the middle of the year when you are sick, if you go there, they start other stories. If they go under, let them do so alone but not with public money. If they go under with public money, that is a mistake of the Government and not of the public. The Government has got the infrastructure to evaluate and sort out the comen and women in the HMOs from the genuine health care providers. They should be forced to have reinsurance so that they do not shoulder the burden alone and end up being over-exposed to a lot of expenditures that should be carried by another reinsurance company, and mostly overseas.

Mr. Temporary Deputy Speaker, Sir, another major issue is similar to the one we had with the Ministry of Roads, Public Work and Housing where several engineers who have their own companies award themselves contracts. For a long time, there has been a problem of doctors in public employment having their private clinics or hospitals. Many of them divert the facilities in Government hospitals to their private use. It could be theft or corruption. We want very strict measures enforced to make sure that those doctors who are in public service only stick to the public service. The Minister should adequately remunerate the doctors, clinical officers and nurses so that they can live on their salaries alone and not on the proceeds from their private clinics.

Mr. Temporary Deputy Speaker, Sir, the people who want to join the health profession and eventually, take the Hippocratic Oath, which is not taken by the other professionals, should set a good example by sticking to the vows of their profession. The Government might also ask those who want to join the profession to sign, for example, a seven year contract with the Government before they resign and go to private practice. That should include even those who want to quit. You do not quit after you have been educated at the expense of the taxpayers' money and then you are not able to offer service to the same public.

For example, in America, medics who want to serve in remote areas like North and South Dakota or Eastern Kentucky or West Virginia State, have special programmes with the Government. Their training costs in the universities are waived by the Government in exchange for the service in those remote areas where not many other people want to go. They are also paid higher. When many of my colleagues from those arid and semi-arid areas will talk, you will hear tales of people from upcountry who do not want to go and work there. But with proper incentives, you will find very many Kenyans competing to work in Wajir, Mandera, Moyale and other ASAL areas.

Mr. Temporary Deputy Speaker, Sir, it cannot be said that one day you will wake up and find doctors in those areas who are willing to work there without the Government making deliberate efforts to encourage the young doctors, who, maybe, have not started their families or have other responsibilities, volunteering to work there for three or four years in exchange for some privileges or experience. This is an area which the Government could explore to make sure that we have equitable development in this country.

Mr. Temporary Deputy Speaker, Sir, another issue is about co-ordination in Government Ministries especially between the Ministry of Health, the Office of the President and the Ministry of Trade and Industry over the illicit brews. Most of the traditional liquor is not harmful to our citizens. But when you put in foreign chemicals, they end up with toxic components. We would like to ask the Minister to liaise with the Office of the President and the Kenya Bureau of Standards (KEBS) to make sure the health of Kenyans is not jeopardized by people who want to make quick money. The desire to

make quick money cannot be stopped by rhetorics. It has to be enforced by strong laws in our country which will make sure that if anybody produces any edible products that are harmful to the health of the other users, action is taken against the culprits. But the trouble in Kenya is that after those who manufacture those harmful brews are arrested, the arresting officers ask them: "*Sasa, umetengeneza nyingi, nichotee zangu*".

**The Temporary Deputy Speaker** (Mr. Khamasi): What are you talking about, Mr. Maore?

**Mr. Maore:** Mr. Temporary Deputy Speaker, Sir, I was just quoting a phrase. It was not in Kimeru; it was in Kiswahili!

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, I want to support the Minister to get the money she is requesting Parliament. Also, I wish to add that, by next year when she will be coming to talk about the National Social Health Insurance Scheme, she should make sure that it will not be at the expense of the National Hospital Insurance Fund (NHIF). Then, she will get all our support if she comes up with a well researched and documented policy paper.

With those few remarks, I beg to support.

**Mr. Kamotho:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me a chance to contribute to the Vote of the Ministry of Health.

From the outset, I would like to say that I support the Vote of the Ministry of Health and state very clearly that I do not think that this Ministry was adequately financed by the Government. In the whole country, we have dispensaries which have been built by *wananchi* through self-help but they have not been opened for years and years. Even those that are open have no adequate staff and medicine. I would like to request the Minister for Health to come up with a policy of ensuring that all dispensaries and health centres, which have been built by *wananchi* through self-help groups, are opened, staffed properly and provided with adequate drugs. Secondly, I think this country is suffering a lot from diseases which are immunizable. The Ministry should come out very clearly, and ensure that all *wananchi* are immunized against immunizable diseases. If we do that, we shall have control over some of those diseases like many other industrialised countries.

Mr. Temporary Deputy Speaker, Sir, I would like to address the issue of the National Aids Control Council (NACC). It is only fair that the NACC is placed under the Ministry of Health. There were complaints during the previous Government, and even under the current NARC Administration. I do not see any sense of placing the NACC under the Office of President. The Office of the President has no scientific or technical capability of supervising HIV/AIDS control in the country. As we all know, that money, most of which comes from donors, has to be spent in a transparent and accountable manner. There are places where 15 people are asked to join hands and form a group with the chief being the chairman and the sub-chief a member, and they are given money pretending that they are doing something to control HIV/AIDS. That money just goes to waste. There are institutions like the children's homes for orphans which are genuine. There are schools with hundreds of orphaned children. This country should be more focused and ensure that HIV/AIDS funds are used to pay secondary school and university fees for children orphaned by HIV/AIDS. That kind of money can easily be accounted for. But if it is "briefcase money" for HIV/AIDS *na ya kula mbuzi hapa na pale*", I do not think we will be doing the right thing. The money for HIV/AIDS should also be spent for providing medicine and employing adequate staff in all hospitals, dispensaries and clinics in the rural areas. It should also be used to provide adequate food security to some of the schools where most of those orphans are taken, and also homes for orphaned children. So, I do not see any sense of putting that organisation under the Office of the President. The Office of the President is primarily supposed to take care of development co-ordination and security, both internal and external. When it comes to

matters of health, they should be left for the Ministry of Health. The Minister should be answering Members' Questions on HIV/AIDS matters.

Mr. Temporary Deputy Speaker, Sir, the other point is about mission hospitals. Last year, the previous Government gave ambulances from the National Hospital Insurance Fund (NHIF) to public district hospitals and a few selected mission hospitals. I would like to request the Minister for Health to ensure that all mission hospitals have ambulances, equipment, support staff, drugs and other required amenities. That is because they serve *wananchi* indiscriminately. That would enable them to lower their charges. The Government should also assist mission hospitals which have put up the infrastructure, so that they can compliment Government's efforts in fighting diseases, particularly HIV/AIDS.

Mr. Temporary Deputy Speaker, Sir, I ask the Minister to look into the terms and conditions of service of doctors and support staff in public hospitals. This country is losing many highly qualified doctors and nurses to industrialised countries. That is so because the remuneration of our medical staff is not competitive. We need to address that issue very critically. If we continue spending a lot of money training doctors and nurses and, immediately after they graduate from colleges and universities, they go the United Kingdom, United States of America, South Africa and other countries, that is a big loss.

With those few remarks I support the Vote of the Ministry of Health.

**Dr. Shaban:** Thank you, Mr. Temporary Deputy Speaker, Sir. The Minister for Health should be supported in order to improve health services in our country. A few things should be included in the Printed Estimates the Minister has highlighted.

Our medical personnel, just as my colleague has said, are poorly remunerated. The doctors' basic salaries range from about Kshs10,000 to Kshs26,000. This is peanuts. The Directorate of Personnel Management (DPM) and the Ministry of Health officials held many meetings last year before they introduced some allowances which made the doctors a bit comfortable. One such allowance is called "non-practice allowance". A non-practice allowance ranges from Kshs20,000 to about Kshs50,000. This allowance increased the earnings of doctors from about Kshs30,000 to Kshs81,000. It is a pity that the non-practice allowance paid to medical consultants has now been removed because it is said that they are practising privately. A medical consultant is allowed to practise part-time. These consultants are issued with a part-time licence to enable them practise, maybe, over lunch time or in the evening. Medical consultants at the Kenyatta National Hospital (KNH), and other Government hospitals, are usually on call 24 hours a day. So, it does not make sense for the Ministry to introduce a non-practice allowance for doctors and then have it removed as happened recently. These doctors have lost between Kshs40,000 and Kshs55,000. This has made consultants earn less than intern doctors.

Mr. Temporary Deputy Speaker, Sir, in order to make medical consultants work in our country, where they have been trained - the Government has spent a lot of money to train them - it is important for the Government to start paying them non-practice allowance again. This is because if they are not paid this allowance, they will seek greener pastures in other countries. The Minister for Health has pointed out very clearly here that there has been a brain drain of medical personnel in our country. She has said that our medical personnel have run to other countries which offer them attractive remuneration.

It is also important that other medical personnel are paid better allowances so that their earnings can be a bit higher. If you look at the salaries some of these medical personnel earn, you will discover that they earn very little money per month. Nurses' salaries range from Kshs6,000 to Kshs26,000 because they are not paid transport allowance, which is supposed to be paid to all medical personnel. Doctors are paid Kshs1,370 transport allowance, while other medical personnel are not. Even the Kshs1,370 transport allowance doctors are paid per month can only buy them a Kenya Bus

Megarider ticket. If this allowance is paid to other medical personnel, they will use it as fare to their places of work.

Mr. Temporary Deputy Speaker, Sir, our medical personnel are deployed in a pyramidal way. We have specialists, who are less than 20 per cent of the doctors in this country, at the top. You can see how many medical consultants we have in this country if they constitute less than 20 per cent of the 1,100 doctors the Minister for Health has said we have in our country. At the bottom of the pyramid, we have other medical personnel. So, it is important for the Government to increase their remuneration so that it can retain them in our country. Clinical officers also earn low salaries just like nurses.

There is an allowance paid to medical practitioners called "risk allowance". It is not only the doctors who are exposed to the danger of contracting diseases, but also nurses, clinical officers, laboratory technicians and physiotherapists. Whoever comes in close contact with patients is usually exposed to the danger of contracting a disease. Medical personnel should be paid the same risk allowance. If the risk allowance is Kshs10,000, it should be paid to all medical personnel in the Ministry of Health.

On the budget, I would like to commend the Minister for Health for introducing in her Ministry the Safe Motherhood Initiative, whose allocation has been increased by about ten times. That is a plus for women in this country. I wish she had allocated more money to this Item. Giving birth is supposed to be a physiological process, and people are supposed to be very happy when a baby is born. But giving birth has become a nightmare in this country because many women have died while giving birth. Expectant mothers in some rural areas are driven for, maybe, 100 kilometres or 150 kilometres to a district hospital or a dispensary because there is no medical facility near her home where she can have a safe delivery. So, it is important that the allocation to this Item is increased to enable the Ministry of Health offer better health services to expectant mothers.

I would now like to touch on HIV/AIDS. In the Printed Estimates, there is the Special Global Fund Against HIV/AIDS, Malaria and Tuberculosis. There is also the Kenya HIV/AIDS Prevention and Care Programme and the HIV/AIDS Prevention and Control Programme. All these programmes appear to be different, but to me they are one and the same thing, and should be put under the same Ministry. There is also the National Aids Control Council (NACC), which should be transferred from the Office of the President to the Ministry of Health. This is because it is the Ministry of Health which has infrastructure and medical personnel who can take care of HIV/AIDS patients and come up with preventive measures. This is the Ministry which can work together with the NACC officials in the fight against HIV/AIDS.

Quite a number of district hospitals have transport problems. Where district hospitals have ambulances or vehicles -some of them are not really ambulances - those vehicles are either grounded, or if they are in a working condition, the hospital does not have money to fuel them. This makes *wananchi* give out money to fuel these vehicles so that they can transport their patients to the nearest hospitals where they have been referred to. For example, in my home area, people have to travel all the way either to Voi District Hospital, which is 110 kilometres away or to Moshi, which is 50 kilometres away, for treatment.

When people from my constituency go to Tanzania for treatment, they are told to pay a Kenyan Shilling for every Tanzanian Shilling. Tanzanians are tired of our people seeking treatment in their country, and I think they are trying to pass a message to us. They are asking: What are you doing about your medical services? This is because a treatment which costs about Kshs150 here in Kenya costs Tshs3,000 but you end up paying Kshs3,000 when you cross over to Tanzania. So, this makes our people really suffer. If they are told to pay in US Dollars, again, the amount payable will be worked out in Tanzanian currency. The Minister for Health, should, therefore, address the problems facing all district hospitals, especially the ones along our borders.

Tenders in our districts hospitals are awarded irregularly. You will find civil servants working in district hospitals advertising tenders, awarding themselves the tenders and paying themselves. There is need for the Minister for Health to come up with new policies to ensure that civil servants are left out of the tendering process. Civil servants cannot advertise tenders, award themselves the tenders and pay themselves!

*(Applause)*

Mr. Temporary Deputy Speaker, Sir, it is very difficult to find a district hospital where everything is working. People travel many kilometres, even at night, to reach health centres because we do not have them in most areas. Most rural areas have dispensaries, which do not operate at night. This forces people to take their patients to the district hospitals. Sometimes when they arrive at the district hospitals, they are referred to another hospital, and in the process many of our people die on the way. This is because people who have contracted diseases, for example, pneumonia cannot stay for long without treatment.

There is also need for the Minister for Health to give emphasis to rehabilitation of district hospitals so that we can decongest the KNH which has very many patients. A ward at the KNH is supposed to accommodate about 32 patients but it ends up accommodating up to 140 patients. While improving conditions at district hospitals, it is also important to put a lot of emphasis on rehabilitation of health centres so that they can also operate at night. If this is done, patients will attend them for treatment and this will help decongest our district hospitals. In the 1960s, we had medical kitties which were useful, but which are useless now. This is because 50 or 60 per cent of the patients you find in hospitals suffer from HIV/AIDS related diseases. I wonder why the Ministry of Health does not put HIV/AIDS drugs in those kitties to avoid wastage. The Minister complained even the other day that the Kenya Medical Supplies Agency (KEMSA) stores have a lot of drugs which are not used. This is because the kitties are not up to date.

Thank you very much, Mr. Temporary Deputy Speaker, Sir.

I beg to support this Motion.

**The Member for Lugari** (Dr. Kibunguchy): Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this chance. First of all, I think this is the first time I am speaking in this House and, therefore, I will introduce myself.

**The Temporary Deputy Speaker** (Mr. Khamasi): Hon. Members, he is speaking for the first time. This is his maiden speech and we will give him attendance.

**Dr. Kibunguchy:** My name is Dr. Kibunguchy, and I am the Member of Parliament for Lugari Constituency, Lugari District.

**Hon. Members:** Kiboko ya Jirongo!

**The Temporary Deputy Speaker** (Mr. Khamasi): Order! Order, hon. Members! Let us give him time.

**Dr. Kibunguchy:** Mr. Temporary Deputy Speaker, Sir, I am a medical doctor by profession. I have been waiting for this time to speak because I thought I can speak without interruptions.

First of all, before I make any contributions on the Ministry of Health, I would like to commend the Minister for bringing the proposals of the Ministry. However, I have a number of issues to raise. One of them is that the Ministry of Health is spending a lot of time in curative care. I think we have abandoned preventive care in this country. I remember in the late 1970s and early 1980's, we used to have a lot of talk about primary health care. If we can go back to the principles that we used to have on primary health care, we could move a little further.

Secondly, I would like to echo the sentiments raised by hon. Members that medical personnel

in this country are not adequately remunerated. I remember we used

*(Applause)*

to be told in the medical school that a doctor is not supposed to be tired, hungry or sick. That means that a doctor is supposed to be available for 24 hours. But we are not remunerating our doctors for 24 hours! They are paid as people who work from 8.00 a.m. to 5.00 p.m. Doctors and other medical personnel work under very hostile and difficult conditions.

We are now talking about HIV/AIDS, Hepatitis B, Tuberculosis and other conditions. All those conditions can affect doctors and other medical personnel. When we look at the remuneration for health workers, all those factors should be taken into consideration. We should come up with a package to cover the circumstances that they work in.

I would like to appeal to the Minister that time has come for her to come up with a clear package for medical personnel in this country. That will prevent the brain-drain that we are talking about. We can scatter around the problem, but we all know it boils down to the fact that our medical personnel are not paid well. I think time has come for us to face that fact. Unless we move them slightly away from other public servants, and treat them as a special category of public servants, nothing will improve.

Mr. Deputy Speaker, Sir, I would now like to speak about HIV/AIDS. First of all, I would like to say that the National Aids Control Council (NACC) cannot take credit for the reduction in the prevalence of HIV/AIDS in this country. I would like to put it on record that the reduction in the prevalence of HIV/AIDS in this country is a result of efforts by Kenyans themselves. Wherever you come from, you have had a neighbour or a brother or a sister or a cousin who has died of HIV/AIDS. So, the people have learnt that HIV/AIDS is with them and that it kills.

The NACC should go to the Ministry that has something to do with HIV/AIDS.

HIV/AIDS is primarily a medical problem. If you say that it has so many other social aspects, I will tell you that all diseases have social aspects.

If somebody dies of malaria, you will have lost a father or a mother or a son or a daughter. That is also a social aspect of the disease. There are many others. So, we cannot run away from the fact that HIV/AIDS is primarily a medical problem. If the money that goes to the NACC was channelled through the established channels in the Ministry of Health, we would cut down the more than 90 per cent of the Ministry's Budget that goes towards paying salaries and meeting other expenses and use it to tackle the actual problem, which is HIV/AIDS. So, I would like to join my colleagues who have put up a spirited campaign to have the NACC removed from the Office of the President to the Ministry of Health.

Mr. Deputy Speaker, Sir, let me not forget my constituents. In Lugari, like in many other places, we have a lot of problems as far as medical care is concerned. Lugari does not have any meaningful hospital or health centre. All the facilities that we have, have been run down. I am sure that the case is the same in so many other places. Today, the Minister said that all hospitals have ambulances, and that she is going to sink boreholes at all the hospitals. I would like to tell her rightaway that, first of all, Lugari does not have a district hospital. Secondly, we do not have the ambulance she was talking about. I do not know to which area the ambulance went.

As much as we appreciate the fact that she is going to sink boreholes at all the health facilities in this country, I would like to urge that, as far as Lugari is concerned, rather than sink boreholes, we have River Nzoia, which is not very far away. Maybe, we can make other arrangements rather than sink a borehole. With the many pit latrines found all over the constituency, borehole water cannot be safe. If we harness the water of River Nzoia, we can go a long way in providing much safer water for the people of Lugari.

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

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

Mr. Temporary Deputy Speaker, Sir, I would now like to say something about the Ministry of Health. In Lugari, people used to joke that we had a soldier who was at one time the Minister for Health. On the run up to the last general election, the National Rainbow Coalition (NARC) promised to have Ministers who would be relevant to those Ministries. That was one of our campaign pledges everywhere in the country.

I am saying this with all due respect; I am not attacking anybody. If we are to move forward and avoid embarrassing roadside pronouncements, people should be appointed to head Ministries that are relevant to their fields of training.

For instance, there are so many medical doctors in the Cabinet. I am sure that the President, in his wisdom, should be able to move the medical doctors who are in the Cabinet to the Ministry of Health. That way, we can avoid embarrassing situations as was witnessed the other day when we were talking about the supplies office.

Mr. Temporary Deputy Speaker, Sir, suddenly, people are being moved from elsewhere to that Ministry even though they do not know simple things such as the period of time during which a drug can be viable after its expiry date. As a qualified person in that line, one should be able to tell that; there is always a period of time within which you can use an expired drug without it being harmful to the body.

I am sorry to say that sometimes you find Ministers bulldozing. There are Ministers who are pushing around Kenyans. That is not right. So, time has come---

**The Temporary Deputy Speaker** (Mr. Ethuro): Your time is up, doctor!

**The Member for Lugari** (Dr. Kibunguchy): Mr. Temporary Deputy Speaker, Sir, I beg to support the Motion.

**Mr. Angwenyi**: Mr. Temporary Deputy Speaker, Sir, I thank you for giving me a chance to contribute to this important Motion.

First of all, I would like to make it clear that Ministers are supposed to be managers. The professionals are the technical staff that support the Ministries.

*(Applause)*

We had Prof. Sam Ongeri, who is a professor of medicine, as the Minister in charge of health services in the last Government. You know how much he messed up that Ministry. In fact, he messed it much more than the retired general that was once appointed to head it. So, I want to make that point clear right from the beginning.

Mr. Temporary Deputy Speaker, Sir, when we achieved Independence, we embarked on three goals, which were to remove ignorance, poverty and diseases from the people of Kenya. By and large, by the time the late President Kenyatta passed away, we had achieved substantially on each of those goals. In fact, we continued achieving those goals until about 1989, when some people in the former Government decided to destroy Kenyans. First, all of a sudden, these people came up with the cost sharing programme to ensure that poor Kenyans could pay taxes as they pay for their health care, so that money could be available for looting. That was the same year when Kenyans were duped that there was a cure for HIV/AIDS in the name of Kemron. The launch of the purported cure for

HIV/AIDS was graced by none other than the leading person in Kenya during that time. Kenyans are very libidinous. Following that announcement, they went on a sex spree and spread HIV/AIDS throughout the country.

Secondly, that was about the same year when M/s Goldenberg International Limited was being hatched. So, Kenyans were led into three disaster routes. How do we get out of that mess now, especially with regard to health care? We know that between 56 and 63 per cent of Kenyans live below the poverty line; on less than one US Dollar per day. We are told that, in order to achieve reasonable health care, you must spend about US\$75 in a month. So, how are Kenyans going to achieve this health care objective? Not unless the Government taxes the people some more.

Mr. Temporary Deputy Speaker, Sir, we have qualified people in this country; we have qualified managers and professionals in the health care sector. However, there are two things that we have not done. We have not deployed them properly and compensated them adequately. If you take the HIV/AIDS funds case, why do we have these funds where there are no doctors? The last doctor in the Office of the President was Dr. Obel. He produced his Pearl Omega drug and has since gone away because Pearl Omega does not treat HIV/AIDS. I thought that the NARC Government would discover that Dr. Obel and the National AIDS Control Council (NACC) were put under the Office of the President because some people were trying to protect Pearl Omega and sell it for a fortune. However, that drug failed. You can remember Dr. Obel hiding in the Office of the President, behind the President, and saying that his Pearl Omega could treat HIV/AIDS. Now that we have removed Pearl Omega and Dr. Obel from this office, let us also move the NACC to the Ministry of Health. Let the Office of the President deal with matters of security which it has abandoned. There is so much insecurity in the country because officers in that office are concentrating on looting the funds for HIV/AIDS.

While on this subject, I would urge the Minister that after we force the Government to transfer the HIV/AIDS funds to the Ministry of Health, she should consider distributing those funds on a constituency basis. She should give the funds to the Constituency AIDS Control Committees, the constituency based CBOs and NGOs. I am glad that the Minister recently noted that there are a lot of briefcase NGOs who want to get access to the HIV/AIDS funds. Let about 50 per cent of those funds go to the Constituency AIDS Control Committees. Of the remaining 50 per cent, 10 per cent should remain in the Ministry's Headquarters. Another 10 per cent should be given to the districts, another 10 per cent to provinces and the remainder to Kenyatta National Hospital. With this arrangement in place, I am sure that we will be able to combat the spread of HIV/AIDS in this country. HIV/AIDS is no longer a problem in Uganda. It is not a killer disease any more; it is just like malaria in Kenya. This is because that country has addressed it properly by putting the fight against it in the right Ministry and has professionals to deal with it.

I would like to talk about Kenyatta National Hospital (KNH). This hospital is supposed to be specialised. If it was performing the functions for which it was set up, our Vice-President would be here today and not in England. It is a specialised hospital, but what have we done with it? We have turned it into a general hospital. You cannot even distinguish between KNH and Machakos District Hospital. In fact, there is no difference between KNH and some dirty clinic in Eastlands. This is because all patients are being referred to that hospital, even for general cases, and yet we have not given it adequate resources to handle the influx of patients. I would urge the Minister to make a special request for more funds for KNH. Let us make it a renowned specialised hospital in this country. Let us also assist KNH by developing our district and subdistrict hospitals. Let us give them the necessary facilities, medicines and personnel, so that people do not have to travel from Kisii, Mombasa or Garissa to KHN. Let people be treated for most of their diseases out there in the rural areas.

An hon. Member said that the Kenya Medical Training College (KMTC) is not doing a good



job. That college is doing a very good job and I can testify to that. It has trained our people and they are acceptable throughout the world. There may have been problems before because problems were inevitable. I read in the Press that its current Director has clearly said that he will not be corrupt. He has said that he will not use that institution for his personal benefit. I am sure that even the previous management may not have done that. But, maybe, it was not keen enough to detect the mistakes which were being made in that medical facility. So what you should do, instead of discouraging that institution, is to support it. Give it adequate resources and let them train people. We can even export some of these people to South Africa or even to Europe. So, let us not discourage our people, especially those who are doing a good job.

Mr. Speaker, Sir, I would like to ask the Kenya Medical Training College (KMTTC) to lower the fees for their parallel programmes. They know that Kenyans are very poor and they cannot afford some of those parallel programmes. We will turn them into programmes for the rich in this country if we do not devise ways of giving bursaries to the students who join KMTTC. We want them to lower the cost of parallel programmes as much as they can.

Mr. Speaker, Sir, the Kenya Medical Research Institute (KEMRI) has been allocated a substantial amount of money. But I would like to see their products. What do they produce at that institute? Let them confirm the claims that are made by herbalists that they can treat HIV/AIDS, diabetes, tuberculosis, and even impotence. Did KEMRI confirm these claims? If they have not, why do they allow these people to go around the country cheating Kenyans that they can treat some of those diseases which are not treatable? Let that institution take up the mandate that they have been given. Let them satisfy themselves that this is the case before anybody announces in the country that he can treat a particular disease. Otherwise, that person should be charged and prosecuted before a court of law.

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

**The Assistant Minister for Transport and Communications** (Mr. Ligale): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to support this Motion.

First, I would like to congratulate the Minister. I think she is one of the most hard working Ministers in the Kenyan Government. She has managed the Ministry of Health well, and I do not share the sentiments of my colleague, who thinks that we necessarily need a medical doctor to manage the Ministry of Health. The Minister has enough professionals and technicians to assist her in her work. Let them concentrate on that work. Let her do the management work! We want to commend you, Madam Minister, for the way you are running the Ministry.

I also want to support one of the speakers, hon. Kamotho, for saying that this Ministry could do with more resources. Health is a vital social requirement for all Kenyans. Given the fact that with the HIV/AIDS pandemic, so many Kenyans are in hospital, in fact, 50 per cent are occupying the hospital beds, Madam Minister you do not have enough resources to do any other work. We need a lot more resources than the Kshs21 billion that has been allocated in the current Budget. We would support any request that is put forward in the Supplementary Estimates to ensure that we are able to get adequate funding for this important Ministry.

I would like to support the Minister in her need to rationalize our health facilities and health schemes, and hope that in the future, when she does present a Paper on the National Social Insurance Health Scheme that has been thought out properly, we should be able to support it. I know that it will take time, and we should not hurry it. We should conduct adequate research to ensure that when it comes to the Floor of this House, we have adequate information. We want to make sure that it does blend in well with the current National Hospital Insurance Fund (NHIF). That if the two will co-exist, they will have been harmonized so that they will not be working at cross-purposes. At the same time, I would like to ask the Minister to ensure that we give recognition where it is due to those private hospitals, which have done a commendable job in this country. Also, some of the Health

Management Organisations (HMOs) are doing a commendable job. So, I do not think we should condemn all the HMOs outright. I know there may be a few which are out to exploit Kenyans, but certainly HMOs like AAR, Avenue Health Care and others are reasonably well established and they are doing a commendable job. We hon. Members in this House are covered by the AAR Medical Scheme and I do not think we would have been duped into going into a scheme that is likely to collapse tomorrow. Where they are doing a commendable job, I think we should allow them to continue. They have a role to play and I do not think it is necessary for us to wind them up or to insist that they must perform in a certain manner. However, we should put down the ground rules. For example, one hon. Member suggested that, maybe, they all need an insurance scheme to which they subscribe and if they qualify for that insurance scheme, we would know that they can be able to be bailed out in case there is a problem. Clearly one or two HMOs have collapsed in the past because we had not provided them with the proper ground rules. Such HMOs must be encouraged.

Mr. Temporary Deputy Speaker, Sir, however, I would like to emphasise that private hospitals like the Aga Khan Hospital and Nairobi Hospital are doing a commendable job. We are lucky to have them in this country. We should encourage them to become referral hospitals for the surrounding countries. We should commend them, and HMOs which are doing a good job should be allowed to continue to operate.

Mr. Temporary Deputy Speaker, Sir, in the same vein, I would like the Minister to define the role of the mission hospitals. Mission hospitals in this country have played an important role. Mission hospitals are run by the various religious institutions including the Muslims and so on. However, we should ensure that where they have inadequacies and they have played a vital role in the past, they are assisted so that they do not collapse. We have had a few cases where because they cannot afford to pay staff or to put in vital equipment, they go to waste. These are resources which can be tapped and enhanced so that they can continue to play the important role they have played in the past.

Mr. Temporary Deputy Speaker, Sir, I know that the Minister wants to ensure that all our district hospitals are working and I would like to commend one or two hon. Members who said that one way of decongesting Kenyatta National Hospital is to ensure that both our provincial and district hospitals are operating adequately. They should have the necessary equipment and staff to make them run so that people can get reasonable treatment at these hospitals. We should be able to do this. In fact, we could do it under a phased programme to ensure that facilities, equipment and staff that are required to ensure adequate running of these hospitals are provided.

However, I do not think that it is surely necessary for the Minister to get involved in things like water provision and sinking of boreholes. It may be a grand idea but I think that this job can be done by the Minister for Water Resources Management and Development. All the Minister needs to do is to link up with her colleague in the Ministry of Water Resources Management and Development to ensure that where we have inadequate water supply or where we had shortages in the past, that those boreholes are sunk by a Ministry that has the capacity to also do the maintenance because the Ministry of Health could do the sinking of the boreholes only to find that tomorrow they are clogged. They will then have to turn to the Ministry of Water Resources Management and Development for maintenance. In any event, that is not her core business. Her core business is to treat our patients and ensure that we have adequate medicines and facilities in our hospitals.

Tomorrow, she may come back to us and say that she also wants to provide generators because there is power failure.

We know that the Kenya Power and Lighting Company has this habit of failing us at vital times like maybe when an important operation is going on. We do not want the Minister for Health to end up doing this work that is extraneous to her core business. So, I would like to plead with her that this job should be done by the Ministry that matters. The Ministry of Energy should ensure that there is always adequate power in our hospitals. Similarly, the Ministry of Water Resources Management and

Development should provide water so that we do not get bogged down by work that can be best done by those Ministries that are best charged with those responsibilities.

Mr. Temporary Deputy Speaker, Sir, I would also like to emphasise that we need preventive medicine. In the past, we used to have these people called *Bora Afya* who ensured that our bushes were cleared and water ponds were drained because they were a breeding ground for mosquitoes which had made malaria so prevalent in our areas. I would like to say that we should get back to this practice so that we can prevent many of the diseases that are now draining our resources, but which, if we were to prevent them, would not be such a drain on the very meagre resources that we have. So, I would like to emphasise that preventive medicine is important.

Mr. Temporary Deputy Speaker, Sir, I would like to join my colleagues here and say something about the HIV/AIDS which is such a pandemic. Whereas in some other parts of the country it has been going down from 13 per cent to about 10.2 per cent, in my own district of Vihiga, it has actually increased. Its prevalence rate is 22.6 per cent in that district and we can attribute it to the presence of some long distance truck drivers because a vital road traverses the district. There are other things that have come up with the introduction of electricity like discos and video halls which also contribute to this pandemic and the youths are getting carried away. This is a pandemic which we cannot ignore any more. We must address it squarely and for sure, the National Aids Control Council (NACC) has no business being in the Office of the President. It should be in the Ministry of Health because at the end of the day, HIV/AIDS is a medical problem.

With those few remarks, I beg to support.

**Mr. Wario:** Asante, Naibu Spika wa Muda, kwa kunipa fursa hii ili niweze kuchangia Hoja iliyo mbele yetu. Ningependa kutangaza msimamo wangu. Kwanza nimesimama kuunga mkono Hoja, si kwa sababu ni ibada, lakini kwa sababu fulani zifuatazo.

Bw. Naibu Spika wa Muda, ninatoka katika sehemu ambayo ni kilomita 38,694 mraba. Kuna watu wanaotoka kilomita 300 ili waweze kufika katika hospitali ya wilaya ili wapate matibabu. Nisipounga mkono Hoja hii, watu wangu watadhoofika zaidi na mimi ndiye nitakuwa muathiriwa wa kwanza kwa kupinga Hoja hii. Hii ndizo baadhi ya sababu zilizonibidi mimi kuiunga mkono Hoja hii.

Katika kilomita 38,000 tuna ambulansi moja pekee yake na hii ni sehemu ambayo inakumbwa na jangwa kiasili mara kwa mara yakiwemo vita vya kikabila na maradhi ya aina mbali mbali kwa sababu ya hali ya kiasili. Wilaya ya Tana River ni sehemu ambayo umbu ni wengi kupita kiasi. Mara kwa mara, watu wa sehemu hii wameathiriwa na maradhi ya malaria ambayo ni tisho kushinda hata UKIMWI.

Bw. Naibu Spika wa Muda, wakati Rais wetu alipokuja hapa mara ya kwanza kufungua Bunge hili, alitupatia ahadi ambayo ilinifanya mimi kujiuliza maswali. Kwa miaka 40 iliyopita, sehemu kame za nchi hii hazijatambuliwa na sera zozote za Serikali. Lakini Rais wetu aliposema kwamba lazima hali ya maisha ya watu katika sehemu hizi kame iboreshwe, mimi nilidhani, kwa hakika, nchi hii imechukuwa mwelekeo mzuri. Maneno yale matamu, kwa bahati mbaya hayakufuatwa na vitendo. Katika mazungumzo yake Waziri wa Afya, nilifikiri angegusia sera mahsusi ambazo zitawezesha Wizara ya Afya kutenga pesa za kuboresha maisha katika sehemu hizi kame.

Nimezungumza kuhusu wilaya moja tu wala sikuzungumza juu ya wilaya nyingine. Kuna wilaya nyingine ambazo maeneo yake ni zaidi ya kilometa 50,000 mraba. Je, kuwepo kwa ambulansi moja tu inayohudumia wilaya yenye kilometa 500,000 mraba ni kuboresha hali ya maisha ya watu wa sehemu kame ama ni kudhoofisha zaidi sehemu hizi? Ndiposa mimi ninasema kwamba ile sera ya Rais wetu, mpaka leo hajjalenga pale iliponuiwa kulenga.

Mara kwa mara, madaktari wanaofuzu kutoka vyuoni hukataa kwenda kufanya kazi katika sehemu kame za nchi hii. Hata wale wachache wanaopelekwa sehemu hizo, huwa ni kwa sababu ya kujifunza kazi zaidi ama kwa sababu za kinidhamu. Sio kwa kupenda kwao. Kwa hivyo, kazi yao inakuwa ngumu kufanyika kwa vile mtu asiyetaka kwenda kufanya kazi katika sehemu hizi kame

ukimlazimisha kufanya hivyo ataenda kufanya nini? Bila shaka hatima yake itakuwa ni madhara kwa wakaaji wa sehemu hiyo wala siyo kuwafaa. Ikiwa utazungumzia daktari swala hilo, atakwambia kuwa, "nitakwenda kwetu". Kwa hivyo, watu huenda kuona madaktari wakiwa na uoga sana kwa sababu wakiwakasirisha, watu hawatakuwa na daktari yeyote wa kutegemea kesho.

Alivyosema Waziri wa Afya, kuna asilimia 53 ya pesa za Wizara ya Afya ambazo zitagharamia mishahara. Nina ushahidi kuwa kuna hospitali mbili ambazo zilipigwa kufuli kwa sababu ya ukosefu wa madaktari. Sehemu kubwa ya pesa hizi-- Ninazungumzia hospitali za Mlanjo na Mbalambala. Hizi ni sehemu ambazo ziko zaidi ya kilometa 300 kutoka Hospitali ya Wilaya. Hospitali hizo zimepigwa kufuli kwa sababu hakuna madaktari. Je, watu wa sehemu hizi watakuwaje? Ambulansi ni moja na hakuna namna ya kusafirisha wagonjwa hali inapokuwa mbaya zaidi. Tegemeo la watu hao ni lipi? Katika sehemu hizo kuna wakati ambapo dawa hazipatikani. Dawa zinazopatikana ni aina mbili ti: Paracetamol na Aspirin. Kila mtu anajua ukweli huu. Hakuna dawa nyingine! Ni hali ya kusikitisha mno hasa unapojiuliza, "mwelekeo wetu uko wapi?"

Hali iliyoko katika hospitali za sehemu hizi kame ni ya kushangaza. Mgonjwa akiwa na Kifua Kikuu atapatiwa Paracetamol au Aspirin. Akiwa na homa ya malaria atapatiwa dawa hizo hizo mbili. Je, zile dawa nyingine huenda wapi?

Bw. Naibu Spika wa Muda, sitaki kuwachosha kwa maneno mengi. Sera ya kugawana gharama ni sera yenye dhuluma na huwanyanyasa wanyonge. Kuna watu humu nchini ambao hawawezi kupata chakula mara mbili kwa siku. Ukiwalazimisha watu hawa, hali yao ya maisha itakuwa namna gani? Ndiposa tunaomba kuwa masikini apewe fursa sawa kama yule anayejiweza katika maswala ya afya kwa sababu afya ni muhimu kuliko kitu kingine chochote.

Ningependa kumpongeza Waziri wa Afya kwa sababu katika makadirio yake, ameweza kupunguza gharama ya dawa za kutibu UKIMWI. Hili jambo limewatia moyo Wakenya walio na ugonjwa huu kwa sababu kulikuwa na nyakati ambapo ikitangazwa kwamba una ugonjwa wa UKIMWI basi ni siku tu unahesabu ukingojea kifo. Mgonjwa hangeweza kumudu kutoa Kshs50,000. Lakini Waziri kwa ujasiri wake, ameweza kupunguza bei ya dawa ya UKIMWI hadi kiwango ambacho watu wengi wanaweza kujimudu na hii, bila shaka, ni furaha kubwa. Tunampongeza Waziri kwa sababu Wakenya wengi, ingawa hii si dawa ya kuponya UKIMWI, wataweza kujimudu kimaisha.

Bw. Naibu Spika wa Muda, kiwango cha asilimia 23 cha Bajeti ambacho kimetengwa ili kuendeleza shughuli za hospitali na kununua madawa hakitoshi. Ukiangalia, utaona kuwa bei ya madawa ni ghali sana na kiasi cha pesa kilichotengwa hakitoshi kamwe katika huduma za hospitali. Hii ni dalili kuwa hali itakuwa mbaya sana.

Kama wenzangu, pia nitagusia swala la madaktari. Ufisadi unafanyika katika hospitali za wilaya kwa sababu mishahara ya madaktari haiwatoshi. Ili kumaliza ufisadi, ni lazima madaktari walipwe mishahara ambayo itawawezesha kujimudu kimaisha. Kama mishahara itakuwa ya kiwango cha chini, uuzaji wa madawa katika hospitali za wilaya hautaisha. Watakapoboreshewa mishahara yao, ningetaka kuomba Waziri ahakikishe kwamba daktari aliyeajiriwa na Serikali hafungui hospitali yake. Baadhi ya madaktari wana desturi ya kuwaambia wagonjwa wahudhurie hospitali zao ama madawa yanasafirishwa kutoka hospitali za Serikali hadi hospitali zao. Kwa hivyo, tunaomba Waziri ahakikishe kwamba daktari aliyeajiriwa na Serikali hafungui hospitali yake na atakapofungua, isiwe katika wilaya ambayo anafanya kazi. Hii ni kwa sababu tumeona hali ya kusikitisha.

Nikielekea kumaliza, ningetaka kuongea kuhusu ahadi ya Rais Kibaki aliyoitoa alipokuwa upande wa Upinzani. Alizungumza mara nyingi akisema kuwa Serikali yake itakapochukua utawala wa nchi hii, atahamisha huduma za National AIDS Control Council (NACC) kutoka kwa Ofisi ya Rais hadi Wizara ya Afya. Ninashangaa leo kwa sababu ni jana tu alipotamka maneno hayo, lakini leo ambapo anaongoza Serikali, anasema mambo mengine. Ukweli uko wapi? Wabunge wengi wamelizungumzia jambo hili kwa muda mrefu. Tunapatia Serikali ya NARC mwaka mmoja ihamishe NACC kutoka kwa Ofisi ya Rais hadi Wizara ya Afya. Hatutapitisha Bajeti ijayo iwapo NACC

itakuwa chini ya Ofisi ya Rais. Mwisho, ninataka kusema kwamba NACC iwekwe katika Wizara inayostahili.

Kwa hayo machache, ninaunga mkono.

**Ms. Mwau:** Thank you, Mr. Temporary Deputy Speaker, Sir. I stand to support and contribute to the debate on the Vote of the Ministry of Health. This is a very important Ministry in this country.

The Minister has already mentioned that this Ministry has been going through ups and downs. It has facilities that are depleted and doctors have been leaving the country to search for employment in South Africa and the United States of America. Indeed, there has been brain drain of our doctors. The Ministry has a medical personnel that is demotivated; one that would look at a dying person and not bother.

Mr. Temporary Deputy Speaker, Sir, it is important that terms and conditions of service for doctors and other medical personnel are improved so that we can maintain and retain them. The cost-sharing scheme has made the lives of the poor and especially women difficult. Women are responsible for taking care of the household health. The medical insurance facility that the Minister intends to put in place will be a great support and will reduce the burden for the women and the poor. I would recommend that the facility is implemented earlier than the year 2004 to ensure that every Kenyan can access health care services.

Mr. Temporary Deputy Speaker, Sir, we know that a lot of our health facilities do not have running water. With the alternative water supply of boreholes, there will be water in most health facilities. Two years ago, we used to use donkeys to fetch for Makueni District Hospital. How can a medical facility have no running water and be expected to provide health care services? It is important that our medical facilities are properly equipped so as to provide good medical services. There are sub-district hospitals which do not have vehicles. They use the police and the Provincial Administration vehicles to transfer patients from the sub-district hospitals to the district hospitals. So, it is important to provide vehicles to health facilities. The Minister needs to understand that gender is an important factor in health matters. So, it is important that every situation and problem is analyzed in relation to gender because in most cases women are vulnerable in certain situations. I thank the Minister for providing free treated mosquito nets to pregnant mothers so as to protect them from contracting malaria. It is important for the Ministry to come up with policies and strategies that will ensure that resources are distributed equitably in relation to gender concerns.

I would like to talk about reproductive health. There is an item in this Vote whose aim is to strengthen reproductive health services. There is need for the Ministry to put enough resources in reproductive health so as to address issues that touch on antenatal and postnatal services, maternal mortality and morbidity, abortion, cervical and breast cancers, sexuality and violence against women. One of the issues that we do not want to talk about is abortion. Women are dying in large numbers and yet we actually want to hide that fact. It is important for us to come up in this House and discuss abortion so as to understand the issues surrounding it. We can no longer put our heads down when we are talking about abortion. Health care providers must have skills to enable them recognise, treat and prevent gender-based violence because they are the first people who come in contact with women who are violated and raped. According to the World Health Organisation (WHO) report of 1998, gender-based violence is the tenth killer of women between the ages of 15 and 45 years. So, it is important for health care providers to acquire skills, so that they can treat and recognise gender-based violence.

Mr. Temporary Deputy Speaker, Sir, I would like to talk about HIV/AIDS. There is an Item in this Vote which is supposed to take care of people living with HIV/AIDS; Specialised Global Fund, Kenya HIV/AIDS Preventive Care Programme and AIDS Prevention and Control. This money must trickle down to the communities. It must trickle down to the women who are taking care of

HIV/AIDS orphans. It must also trickle down to the young children who are taking care of their siblings and the orphans who are denied justice by being abused by their relatives. Men must be involved if we have to make a difference in the war against the HIV/AIDS pandemic. It is important for us to recognise that there is a strong relationship between men and women. We usually assume that a man will actually agree to wear a condom. I think this is not fair to women. It is important to make sure that the Ministry provides female condoms.

**An hon. Member:** How does it look like! Bring a sample!

**Ms. Mwau:** There are samples. Hon. Members can ask the Minister to actually bring a sample!

*(Applause)*

It is important to make sure that women have some control over their sexuality. If we are tackling the HIV/AIDS scourge by assuming that men will agree to prevent the spread of it by wearing condoms, then we are not serious. Women are dying in large numbers. Why are we dying? It is important for the Ministry to make sure that it address the gender question in the HIV/AIDS pandemic.

Mr. Temporary Deputy Speaker, Sir, I would like to join hon. Members who called for the transfer of the National Aids Control Council (NACC) from the Office of the President to the Ministry of Health. It belongs to the Ministry of Health!

*(Applause)*

The HIV/AIDS scourge is a health problem. Therefore, the NACC should be moved to the Ministry of Health where we have got enough personnel, technology, information and a network to run HIV/AIDS related programmes.

Mr. Temporary Deputy Speaker, Sir, we must make sure that we support mission hospitals in this country. For example, last year I went to do an evaluation of the health facilities in Turkana District. Most health facilities there, are run by the catholic church. I found out that 65 per cent of all the health facilities in that district are run by churches, particularly the catholic church. It is important for the Ministry to make sure they co-ordinate and work with NGOs that are providing health services. Mission hospitals provide health facilities in almost every district in the Arid and Semi Arid Lands (ASAL).

Mr. Temporary Deputy Speaker, Sir, I would like to conclude my contribution by urging the Ministry to provide necessary resources to men and women so that we can curb the spread of the HIV/AIDS pandemic.

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

**Mr. Kipchumba:** Thank you, Mr. Temporary Deputy Speaker, Sir. Before I make my contribution, I would like to make two humble requests to the Minister. First, I would like to thank her for issuing the directive that those hospitals holding title deeds or other collateral to release them immediately to the respective persons. I would like to inform her, through the Chair, that Moi Referral and Teaching Hospital at Eldoret hold a lot of title deeds as collateral. We would be grateful if she could write an official letter to that hospital so that it can release those title deeds to our people. My people keep on disturbing me to settle those bills for them. I do not have the capacity to do so. Today, the Minister has issued a directive, and I hope that hospital will release those title deeds.

Secondly, in my humble catholic faith, we usually say if God cannot answer your prayers, or if he cannot hear you directly, you pray through the "Holy Mother of Jesus". All hon. Members have requested the Government to transfer the NACC to the Ministry of Health. Since Mrs. Kibaki is very

active in the fight against HIV/AIDS, we would like to make this request through her, so that maybe tonight, she could tell the President to transfer immediately, the NACC to the right Ministry. Hon. Members have made a lot of requests and demands, and now they are humbly saying that it should be done as soon as possible through other channels.

Mr. Temporary Deputy Speaker, Sir, I would like to make my contribution to this very important Vote of the Ministry of Health. For the first time in Uasin Gishu, funds that were meant to control malaria arrived on time. I would like to thank the Ministry and especially the Director of Medical Services, who I have talked to personally, and he is very prompt in ensuring that the drugs reach on time. I think one way of decongesting Kenyatta National Hospital is not only through referring people to the district hospitals, but by building other referral hospitals like the one we have in Eldoret. This was our own district hospital, and since it was upgraded, now Uasin Gishu residents have no district hospital, and neither do they have a sub-district hospital. I have looked through the Budget and seen that there is no money for curative services in Uasin Gishu.

I wonder whether our people are supposed to go to neighbouring district hospitals. This is an upmarket district with over 700,000 people. I do not think that they should go to Keiyo, Nandi or Trans Nzoia to get medical services. This is because our own district hospital was upgraded or "grabbed". Even the Nyayo Wards which we built using our own resources were actually taken away. As I talk now, we do not even have a mortuary that belongs to the district. The Moi Referral Hospital charges upto Kshs450 per day for keeping the body. Where do our people get that kind of money? It is high time that the Ministry treated all districts equally. We are saying, and this is very simple, that you took our district hospital, so give us an alternative. I have even looked at the money meant for rural health centres, clinics and dispensaries. If it was realized that we do not have a district hospital, you should have allocated more money for the dispensaries and health centres so that our people can be given adequate health care.

Mr. Temporary Deputy Speaker, Sir, we now have land for a district hospital. We have reclaimed some "grabbed land", and we would like the district hospital to be build there. If the Government cannot build, they should tell us so that we can do a *Harambee*. Many hon. Members have talked here, but I think there is no sufficient money for preventive purposes. In some districts, for example, in my own district, the poorest performer in the health sector is the Public Health Officer, who even in some cases locks up drugs in the stores. He does not distribute them. We would like those kind of inefficient officers to be sacked or transferred elsewhere, where they can give those kind of services.

Mr. Temporary Deputy Speaker, Sir, I was gratified when the Minister said that nobody will be turned away from a public hospital. She said that every Kenyan will be treated irrespective of whether he has money or not. As I talk now, you should look at some of the specialised requirements like the Heart Unit at the Kenyatta National Hospital. Some of the patients always tell us that we have to contribute a certain amount of money so that they can be admitted. As I talk, I know of patients who come to me every day. They want money from hon. Members which will act as a deposit so that they can undergo an operation. I think that should be waived, because they have nobody to help them.

If they cannot be operated in Kenyatta National Hospital or a district hospital where can they go to, and yet they have to be treated? The more they stay, the more the disease will progress. I think that is an issue that should be looked at urgently.

Mr. Temporary Deputy Chairman, Sir, many of us have talked of HMOs. If they cannot provide the health care cover that is required, then they should be closed. They say that they do not cover malaria, that they only cover headache and stomachache. Those are not the kind of diseases that we would like to be covered for. People would like to be covered for diseases that would take a lot of money to treat. The HMOs say that they do not cover diseases that are expensive to treat. If you look at the list of the diseases that they cover, you will realise that they actually cover nothing. I

do not think that Kenyans should be exploited to this extent. The HMOs should be under the Ministry of Health. We should look at the situation so that we stop the institutions from exploiting Kenyans.

Mr. Temporary Deputy Chairman, Sir, my colleagues have talked of admissions to Kenya Medical Training Colleges (KMTCs). We agree that at least this year, the list was transparent. I am saying that the admissions should be per district or per constituency. We would like them to be per constituency because when they are from a district, they end up being from one part of the district. If they go by constituencies, we will ensure that we have at least two or three people from each constituency going for training.

I support the fact that the medical institutions have actually assisted many of our people. I am not against the fact that many of our medical staff have gone to work out of the country. It is a good thing for them to do. If we cannot pay all of them, then let them go to work outside the country and repatriate the money back home. Let us train more medical staff and pay the ones that we have better.

It would be very difficult to tell a policeman to get a G3 and chase a thief. I think he would not do that. We would like our medical staff to be adequately covered first, before we even ask them to treat us. You will find that when children of our medical staff fall sick, we still expect them to go to work. Let them get the health care facility for their families first and then they will be happy to even treat Members of Parliament.

Mr. Temporary Deputy Chairman, Sir, let us give doctors the remuneration that they deserve in their profession. Our doctors are leaving the country and those who are being trained are not up to standard. Let us maintain the staff who are specialised, so that they do not go to other countries. We are told that our staff are well trained. Let those who want to go work in other countries go, and we shall train more. I am sure that we have some of our personnel in our rural areas who should actually be employed. I do not think that we are in short supply of doctors and neither do I think that we are in short supply of nurses. What we need to do is ensure that they are adequately distributed.

I would like to talk about the Intensive Care Units (ICUs). We cannot have all the intensive care units in one centre which is Nairobi. They should be distributed all over the country. Not necessarily in many centres but we can have one in Mombasa and another in Eldoret. The one in Eldoret can take care of Western Province and the adjacent regions. That can be easily accommodated in the Moi Referral and Teaching Hospital. We have seen cases where, whenever there is an emergency, a plane has to go all the way from Nairobi to Eldoret to transfer the patient. By the time it arrives there, it is too late. Even if we do not have the ICUs set up, then we should at least have the High Dependency Units (HDUs). That would serve the purpose before we set up the ICUs.

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

**Mr. Sungu:** Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to associate myself with the comments of my colleagues as I support the Vote for this Ministry, that the National AIDS Control Council (NACC) should actually be under the Ministry of Health. I say this as a matter of principle. I remember very well that last year and years yonder, when we were on the other side, we used to say that the NACC was being used as a cash cow by the then Government to fill the pockets of people who were hungry for money. The situation has not changed. I would like to say that we are not against any particular person. I am not against Dr. Margaret Gachara or anybody at the NACC. I stand on a matter of principle, that this docket rightly belongs to the Ministry of Health. We want a Government that listens to the voice of the people. Every person who has spoken on the Floor of this House today, has said that the NACC belongs to the Ministry of Health. We want this Government to listen to the voice of the people in the name of Parliament.

Having said that, there were days of yonder when the Ministry of Health was associated with a



lot of corruption. Those were days of the Shimecheros, and so on, at the former Central Medical Stores. Those were days when Afya House was labelled "Mafia House". I want to urge this Ministry to really clamp down on corruption. The other day I was almost crying when I saw the Minister go to the Kenya Medical Supplies Agency (KEMSA) and was shown cartons and cartons of medicines. In my constituency, and in every other constituency, you will find that *wananchi* go to get money from their MP to go and buy drugs, and yet drugs are being allowed to expire on the shelves of KEMSA. These drugs should expire at the provincial and districts hospitals and dispensaries in our localities. They should not expire at the KEMSA. It is a big shame that we have qualified people entrusted with the management of a system and yet this kind of thing is happening.

I want to associate myself with the sentiments of the Minister, that we need to provide the medical professionals with equipment. We need to look into the question of improvement of their terms and conditions of service. We need to review their salaries to avoid brain drain. I have many professional colleagues whom I went to college with, including even the current Director of Medical Services. It is a shame that these people, who have trained for over five years, are paid so little. Even bank clerks earn more than them. It is a time we remunerated these people according to their level of service to the community so that they can give their best service to it. They are called, more often than not, beyond the call of duty to work at night. They are required to leave their houses to respond to emergencies, and yet their pay remains the same. Sometimes they have to use their vehicles without refund of fuel cost. Sometimes they use their vehicles as ambulances to transport patients. It is a shame that this is still going on now.

Mr. Temporary Deputy Speaker, Sir, with respect to provision of health services, I would like this Ministry to bring, as quickly as possible, to this House a National Health Insurance Scheme Bill. It is shame that right now, as a Member of Parliament, I am insured by the Africa Air Rescue (AAR). What you get under our medical scheme are generic drugs and young doctors with five or so years of experience. My own doctor, Dr. A.L. Godi, has got over 20 years experience, and whenever I go to him I get proper treatment. These private medical practitioners do not have any supervision. There is no law that controls them. If the Ministry needs us, Members of Parliament, we are willing and ready to give it assistance to supervise these people so that they can provide efficient services. As we talk now, Medi Plus has gone burst. Under what law will the Minister control health care providers? Under what law will she help people who pay premiums to them to get the services that they never get?

I want to remind the Minister that year in, year out, in the last Parliament, a Tobacco Bill was brought to this House but it never saw the light of the day on the Floor of this House. I want to urge the Minister to bring the Tobacco Bill here. If these people in the tobacco industry are more powerful than her, we will help her. We want that Bill brought here because tobacco is a danger to the health of the community and the Government is spending millions of shillings on health care that can be used in other development activities. The worst thing about tobacco is that the people who suffer most are people like me who do not smoke. Passive smokers suffer because smokers never care at all about the welfare of non-smokers. They just smoke in public places despite the fact that it is now a crime to do so. I would like to urge the Minister to bring the Tobacco Bill to the House.

On the question of HIV/AIDS, if we do not attend to the question of corruption in this sector, even the US\$129 million from the Global Trust Fund against AIDS, Malaria and Tuberculosis may never see the light of the day. We know of cases where a briefcase NGO applies for these funds in one day and they are approved on the same day. On the same day, the funds are disbursed by a one-man committee and yet there is a technical committee that is supposed to look at applications. It is a shame! As we all know, these donors are governments just like ours. Therefore, they tax their people to get money to help to our country. No Government will tax its own people and then donate that money to be used on corrupt purposes. This money should actually directly go to assist orphans, widows and other people afflicted by the HIV/AIDS scourge. It is time that we considered providing

cheaper medical drugs to counter this scourge. This is because it afflicts mainly the most economically active group in our society. I want to appeal to the Government to fund HIV/AIDS victims at the constituency level. The Constituency AIDS Control Committees (CACCs) should be reactivated and funded so that they can assist our people in the rural areas. The NACC at its headquarters here in Nairobi does not know who operates where. It gives funds to people who purport to be working in Rachuonyo District, Kisumu District, Laikipia District and Nandi District. They do not know what is happening on the ground. It is a shame, but it is true, that this disease is actually spread through carnal knowledge. It is very difficult for our people to practice self-control. My colleagues will agree with me that this is a disaster. We should come up with protective measures. In the game of football, we always talk about wearing boots and so on. I think the Ministry should look at this aspect more seriously. It is not possible to convince our people to abstain. Abstinence is impossible to many Kenyans.

Mr. Temporary Deputy Speaker, Sir, it is time now that we diversified the referral hospitals in the country. The only reason why Kenyatta National Hospital (KNH) is overcrowded is because we do not have a referral hospital in the Coast Province. We do not have enough medical equipment at the New Nyanza General Hospital, the Eldoret Referral and Teaching Hospital and even at Nyeri Provincial General Hospital. Let me appeal to the Government to upgrade the New Nyanza General Hospital because it has the facilities, buildings and space. This should now actually be a referral teaching hospital attached to Maseno University. The Government should give it the necessary equipment to take care of our people. We can also benefit from research funds. The late Jaramogi Oginga Odinga played a major role in this country. The New Nyanza General Hospital sometimes is referred to as "Russia" because it was funded by the Russian Government. I would like to appeal to the Minister to rename this hospital in honour of the late Jaramogi Oginga Odinga. It should be renamed; the late Jaramogi Oginga Odinga Hospital. If the Minister does so, when she comes to Kisumu City, we will carry her shoulder-high because our people loved the late Jaramogi Oginga Odinga. That hospital should be named in his memory.

Finally, I would like to talk about the issue of malaria control. As a young man, I used to see a municipality vehicle going round town spraying chemicals. These days, that vehicle only moves when there is a Presidential visit to Kisumu City. What happened to the preventive measures? As a country, are we retrogressing? We should not allow our projects to collapse because we cannot maintain them. We should be improving on them daily for posterity. We need to go to the malaria prone areas and make sure that we get to the root causes. We should involve hon. Members in clearing bushes and drainage so that mosquitoes do not get breeding grounds. Some of us have never known what mosquitoes are like. This insect makes a whizzing sound that disturbs you throughout the night. I do not know the kind of chemical it produces because a room becomes so hot that one cannot cover himself with a blanket. Eventually, you fall asleep and it starts having its field day. This a hideous insect and we must manage it.

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

**Mr. A.M. Mohamed:** Mr. Temporary Deputy Speaker, Sir, I would like to join my colleagues who have congratulated the Minister for--

**The Minister for Planning and National Development** (Prof. Anyang'-Nyong'o): On a point of order, Mr. Temporary Deputy Speaker, Sir. I am sorry to interrupt my hon. friend. I notice that the Temporary Deputy Speaker has established a certain pattern of calling Members to contribute in this House. Is it in order to establish a procedure like that which is quite contrary to the Standing Orders?

**The Temporary Deputy Speaker** (Mr. Ethuro): Mr. Minister, I thought when you rose on a point of order, it had some relevance to this particular debate? If the issue is to do with the Chair, the Chair has made a ruling. You cannot challenge that unless you bring a substantive Motion. So, you are

out order, Prof. Anyang'-Nyong'o.

**The Minister for Planning and National Development** (Prof. Anyang'-Nyong'o): On a point of order, Mr. Temporary Deputy Speaker, Sir. I notice that, that has been established according to Standing Order No.1. But Standing Order No.1 is just discretionally; it cannot be used to establish a rule. Once you establish a rule, then you are going against the discretion.

**The Temporary Deputy Speaker** (Mr. Ethuro): Prof. Anyang'-Nyong'o, maybe, you were not here. The substantive Speaker made that ruling, and nobody challenged it at that particular time. So, I would urge you to petition the Speaker at a later time and not on the Floor of the House.

Proceed, Mr. Mohamed!

**Mr. A.M. Mohamed:** Thank you, Mr. Temporary Deputy Speaker, Sir. I hope you will give me the three minutes that have been lost.

Mr. Temporary Deputy Speaker, Sir, I would like to join my colleagues in congratulating and thanking the Minister for doing a good job with the little resources that are available. The services provided by this Ministry are very crucial. If the Ministry is to perform its duties effectively, it should be given the amount of money it is seeking from Parliament. Many hon. Members earlier said that a healthy people means a healthy nation. Therefore, you cannot be healthy without the support services such as adequate medicine, funding, personnel and supplies services.

As I said, the Ministry has got a lot of challenges. The Minister and her staff have done a lot. But the role of the Hospital Management Boards (HMB) is astonishing. This is an area that requires a major overhaul. The members of that board should be educated about their duties. They have left the management of health institutions to medical officers, who are, in the first place, very few. Secondly, majority of the medical officers do not have managerial skills. Eventually, hospital superintendents or very junior officers are in charge of the hospitals and they have run them down. The HMBs should be properly constituted and area Members of Parliament from those districts must be consulted so as to provide adequate supervision and management of our meagre resources.

Mr. Temporary Deputy Speaker, Sir, as some of my colleagues have already said, I agree entirely with the Minister that there is a very serious shortage of personnel, drugs, hospital equipment and transport.

As some of my colleagues have said, when a patient who is hundreds of kilometres away falls ill and there is no doctor or ambulance to attend to him or her, how can such a patient be helped? The only ambulance in the district hospital has no wheels and sometimes, there is no driver. The patient just dies! Many donors provide new vehicles, but the problem with the Ministry is that the amount of money allocated for transport operating expenses is very little. It is not even enough for one vehicle. A vehicle that was donated by KEPI just two months ago is just standing on stones and yet, it is new. It has not even covered 5,000 kilometres. The problem is transport operating expenses. That is an area the Ministry should try to improve, so that their vehicles can be properly managed.

Mr. Temporary Deputy Speaker, Sir, another area of concern is preventive and curative services. If you look at the Budget, about Kshs5 billion will be spent on curative services. Many years ago, I think we had taught our people how to prevent some common preventable diseases like malaria and other communicable diseases. We would not be spending Kshs5 billion on curative services. If you compare that with the amount given for preventive and promotive services, it is only about Kshs700 million and Kshs953 million, respectively. That is a total of about Kshs1.6 billion. That is very inadequate, considering the importance of preventive and promotive services, which includes prevention of HIV/AIDS and other communicable diseases. We are not saying that the Ministry should stop curing people. But after three or four years, there must be gradual reduction of funds on curative services. Instead, we should have more funds on the preventive services.

Mr. Temporary Deputy Speaker, Sir, the issue of HIV/AIDS has been mentioned by

everybody. The people of Wajir East, have told me that the National Aids Control Council (NACC) should belong to the Ministry of Health and nowhere else. The reasons have already been given. The Ministry of Health has all the resources. They have the facilities, networks and so on. The HIV/AIDS funding from the Ministry is only Kshs13 million, while the Office of the President is getting about Kshs3 billion or so. Why can we not put all those resources in the Ministry of Health? We should also give some money to the District Roads Committees and the Bursary Fund. That issue was raised in the Speaker's Kamukunji this morning. That way, the money will have an impact. The question of every Ministry trying to grab something under the pretext of going to co-ordinate HIV/AIDS campaigns is out. We will not accept that. We would like anything to do with HIV/AIDS to be under the Ministry of Health. The Ministry of Health then should put up structures to manage and control the HIV/AIDS pandemic.

I would like the Minister to note that, in our area typhoid, which is another dangerous disease, has struck. This is in addition to the other water-borne diseases, which can be prevented.

Mr. Temporary Deputy Speaker, Sir, I would like the Ministry of Health to provide enough funds to areas like North Eastern Province, which have no access to clean water. This will enable medical personnel in those areas to educate the residents on how to prevent some of these diseases.

Apart from HIV/AIDS, which I have talked about here, another common disease, which now kills many Somalis in North Eastern Province, is Hepatitis B. This disease is now common in this province because Somalis and Muslims like eating food together. We never had this disease some years ago.

Mr. Temporary Deputy Speaker, Sir, we were told that the disease was brought into the province by refugees. I know that this disease spreads very easily in overcrowded areas and when people share food and other things.

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

**The Temporary Deputy Speaker** (Mr. Ethuro): Mr. Ojaamong, you will contribute for three minutes, and continue with the remaining minutes tomorrow afternoon.

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

First, I would like to congratulate the Minister for Health, Mrs. Ngilu, for the enormous task she has to streamline her Ministry. Indeed, when the NARC Government took over power from KANU, the entire health sector was in shambles. But as of now, I can report to the Minister that there are some improvements in our dispensaries and district hospitals but we need to put in more effort.

The Minister has said that the Ministry of Health is understaffed. Indeed, you will find that we only have, as she has said, 1,100 doctors in this country. Considering our population, the number of doctors we have in this country is a disaster. I would like to appeal to the President, in his own wisdom, because I believe he is intelligent enough, to do away with some funny Ministries that we have now. The allocations to those Ministries should be channelled to the Ministry of Health so that more doctors can be trained and help operationalise our health institutions.

Let me now touch on Teso District, which I represent. Despite the slight improvement in our health facilities, I would like to inform the Minister that health facilities in the whole district are in total disarray. I am very lucky because my constituency has about five well developed health centres. But the problem with them is that they do not have enough medical personnel and equipment. There is a big hospital in my constituency by the name "Alupe Referral Hospital". People from the East African countries used to go there for specialised treatment, but its facilities have deteriorated. To make matters worse, that hospital does not have a title deed for its land, and I think the same case applies to other health institutions in this country.

I would like the Minister to ensure that all health facilities in our country are issued with title

deeds. I am saying this because we have very funny people in Kenya. If these people get an opportunity, they will grab the land belonging to those health institutions and acquire title deeds for it before the Ministry of Health discovers it. So, I would like the Minister to look into this matter.

Mr. Temporary Deputy Speaker, Sir, the morale of health personnel, namely nurses, clinical officers and doctors, in our country is very low.

**The Temporary Deputy Speaker** (Mr. Ethuro): Time is up!

**Mr. Ojaamong:** Thank you, Mr. Temporary Deputy Speaker, Sir.

#### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Ethuro): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Wednesday, 30th July, at 9.00 a.m.

The House rose at 6.30 p.m.