

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

**Tuesday, 6th July, 2004**

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

PRAYERS

### PAPERS LAID

The following Papers were laid on the Table:-

The Report of the Public Accounts Committee on Special Audit on Procurement of Passport Issuing Equipment by the Department of Immigration, Office of the Vice-President and Ministry of Home Affairs.

*(By the Chairman of the  
Public Accounts Committee)*

Annual Report and Accounts of Commissioner of Insurance for the year ended 31st December, 2002, and the Certificate thereon by the Controller and Auditor-General.

*(By the Assistant Minister for  
Health (Mr. Konchella) on behalf  
of the Minister for Finance)*

Annual Report and Accounts of Maseno University for the year ended 30th June, 2002, and the Certificate thereon by the Controller and Auditor-General.

*(By the Assistant Minister for  
Health (Mr. Konchella) on behalf  
of the Minister for Education,  
Science and Technology)*

Annual Reports and Accounts of the National Hospital Insurance Fund for the years ended 30th June, 1995 and 30th June, 1996 and the Certificates thereon by the Controller and Auditor-General.

*(By the Assistant Minister for  
Health (Mr. Konchella) on behalf  
of the Minister for Health)*

Annual Report and Accounts of Golf Hotel Limited for the year ended 30th June, 2001, and the Certificate thereon by the Controller and Auditor-General.

*(By the Assistant Minister for Health  
(Mr. Konchella) on behalf of the  
Minister for Tourism and Wildlife)*

### NOTICE OF MOTION

#### ADOPTION OF PAC SPECIAL AUDIT REPORT ON PROCUREMENT OF PASSPORT ISSUING EQUIPMENT

**Mr. Omingo:** Mr. Speaker, Sir, I beg to give notice of the following Motion:-  
THAT, this House adopts the Report of the Public Accounts Committee on the Special Audit Report on the Procurement of Passport Issuing Equipment by the Department of Immigration, Office of the Vice-President and Ministry of Home Affairs, laid on the Table of the House on 6th July, 2004.

*(Applause)*

**Mr. Speaker:** Order, hon. Members! Mr. Omingo, any Motion that comes to the House must be approved by the Speaker. Was there any Speaker who approved your Motion? I am asking you a question! A Motion that comes to this House under Standing Order No.40, must be approved by Mr. Speaker. To the depth of my knowledge, I have not seen that Motion!

**Mr. Omingo:** Mr. Speaker, Sir, I must apologise for that omission. Nonetheless, I thought the urgency called for it and I did not get proper guidance.

*(Mr. Bahari walked into the Chamber)*

**Mr. Speaker:** Order! Will you take your seat? I think we are taking too much liberties out of the procedures and rules of the House. I think hon. Members must follow all the procedures of the House. It, therefore, means that, this afternoon, Mr. Omingo, you have done absolutely nothing! So, as far as the House is concerned, you have not done anything.

**Mr. Omingo:** On a point of order, Mr. Speaker, Sir. Please, I seek your indulgence to guide the House. There could be an omission in terms of the approval of the Motion. I am also not too sure whether the Paper I laid on the Table today is a nullity for the House.

**Mr. Speaker:** Order, hon. Members! You know this House has made rules for the orderly conduct of its proceedings. Those rules are in place and apply to all hon. Members, whether in the Back Bench or the Front Bench. So, what you need to do--- There is really no hurry! If you brought the Motion to the Clerk of the National Assembly, as mandated, it is most likely it would have been approved and you would have done the right thing! But why were you hiding it from us all?

**Mr. Omingo:** Mr. Speaker, Sir, I have apologised. It is my first offence as far as the procedures of Parliament are concerned.

**Mr. Speaker:** Very good! I am not following you! I am trying to let Members know the procedures of the House. I expect all hon. Members to follow them. So, please, Mr. Omingo, see the Clerk of the National Assembly and everything will follow the procedure. All right?

**Mr. Omingo:** But, Mr. Speaker, Sir I---

**Mr. Speaker:** Order! We do not do business that way! What is it?

**Mr. Omingo:** Mr. Speaker, Sir, I am seeking your guidance as to where I should start. Is it

from the point of laying the Paper on the Table or at the point of giving notice of my Motion? I do not want to make another mistake tomorrow when I come to the House.

**Mr. Speaker:** When you see the Clerk of the National Assembly, it will all be made very clear to you. Every Paper that comes to the Floor of this House must have the sanction of the Chair. It should not be hidden from me! So, it will be okay. No ambushes please!

Order, hon. Members! May I, again, bring to your attention the existence of a Supplementary Order Paper. There is a Supplementary Order Paper containing, as it does, the Vote of the Ministry of Health, in place of the Vote of the Office of the Vice-President and Ministry of Home Affairs. So, we are going to take the Vote of the Ministry of Health. I hope we have all got that! They are available anyway. Let us now move on to Questions! I will begin with Questions by Private Notice.

### QUESTIONS BY PRIVATE NOTICE

#### NON-REGISTRATION OF INDIGENOUS KENYANS BORN IN NAIROBI

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

Could the Minister explain why the Registrar of Persons is declining to register indigenous Kenyans who indicate Nairobi as their home district despite their parents and grandparents having been born and lived in Nairobi all their lives?

**Mr. Speaker:** Mr. Osundwa's Question is deferred.

*(Question deferred)*

#### REVIEW OF TAXATION ON FUEL

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

(a) Is the Minister aware that Kenyans are unable to run their vehicles since they cannot afford to purchase fuel whose price has appreciated by about 30 per cent within the last one year?

(b) Could the Government consider reviewing taxes which make up for about 38 per cent of the retail price to enable motorists afford this commodity?

**Mr. Speaker:** The Minister for Finance is not in. We will leave the Question until the end.

#### GOVERNMENT POSITION ON UNWANTED PREGNANCIES

**Ms. Ndung'u:** Mr. Speaker, Sir, I beg to ask the Minister for Health the following Question by Private Notice.

(a) What is the Government's position on unwanted pregnancies that are a result of rape, incest and those affecting mentally-handicapped women?

(b) How many terminations of such pregnancies have been recorded at Kenyatta Hospital and other provincial and district hospitals in the last three months?

(c) How many fatalities and permanent disabilities have been recorded as a result of such cases?

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I want to apologise to the Questioner because I do not have a copy of the written reply for her yet. However, I beg to reply.

(a) The Government's position is that the unwanted pregnancies that are as a result of rape, incest and those affecting mentally-handicapped women should be reduced to zero. They should not happen. However, when these pregnancies occur, the present law does not allow for termination of such pregnancies unless there is a proven medical condition that puts the woman's life in danger. In such cases, then, two doctors; a gynaecologist and psychiatrist can recommend for termination of the pregnancy especially when it is in its early stages. If rape or incest is reported within 72 hours, the patient is given drugs to prevent infection and pregnancy. Even those who are HIV/AIDS-positive are given Anti-Retroviral drugs.

(b) The reports from all Government hospitals in the provinces, districts and Kenyatta National Hospital indicate that there has been no termination of pregnancies on the ground of incest and rape in the last three months. However, data available indicates that women who resort to abortion go to see doctors when they are already bleeding and most of them do not reveal how the abortion started; whether it was through natural causes or interference. They are attended to, treated and discharged. Of late, we have put in place post-abortion care services. I have a table with me which indicates that Kenyatta National Hospital leads in handling cases of abortion. It records between 20 and 30 cases per day. None of these is as a result of defilement or rape.

(c) As stated in parts (a) and (b) above, there have been no fatalities and permanent disabilities in the last three months which have been recorded in the Government hospitals as a result of termination of unwanted pregnancies.

**Ms. Ndung'u:** Mr. Speaker, Sir, it is clear from the Minister's answer that the Government actually does not have a policy in relation to these kinds of cases. What efforts has the Ministry made in terms of changing the law and expanding it to include pregnancies that result from rape, incest affecting mentally-handicapped women? What recommendations has she made for changes in the law?

**Mrs. Ngilu:** Mr. Speaker, Sir, every time we try to deal with the issues of rape and abortion, in the House or outside there, emotions rise drastically. The Government has this kind of policy. Maybe this is the right time for us to change this policy.

**Mr. Maore:** Mr. Speaker, Sir, it would be fair for the Minister, on behalf of the Government, to state what the Questioner is asking. The cases of incest and rape are supposed to be reported to the police. The best question to ask the Minister is: What is the Government's position vis-a-vis the issue of abortion as a cure for recreational sex if that is what she means?

*(Loud consultations)*

**Mr. Speaker:** What are you saying?

**Mr. Maore:** Mr. Speaker, Sir, I am asking the Minister to state the Government's position with regard to cases of abortion for leisure because many of the instances that she has mentioned are not reported cases of incest or rape.

**Mr. Speaker:** Abortion for leisure?

**Mrs. Ngilu:** Mr. Speaker, Sir, I am a bit unaware of abortion for leisure. If the hon. Member can tell me what that means, then, I will be able to answer him.

*(Loud consultations)*

**Mr. Speaker:** Order, Members! We are not communicating at all.

**Ms. Ndung'u:** Mr. Speaker, Sir, when will the Minister make the necessary recommendations to allow for the expansion of this law to include instances of pregnancies

resulting from rape, incest and mentally handicapped women? What is the time-frame?

**Mrs. Ngilu:** Mr. Speaker, Sir, every time we talk of issues of abortion and unwanted pregnancies, emotions rise very high. This is the right time for us to come down to terms with what is happening out there. I want to inform the House this afternoon that no woman would use abortion as a contraceptive method. However, it is happening all the time. We even see it happen in our learning institutions. In fact, I can tell this House that recently, when the police were recruiting personnel, a young woman walked to my office in Afya House and told me that she had been denied admission in Kiganjo Police Training College because they said she was pregnant. I asked her if she truly was pregnant. She answered back that they said that she was pregnant. I told her that there was nothing I could do. I advised her to try again next year. She looked at me straight in the eye and told me, "I will come back to see you tomorrow and I shall have aborted." True to her words, she came back to see me and told me she was now ready to go to Kiganjo Police Training College.

Mr. Speaker, Sir, such cases are so many that actually---

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

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

**Dr. Khalwale:** Mr. Speaker, Sir, you have heard very clearly the Minister say that a lady came to report to her that she was going to procure an abortion. She actually did that and went back to report to the Minister. Is she in order, having failed to report to the police that a crime was being committed? Was she an accomplice?

*(Loud consultation)*

**Mr. Speaker:** Order, Dr. Khalwale. Have you finished?

**Dr. Khalwale:** Mr. Speaker, Sir, was the Minister in order to fail to report the matter to the police? Or was she an accomplice?

**Mrs. Ngilu:** Mr. Speaker, Sir, as you all know, I am neither an abortionist nor a doctor. However, all issues of abortion, as I said before, make us very emotional. I want to tell the House that I felt very guilty because I was not in a position to advise the girl in a better way. I do believe that we can help women---

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

**Mr. Speaker:** Can you not let her finish? What is it?

**Capt. Nakitare:** Mr. Speaker, Sir, is the Minister in order to tell this House that she failed to advise the girl that abortion is illegal in this country?

**Mrs. Ngilu:** Mr. Speaker, Sir, that is why I told her that there was nothing I could do because abortion is illegal. May I say here that we are the law-makers and we know that women and young girls are going through this. Maybe the time has come for us to seriously educate our young girls. May I also say that young girls do not make themselves pregnant; they are made pregnant by their partners. So, we need to educate both men and women on the dangers of abortion.

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

*(Loud consultations)*

Order, Members! Order! Order! Keep emotions low now!  
Next Question!

**Mr. M. Maitha:** Mr. Speaker, Sir, I beg to ask the Minister for Roads and Public Works the following Question by Private Notice:-

(a) Is the Minister aware that Kalala Bridge which joins Mbiuni, Kangundo and Nairobi is about to collapse?

(b) What urgent steps is the Minister taking to rebuild the bridge?

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

(a) I am aware that Kalala Bridge which joins Mbiuni, Kangundo and Nairobi has no guard rails, but the bridge's structure is sturdy and is not about to collapse.

(b) My Ministry has made provisions through the District Roads Fund to reinstate the guard rails and improve the approaches this Financial Year, 2004/2005 at an estimated cost of Kshs350,000.

**Mr. Munya:** On a point of order, Mr. Speaker, Sir. According to your past rulings, the Front Benches are reserved for Ministers and Shadow Ministers. We can see other people who cannot be described as Ministers or Shadow Ministers sitting on those benches.

*(Loud consultations)*

**Mr. Speaker:** Order! Order! Order! That is the law. So, those who are not Shadow Ministers and are sitting on the Front Bench on my left must go back!

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

**Mr. Speaker:** Order! Mr. Ogur and company, go back! You must comply with the rules and go back!

*(Mr. Ogur and other hon. Members  
retreated to the Back Benches)*

*(Applause)*

Now, proceed with your question---

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

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

**Mr. Cheboi:** You will agree with me that we have not formed a Shadow Opposition of National Unity, so that we give it---

**Mr. Speaker:** Order! Order! Order, Members! That may very well be so. But who has told your leader not to make the proper announcement? He must make the---

**Mr. Cheboi:** Mr. Speaker, Sir---

**Mr. Speaker:** Now, what is the matter with you?

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

**Mr. Speaker:** Who are you? Mr. Cheboi, you should relax from now on! Please, respect the Chair! Everybody must respect the Chair. Now, I think we are over-excited, and this over-excitement must now cool down. At the end of the day, whatever political arrangement we may be having, there must be order and dignity in the House, and it will not be replaced with any euphoria, however achieved.

*(Applause)*

Now, who was asking a question?

**Mr. Oloo-Aringo:** On a point of order, Mr. Speaker, Sir. I need your guidance, and I think the House needs it too. There are two terms being used here. On the one hand, we hear there is a "Government of National Unity", while on the other hand, we hear there is an "Opposition of National Unity". Now, in the light of these two terms, what is the position of this House? Shall we refer to the two sides as the Government of National Unity and the Opposition of National Unity?

*(Applause)*

**Mr. Speaker:** Order, Members! Order! As you all know, the Chair operates in accordance with the rules and traditions of the House. What hon. Oloo-Aringo is asking the Chair to do is to actually get involved in the political fray. I refuse to enter any political fray.

*(Applause)*

Now, who had a question? We must now move on!

**Mr. O.K. Mwangi:** On a point of order, Mr. Speaker, Sir. I request a clarification from the Chair. In view of the fact that we have a Government of National Unity, do we have an Official Opposition in the House?

*(Loud consultations)*

**Mr. Speaker:** Order, Members! Order! We should not take a lot of time putting unnecessary questions to the Chair. There is an Official Opposition recognized by the Chair and seated to my left. I am completely unaware of any circumstances that have changed that position.

Now, can we proceed?

**Mr. M. Maitha:** Mr. Speaker, Sir, the answer given by the Assistant Minister is very misleading, because this bridge does not only lack guard rails, but has cracks all over because it was built in the 1940s. The officers who are giving Ministers information regarding Members' Questions are misleading them to mislead the House. Could the Minister tell this House when he is going to visit this area and see this bridge to ascertain that it has no guard rails and that it has very many cracks? In fact, it is about to collapse!

**Eng. Toro:** Mr. Speaker, Sir, I said that the guard rails which are missing will be replaced and. Although there are some parts which are cracked, the structure itself is completely safe and does not require to be rebuilt.

However, regarding the Member's request that I visit the area, I will gladly be able to avail myself to accompany the hon. Member and the bridges engineers so that he can show me what exactly he means by saying that the bridge is just about to collapse.

**Mr. Omingo:** Mr. Speaker, Sir, it is true that there are several bridges which were built over and above the one we have way back in the 1940s. What is the Government's position in terms of rehabilitating all the collapsing bridges? What provisions has the Government made to rehabilitate those ones which are just about to collapse?

**Eng. Toro:** Mr. Speaker, Sir, I agree there are so many bridges which were built in the 1940s. But those bridges are still structurally safe. The bridges that show signs of collapsing - they are not many - have their positions being reviewed on a yearly basis. If the hon. Member has any bridge in his constituency which he would like to bring to our notice, he is free to do so.

**Mr. Speaker:** Last question from Mr. Bahari!

**Mr. Bahari:** There are so many bridges in this country which are in the same state as the one in Kangundo. What preventive maintenance plans does this Ministry have for all the bridges in this country, so that we do not face this kind of danger that is faced by the people of Kangundo?

**Eng. Toro:** Mr. Speaker, Sir, such bridges are inspected yearly. If there is any specific bridge which the hon. Member would like to bring to my attention, I would like to look into it, so that we can study and analyse whether it is safe or not.

#### REVIEW OF TAXATION ON FUEL

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

(a) Is the Minister aware that Kenyans are unable to run their vehicles since they cannot afford to purchase fuel whose price has appreciated by about 30 per cent within the last one year?

(b) Could the Government consider reviewing taxes which make up for about 38 per cent of the retail price to enable motorists afford this commodity?

**The Assistant Minister for Finance (Mr. Katuku):** Mr. Speaker, Sir, I wish to apologise for coming late.

Mr. Speaker, Sir, I beg to reply.

(a) I am not aware that Kenyans are unable to use their vehicles since they cannot afford to purchase fuel whose prices have appreciated by about 30 per cent within the last one year. Traffic jams are getting worse by the day. However, I am aware that the rapid global economic recovery, combined with the rising incidents of terrorism and insecurity in the Gulf region, have led to record high crude oil prices. Crude oil prices in the international markets averaged about US\$26.5 per barrel in September, 2003, but by the end of that year, the price was around US\$41 per barrel. This represents an increase of about 54.7 per cent; a large increase by any standard.

(b) The current duties on petroleum products are specific, which means the taxes do not increase the prices of fuel. Instead, as the price rises, the ratio of tax to consumer prices goes down. Besides, these taxes have not been raised since I took over the Ministry of Finance, which means that the recent price increases are as a result of factors outside the Government control.

Hon. Members are aware that the Government reviews taxes every year. However, it is not possible to reduce taxes under the current hard Budget constraints. Any attempt to lower taxes without cutting down on expenditure would raise the domestic debt, which would cause greater economic damage and more hardships to the *wananchi*. For this reason, it is not possible for the Government to adjust taxes.

**Mr. Kipchumba:** Mr. Speaker, Sir, I appreciate the answer given by the Assistant Minister. It is unfortunate that he is not aware that there are Kenyans who are unable to use their vehicles. He probably lives in a very expensive area. Is he aware that due to the high prices of petroleum products, there is a rise in inflation and subsequent increase in the prices of basic commodities such as foodstuffs? This is causing a lot of problems to Kenyans. Could he consider, just like it was done in 1994, to subsidise the importation of petroleum products, so that inflation can be contained in the country?

**Mr. Katuku:** Mr. Speaker, Sir, I appreciate the suggestion given by the hon. Member and we will take it up.

**Mr. Sambu:** Mr. Speaker, Sir, the Assistant Minister has said that world prices for crude oil have risen. These prices have fallen in the last two weeks and they are on a downward trend. How is it that when the world oil prices, go down, the prices of petroleum products in Kenya, including Super and Regular, keep going up? Can we introduce a regulatory mechanism, if the Assistant



Minister is unable to control petroleum products dealers?

**Mr. Katuku:** Mr. Speaker, Sir, we do not wish to introduce a regulatory system, but we would like to urge all the petroleum dealers to pass over the benefits to the consumers once international prices go down. The hon. Member has said that international crude oil prices have gone down in the last two weeks. We hope this will be felt by Kenyans. We expect the dealers to adjust the prices downwards.

**Mr. Maore:** Mr. Speaker, Sir, three weeks ago, the Assistant Minister promised this House that he was going to rein in the oil companies. He had ordered the Commissioner of Monopolies specifically to address this issue. What are the preliminary findings?

**Mr. Katuku:** Mr. Speaker, Sir, since I gave out the instructions, I have not yet received the report. I will inform this House about the findings as soon as I get the report.

**Mr. Kipchumba:** Mr. Speaker, Sir, could the Assistant Minister also consider exploring the possibility of importing crude oil from Sudan, now that there is a relatively peaceful atmosphere there? This will bring down the prices of crude oil because of the distance.

**Mr. Katuku:** Mr. Speaker, Sir, that is a good suggestion. We will explore that.

### ORAL ANSWERS TO QUESTIONS

#### *Question No.155*

#### VEHICLES FOR SOSIOT/ SONDU POLICE STATIONS

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

(a) whether he is aware that Sosiota and Sondu Police Stations within Belgut Constituency do not have even a single vehicle; and,

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

**The Assistant Minister, Office of the President** (Mr. Mungatana): Mr. Speaker, Sir, I beg the indulgence of the House. The Question was supposed to be answered by my colleague, who had to leave town on a personal emergency. May I request that I answer it tomorrow?

**Mr. Speaker:** Who was supposed to answer the Question?

**The Assistant Minister, Office of the President** (Mr. Mungatana): Mr. Speaker, Sir, Prof. Kibwana was supposed to answer the Question.

**Mr. Speaker:** What has happened?

**The Assistant Minister, Office of the President** (Mr. Mungatana): Mr. Speaker, Sir, he has had to leave on a personal emergency.

**Mr. Speaker:** Order, hon. Members! We trust each other and if we are informed that an hon. Member has a personal problem, then we sympathise. I will defer the Question to tomorrow afternoon. Is that okay with you, Mr. Keter?

**Mr. Keter:** Mr. Speaker, Sir, this Question came up last week and it was deferred to this week. I have a written answer here although it is not signed. I can give it to him to read.

**Mr. Speaker:** No! No! Order! Hon. Members, let us not reduce our dignity further. The Assistant Minister has been said to have some problem. Let us have the Question tomorrow and then I will sympathise with you.

**Mr. Keter:** Mr. Speaker, Sir, you have said that we should not reduce our dignity further. It is my opinion that this Question should be answered today.

**Mr. Speaker:** What is the matter with you, Mr. Keter?

**Mr. Keter:** Mr. Speaker, Sir, I will then wait for tomorrow.

*(Question deferred)*

**Mr. Speaker:** Thank you. Next Question, Mr. Masanya!

*Question No.219*

PERFORMANCE OF NYAMIRA  
SECONDARY SCHOOLS

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

(a) how many students from Nyamira District joined local universities during the years 1999, 2000, 2001 and 2002; and,

(b) whether he considers this performance from Nyamira District secondary schools satisfactory.

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

(a) The number of students from Nyamira District who were admitted to local public universities during the years in question were as follows:-

Year of KCSE No. of students admitted

|      |     |
|------|-----|
| 1999 | 169 |
| 2000 | 302 |
| 2001 | 258 |
| 2002 | 293 |

(b) The performance of the Kenya Certificate of Secondary Education (KCSE) in Nyamira District has been poor. In the year 2003, only 405 candidates managed to get a grade B plain and above, out of a total of 7,195 candidates who sat for the KCSE. This translates to only 5.6 per cent of the candidates. Three thousand, one hundred and thirty three (3,133) or 43 per cent scored between D plain and E grades.

The performance of girls in the KCSE was poorer than that of boys. Out of the 405 candidates, only 62 candidates with B plain and above, or less than 1 per cent, were girls. Out of the 3,133 candidates who scored grade D plain and below, 1,680 or 53 per cent of them were girls. Only one girl managed to get a quality grade A- compared with 28 boys.

**Mr. Masanya:** Thank you, Mr. Speaker, Sir. I thank the Assistant Minister for his detailed answer. However, the poor performance has been there because of lack of proper learning facilities. It has been there because of schools being understaffed and many other reasons. What is the Assistant Minister doing to improve this kind of performance?

**Dr. Mwiria:** Mr. Speaker, Sir, a number of factors have contributed to poor performance. One of them is shortage of teachers, which is a national problem. We appreciate that there is a problem. One of the measures that the Ministry is taking to rectify this is to try and staff our schools with enough teachers in the near future. The second issue has to do with management of schools. That is a serious issue. We are conducting training programmes for headteachers so as to ensure

that they are better managers of schools. We are also involved in the process of delocalising both District Education Officers (DEOs) and school principals. Facilities are also a problem. We are doing our best to provide facilities for science laboratories to nine schools per district every year, as well as supporting schools that are considered to be located in pockets of poverty in well-endowed regions. We know how much we are doing for schools in the Arid and Semi Arid Lands (ASALs). I appreciate that there is a national problem. We have to tackle it comprehensively. We should begin with providing teachers, proper management and training programmes that are required.

**Mr. Speaker:** Prof. Oniang'o, please proceed!

*(The Minister for Roads and Public Works  
was applauded as he entered the Chamber)*

**Prof. Oniang'o:** Mr. Speaker, Sir, for a while, I thought that I was the one being cheered!

**Mr. Speaker:** Order, hon. Members! Let us conduct everything in moderation. Proceed, Prof. Oniang'o!

**Prof. Oniang'o:** Mr. Speaker, Sir, poor performance in schools is not only confined to Nyamira District. University education is a public good for which Kenyans pay taxes. It should be accessed equitably. Could the Assistant Minister tell us if he can publish how many students have sat for the university entry examination, how many have qualified along gender lines and their total population in the respective districts, so that Kenyans can see whether university education access is equitable or not?

**Dr. Mwiria:** Mr. Speaker, Sir, I appreciate that comment. I want to tell the hon. Member that, in fact, I have records of enrolment, how many applicants were eligible and what percentage of applicants was admitted to the public universities per district. I have that information for 1999 to 2002. If you look at the statics that I have, you will see that the problem is nationwide. It is particularly serious in the Rift Valley. Never mind the fact that KANU was in power for all those years. It is also serious in North Eastern and the Coast Provinces. The municipalities are doing much better. We do agree that there is a problem. A big part of this problem has to do with the kind of schools and facilities in specific districts. If we were to publish the statistics, there would be something interesting for Kenyans. We have the statistics.

**Dr. Khalalwe:** Thank you, Mr. Speaker, Sir. Experience has taught us that national schools have the highest number of admissions into the public universities. This is because of the unique support national schools enjoy from the Government. Could the Assistant Minister tell us why he has not deliberately created national schools in all provinces, especially in Western Province where there is no national school?

**Dr. Mwiria:** Mr. Speaker, I have argued in this House before for centres of excellence in every district. I recommend that we have one girls school and one boys school in every district. We have found out that schools with the most resources and best teachers happen to be national and some top provincial schools. We hope that, as a Ministry, we will strengthen not just provincial schools, but also district schools, so that we have more of outstanding schools. We will focus our attention on supporting schools that are in the rural areas, because that is where most of the Kenyan youth are. The target is to ensure that all our secondary schools have adequate facilities, good teachers, and that the climate is right for them to perform as well as national schools. We, therefore, will not have to fight for limited places in the national schools.

**Mr. Masanya:** Thank you, Mr. Speaker, Sir. The Assistant Minister has said in his answer that only one girl out of many achieved an "A" grade. What is the Government doing for girls' schools to improve their performance?

**Dr. Mwiria:** Mr. Speaker, Sir, we are doing a lot to support girls schools. We have various on-going programmes in girls schools. Apart from training teachers who are in those schools, we are also providing them with facilities. There are many organisations which are targeting girls schools. I would like to say that, as hon. Members of Parliament, we have a responsibility to ensure that we do much more than we are doing in terms of improving the education of females in this country.

**Mr. Speaker:** Mr. Cheboi, please ask your Question. I am sorry that I mistook you for Mr. Kipchumba. I am sorry about that.

*Question No.359*

COMPLETION OF OLENGURUONE-  
SILIBWET ROAD

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

(a) when Olenguruone-Silibwet Road D315 will be completed; and,

(b) how much money has been set aside for the said works.

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

(a) Olenguruone-Kapketich, a section of Olenguruone-Silibwet Road, D319, will be completed during the Financial Year 2004/2005.

(b) The money set aside for the said works is "Kshs455,231,271.75," which will be used to double-surface the first seven kilometres and gravel 32 kilometres.

**Mr. Cheboi:** Mr. Speaker, Sir, I am extremely happy with the answer, especially considering the amount that has been set aside for this road, which is about Kshs455 million, although my answer gives it as Kshs455 billion!

**Mr. Speaker:** How much money is given in the reply, Mr. Cheboi?

**Mr. Cheboi:** Mr. Speaker, Sir, it is Kshs455 billion! It has been given to my constituency and I am very happy about it.

*(Messrs. Kanyingi and Mwenje  
consulted loudly as they  
shook hands)*

**Mr. Speaker:** Mr. Kanyingi and Mr. Mwenje, do you think this is a wrestling ring? I warn you very seriously not to do that again!

**Mr. Cheboi:** Mr. Speaker, Sir, I do not understand what "double-surface" of the first seven kilometres means. I want to know that. The Ministry said that it was going to handle the Olenguruone-Kipsagit Road, yet the Question concerns Olenguruone-Silibwet Road. The seven and the 32 kilometres constitute the whole road length.

**Eng Toro:** Mr. Speaker, Sir, I do not know where the hon. Member learnt his mathematics because he is talking about "Kshs455 billion." It is Kshs455 million!

**Mr. Angwenyi:** On a point of order, Mr. Speaker, Sir. Is the hon. Assistant Minister in order to question the intelligence of the hon. Member by asking where he learnt his mathematics? Could he please withdraw and apologise?

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! We cannot have one moment of silence in this House! Let us not waste a lot of our time on very simple things. I think Mr. Cheboi is more concerned about the road being done. So, can we now proceed?

**Eng. Toro:** Mr. Speaker, Sir, although he is very concerned about the road being done, I am also concerned about the figure. If his constituents are under the mistaken belief that we have given them Kshs455 billion, then this is completely misleading. He should now correct his mistake.

The first seven kilometres, which are tarmacked, will have the surface scraped and replaced with double-dressing, which means it will be finished to bitumen standard. The rest of the 32 kilometres, up to Kapkatich will be gravelled. The rest of the section up to Silibwet will not be touched.

**Mr. Salat:** Mr. Speaker, Sir, I take keen interest in this Question because it also concerns my constituency. I would like to correct the Assistant Minister because no part of this section of the road is tarmacked. How much money had been spent on this road prior to this allocation of over Kshs400 million? Why was construction of the road stopped?

**Eng. Toro:** Mr. Speaker, Sir, this is the total amount that will be spent on the road. Work on it started last year, and it is progressing. A stretch of 13 kilometres has already been done to gravel standard. If the hon. Member has truly been there, he should have seen that 13 kilometres have been done to gravel standard.

**Mr. Cheboi:** Mr. Speaker, Sir, the second part of the answer is very clear; that seven kilometres will be double-dressed. The remaining 32 kilometres, which stretch beyond Silibwet, will be gravelled. I am surprised that the Assistant Minister is saying that the rest of the 32 kilometres will not be touched. Work on this road has not been factored into the Budget. Am I supposed to just take his word and yet I have not seen it in the Budget?

**Eng. Toro:** Mr. Speaker, Sir, this work will be done using the Fuel Levy Fund. About Kshs8 billion from the Fuel Levy Fund has been factored into the Budget as Appropriations-In-Aid. The Budget does not have a breakdown of individual roads that will be done using that money. Although this road does not appear in the Budget, work on it is going on.

**Mr. Speaker:** Next Question!

*Question No.248*

REHABILITATION OF WATER  
PROJECTS IN NDARAGWA

**Mr. Muchiri** asked the Minister for Water:-

- (a) whether she could inform the House the number of water projects the Ministry funded in the 2002/2003 Financial Year; and,
- (b) when she will provide funds to rehabilitate Kirima Water Project and Leshau Karagoine Water Project in Ndaragwa Constituency.

**The Minister for Water** (Ms. Karua): Mr. Speaker, Sir, I beg to reply.

(a) Through the ongoing International Fund on Agricultural Development (IFAD) programme construction of Gathuka and Ndaragwa Water Projects in Ndaragwa Constituency during 2002/2003 Financial Year was carried out at a cost of Kshs3.2 million and Kshs1.8 million respectively.

(b) The Ministry has provided funds for rehabilitation of Kirima and Leshau Karagoine Water Projects. In the just concluded financial year, the Ministry spent Kshs2.4 million on

rehabilitation of Kirima Water Project as a short-term measure. The long-term measure for this programme will involve construction of a concrete dam on Karurumo River and augmentation of the distribution system. Leshau Karagoine Water Project is among the projects earmarked to benefit from the IFAD programme in Nyandarua District under the current financial year. This project, which is partially operational, requires Kshs30 million to become fully operational. It will be funded this year to the extent of Kshs5 million.

**Mr. Muchiri:** Mr. Speaker, Sir, I appreciate the answer from the hon. Minister. But is she aware that the intake for Ndaragwa Water Project has often been destroyed by elephants? What will the Ministry do to ensure that the water intake is not damaged in future?

**Ms. Karua:** Mr. Speaker, Sir, the Ministry will look into this. If it is the case, we will liaise with the Ministry of Tourism and Wildlife with a view to finding a solution.

**Mr. Muriithi:** Mr. Speaker, Sir, water is life. In Nyeri Town Constituency none of the water projects is operational. Could the Minister inform this House when the Government will set aside sufficient funds to rehabilitate all the water projects in the country?

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! I think we are playing too much in the House now. From this very moment, the Chair will take action against hon. Members---

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

Order! You might become a victim! I think we are now almost turning this august Chamber into a circus! That must stop from this very moment! Be serious all of you!

**Ms. Karua:** Mr. Speaker, Sir, I want to agree with the hon. Member that we have not budgeted enough money for all the stalled projects. I also want to add that we cannot live beyond our means. It is, therefore, up to the Ministry, the hon. Member and everybody else concerned, to ensure that the money voted is put to the best use, so that it can cover as many projects as possible. The Ministry is prioritising rehabilitation of stalled projects.

**Mr. Muchiri:** Mr. Speaker, Sir, is the Minister aware that Leshau Karagoine Water Project is supposed to serve three locations, but it is only benefiting Kirita Location? Could she tell us when it will be extended to Mazingira and Leshau Locations?

**Ms. Karua:** Mr. Speaker, Sir, I cannot give dates, but the reason why there is rehabilitation and augmentation is that we are aware that it is not operating to capacity.

**Mr. Speaker:** Hon. Members, I have to defer the Ordinary Questions by Messrs. Munya, Sasura and Kajwang till tomorrow afternoon since we have no time to tackle them.

*Question No.227*

TARDA'S EXPENDITURE ON  
KUNATI IRRIGATION SCHEME

*(Question deferred)*

*Question No.381*

CHILDREN'S OFFICER FOR

## MARSABIT DISTRICT

*(Question deferred)**Question No.374*MEASURES TO CONTAIN  
TRYPANOSOMIASIS IN NYANZA PROVINCE*(Question deferred)*

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

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

**Dr. Godana:** Mr. Speaker, Sir, my point of order concerns the manner in which the Order Paper is prepared or changed. Today, we begin the consideration of the Ministerial Votes; this is the First Allotted Day. It is clear that Allotted Days are special days for the Opposition. That is when the real discharge of the responsibility of holding the Government to account is at play. On that basis, the House Business Committee did, as is the tradition, refer to the Opposition to list down its own priorities in consideration of the Votes, which priorities we put down. We were to start with the Vote of the Office of the President last week. However, the Minister, Dr. Murungaru, said he would only be ready next week. Even so, we have been ambushed today to read that the First Allotted Day is the Ministry of Health. Hon. Members have not prepared for this and, in fact, the Shadow Minister for Health, who has just learnt about it this afternoon, is only now preparing and maybe, he will need to respond on the second day. So, I need some assurance from the Chair that this will not happen again. If there are emergencies which occasion a departure from what the House Business Committee has decided, it is right that the Leader of the Official Opposition or the Chief Whip be alerted, so that we can also get prepared.

**Mr. Speaker:** Very well. Hon. Members, it is right for the Opposition to have a choice as to what Ministries to be discussed. This is correct. Secondly, it is also right that the Opposition, and the House at large, do know what Ministry they will come to be deliberated upon so that they can prepare themselves. However, Dr. Godana will recall, as a matter of fact, when they were picking these particular Votes to be discussed, the Minister in the Office of the President said he was not ready to be first.

The first Vote will be deliberated upon today, I believe, unless I am mistaken. However, be that as it may, I think it was the Vote of the Office of the Vice-President and Ministry of Home Affairs that was coming for discussion today. I am informed that the Clerk of the National Assembly was called by the Vice-President and Minister for Home Affairs who informed him that he had to go to Addis Ababa rather hurriedly. For that reason, the Clerk of the National Assembly had to get what the Minister was prepared for. I think what should have happened at that stage, is for the Clerk to inform the Leader of the Official Opposition, and the Shadow Minister, responsible for that Ministry, and find out whether they are ready for that particular business. This is what should happen in the future. We should all agree. I understand the position of Dr. Galgallo. Dr. Galgallo, if you are not ready to give the official response today, we will give you the opportunity tomorrow; hopefully, you will have gone through it. I hope this rests everything in good state.

**Dr. Galgallo:** Mr. Speaker, Sir, it is my belief that Government Ministers are involved in the preparation of the Budget. However, it beats logic when they come and tell us, several weeks after the Budget Speech, that they are unprepared to present their Votes in Parliament; it does not

make sense to me. For posterity, we should not entertain this.

**Mr. Speaker:** Hon. Members, you know, the shoe can always be on the other side. We are running a human Government, like we are running a human Parliament. Sometimes an hon. Member or Minister may be indisposed; he or she may have some problems that may not allow him or her to be present. However, we will try as much as it is humanly possible to go along by the list.

So, can we now proceed? We are taking time. It is now against the rules of the House to proceed on anything else.

Next Order!

### COMMITTEE OF SUPPLY

*(Order for the Committee read  
being the First 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 to enable me initiate debate on Vote 11 of the Ministry of Health.

Good health is critical in enhancing human development. Improving health conditions enhances productivity of a worker, increases enrolment of children in schools and increases learning ability. The Government recognises the importance of investing in health and the need for co-ordination with other relevant sectors to maximise on utilisation of existing resources. The Government development priorities are articulated in the Economic Recovery Strategy Paper (ERSP), for years 2003-2007. The objective of this strategy with regard to health, and I quote, is: "Ensuring provision of basic health package to all Kenyans and increasing coverage of quality health care for the poor."

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

**Mr. Speaker:** Order, hon. Members! Mr. Moi, lie on the Floor!

*(Laughter)*

**Mr. Wario:** Jambo la nidhamu, Bw. Spika. Majadiliano kati ya waheshimiwa Wabunge yako juu sana na yanafanya wengine wetu tusimsikilize kwa makini mhe. Waziri. Naomba waheshimiwa Wabunge kujadiliana kwa sauti ya chini.

**Mr. Speaker:** Order, Members! What is it that makes this House unable to keep quiet?

**Hon. Members:** Cabinet reshuffle!

**Mr. Speaker:** Order! Everybody must keep order now!

Proceed, Mrs. Ngilu!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, specifically, the Ministry is



mandated in the ERSP to: One, establish a National Social Health Insurance Fund (NSHIF); two, set up an endowment fund for the poor; three, rehabilitate existing health facilities and four, streamline the Kenya Medical Supplies Agency (KEMSA) in order to improve efficiency in drug procurement and distribution. This will ensure that the fundamental concerns of equity, access, acceptability, affordability and quality in the provision of basic health services are met.

Mr. Speaker, Sir, as a step towards achieving this, my Ministry has from the beginning of this month, reviewed and standardised, or regularised the fees charged in rural health centres and dispensaries. Patients seeking treatment at our dispensaries will be required to pay a nominal registration fee of Kshs10, while it will be Kshs20 at the health centres. This will ensure affordable health services to the poor. Revenue collected will be utilised by the District Health Management Boards (DHMBs) to meet some administrative costs at these levels such as paying for the cleaner and the watchman.

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! Hon. Members must give those hon. Members wishing to hear what the Minister has to say the opportunity to do so! Those of you who are not interested, please, you can take leave, so that the rest can hear what is going on!

Proceed, Mrs. Ngilu!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, it is fair that, that is sustainable because the Ministry of Health has restructured the Kenya Medical Supplies Agency (KEMSA) to coordinate and distribute drugs effectively and efficiently throughout the country, using its drugs depots which are strategically located in the provinces and districts.

Mr. Speaker, Sir, the socio-economic analysis of poverty dimensions in the country reveals that the main health challenge facing the poor is affordability and accessibility of health care services. The Household Expenditure and Utilisation Survey of 2003 reveals that 25 per cent of the sick do not seek medical care due to financial barriers. That is a major concern as it contributes to the high infant and maternal mortalities. If that situation is not arrested, Kenya will not be able to meet the millennium development goals. Against that background, the main objective of health care delivery in the next three years will be to improve affordability, accessibility and acceptability of quality health services.

Mr. Speaker, Sir, although the Government has been allocating substantial budgetary resources to the health sector, the general health of Kenyans continues to deteriorate for various reasons, including the emergence of new diseases such as HIV/AIDS, misuse of resources due to mismanagement and wastage, high cost of drugs and immigration of health workers from Kenya largely due to low remuneration. My Ministry intends to do the following to address that:-

First, we want to ensure the establishment of the National Social Health Insurance Scheme (NSHIS) for all Kenyans. Towards that end, hon. Members are aware that they have passed Sessional Paper No.2 of 2004 on NSHIS. The Bill has already been tabled in this House. I would like to assure hon. Members that my Ministry is putting in place structures to ensure that the scheme is successful. With the enactment of the National Social Health Insurance Bill, which I believe hon. Members of this august House will support, treatment in all our health institutions will be accessible to members. That will reduce the health care burden on households and ensure quality, equity, access, quality and improved health care services.

**Dr. Godana:** On a point of order, Mr. Speaker, Sir. I must confess that I do not enjoy interrupting the gracious Lady, but I have to because she is supposed to be presenting the Vote of the Ministry of Health and not to campaign for a Bill which has not come before this House. I think

the rule of relevance applies. Let us go to the subject. Is it in order?

**Mr. Speaker:** Order! I think you are right, Dr. Godana. I think the Bill has already been read the First Time. So, leave it at that. Now, present your budget!

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Speaker, Sir. The capacity of KEMSA will be built to ensure that drugs reach rural health centres and dispensaries on time. Accountability will also be enhanced. Thirdly, we will establish treatment guidelines based on good quality generic drugs to reduce the cost of treatment. It is important for hon. Members to note that HIV/AIDS pandemic continues to be the greatest challenge facing the health sector today. That is because 50 per cent of hospital beds in public hospitals are occupied by patients with HIV/AIDS related illnesses, as per the Aids in Kenya, 2000 Report. We are grateful that our development partners have responded positively by providing assistance towards that end. Funds availed will help the Ministry to do the necessary awareness campaigns, contain the pandemic, prevent mother to child transmission, conduct voluntary counselling and testing among other services.

Mr. Speaker, Sir, hon. Members are aware that malaria is another disease that has a high negative impact on the health of Kenyans. It actually accounts for about 30 per cent of morbidity and 5 per cent of all mortality in the country. The Global Fund alone has approved additional grants to Kenya to the tune of Kshs14,905,560,640. That funding brings the total cumulative amount to Kshs17,600,000,000 for malaria related activities for the next five years. Out of that, Kshs6,557,816,880 will be availed in the first two years. The Fund will provide Kshs2,190,692,244 this financial year. My Ministry will avail additional funds to the tune of Kshs45 million to target the vector by indoor spraying and destroying mosquito breeding sites. The public, mostly pregnant mothers and children under five years, are also encouraged to sleep under insecticide-treated nets. My Ministry has set aside Kshs1,765,198,833 for procurement of essential drugs. There is a further Kshs40,620,329 earmarked for the procurement of HIV/AIDS drugs in the Development Vote No.D2.

Mr. Speaker, Sir, it is important for hon. Members to note that 65 per cent of all the funds allocated for the drugs will go towards procurement of drugs and non-pharmaceuticals for health centres and dispensaries. My Ministry is also strengthening its services by building capacity of the district health system and health management boards in readiness for the provision of acceptable and affordable health care services. That is intended to make the boards more responsive to local needs and enable them to play a key role in the management of health services at the district level. The management board members will be adequately trained and their roles and responsibilities properly re-defined to make them more effective.

Mr. Speaker, Sir, efforts will be made to improve our referral system at various levels of health care. Towards that end, my Ministry has set aside Kshs70 million towards the purchase of ambulances for rural health facilities. Further, in an effort to improve services at the national referral hospitals, my Ministry has availed Kshs250 million towards the improvement of facilities at the Kenyatta National Hospital (KNH), as a starting point. Other areas of concern will be Integrated Management of Child Illnesses (IMCI), Kenya Expanded Programme on Immunization (KEPI) and control and prevention of major environmental health related communicable diseases. The financial estimates for this financial year reflects that new thinking, which will entail shifting resources from curative to preventive and promotive health services.

Mr. Speaker, Sir, under the Development Vote, some funds have been set aside for improvement of existing infrastructure, although they are not adequate. The Ministry has provided Kshs437 million as GOK funds for the rehabilitation of health facilities, procurement of Anti-Retrovirals (ARVs), immunisation, equipment and environmental management.

Mr. Speaker, Sir, allow me to recognise the contribution of our development partners who

have contributed over 87 per cent of our Development Vote. Without such support, it would be very difficult for us to achieve our objectives in the health sector.

In conclusion, I wish to request this House to approve a gross total of Kshs23,755,806,996.00 for Vote 11 - Ministry of Health. Of this amount requested, Kshs15,951,898,296.00 will go towards supporting Recurrent Expenditure and Kshs7,803,908,710.00 will go towards the Development Expenditure.

Mr. Speaker, Sir, with those remarks, I beg to move.

May I request hon. Karua to second the Motion.

**The Minister for Water** (Ms. Karua): Mr. Speaker, Sir, I rise to second the Motion.

I agree that good health is essential for our national development. I am very happy that the Ministry of Health is focusing on access and affordability of quality health services for all. The problem we are facing as Members of Parliament, even in our constituencies, is about lack of access by our constituents to health services. All the time, there are many people who look for their Members of Parliament either to help them settle outstanding bills in hospitals to enable their patients to be discharged or to help them in accessing services like operations and X-rays. It is good that the policy has already been passed and through the pending National Health Insurance Bill, Kenyans may now look forward to accessible health services.

Mr. Speaker, Sir, in the meantime, the changes that are going on in the Ministry of Health are ensuring that the services that were previously unavailable to the population are now accessible. I have in mind the drugs that are procured through public funds. The bottlenecks in their distribution and accessibility has meant that people continue to suffer even when the Ministry has announced that drugs for certain illnesses can be obtained free of charge, for example, drugs for tuberculosis, malaria and also, treatment for children under five years.

Mr. Speaker, Sir, in supporting this Motion, I am aware that the Ministry is doing its best to ensure that its policies are observed in all the hospitals and all the health facilities throughout the country to ensure that the population benefits. I want to note that the maternal and child mortality rates are still very high in Kenya. Unless we support the quest for improved health services, Kenya, as a country may not be able to meet the millennium development goal, yet it is possible for us to achieve this goal if we all re-directed our efforts towards the corrective measures that are now taking place.

Just slightly under Kshs24 billion for the Ministry of Health may look like a big sum of money, considering our Budget. But it is less than what this Ministry should get if it is to ensure that primary health care is accessible to all. We hope that the measures that have been put in place will ensure that health services get increased revenue.

I want to appeal to my colleague, the Minister for Health, and the Ministry at large, to continue expanding the centres where ARVs can be accessed by those in need of them. Currently, the outlets in the provincial general hospitals are too few and too far between for patients who need these particular services. The issue of cost-sharing is also affecting, and can be a disabling factor for access to the much needed ARVs to people who are affected by HIV/AIDS. When the patients go to hospitals and are asked to pay some minimal amounts of money for blood tests and other necessary tests, this places the services beyond them, and even if the ARVs charges have come to Kshs1,500 per month, it may not be possible for people to access the prescriptions if they are unable to pay for the services for the blood tests and X-rays that may lead to these prescriptions.

I am, therefore, saying that we all need to support the measures by the Ministry of Health that would enable everybody to access these services without having to pay money. What is happening is that those who live below the poverty line may not be able to access health services or to even pay the minimum fees that are prescribed for health services.

I am happy, however, that these are issues that the Government is looking into and that, the leadership given by the Ministry of Health is going to lead us to the situation where every Kenyan will be able to access primary health care irrespective of their position in life.

I would like to point out that the corrupt practices that have previously plagued almost all public services in the country are curbed, so that people in our health facilities, the district hospitals, the clinics; do not ask for levies that are not authorised by the Ministry. I hope this will be looked into by my colleague, the Minister for Health and the staff in her Ministry.

I am also calling on the Ministry of Health to abolish pharmacies that are adjacent to our hospitals and health out-lets because we can never be sure that the drugs being dispensed at these cost-sharing pharmacies, are not the very drugs that are supposed to be free of charge and have been given by the Ministry of Health. I believe it is our duty as legislators, and as leaders, to sensitise our people so that they can also be vigilant and help combat any malpractices that can affect the health services.

Mr. Speaker, Sir, it is also our duty as leaders and legislators to ensure that throughout the country, when the Ministry of Health asks us to nominate committees for the health facilities, we give people who can add value to the running of those facilities, and who can help in putting into effect the measures that the Ministry of Health is trying to implement to ensure that our health services are of use to Kenyans.

With those few remarks, I beg to second.

*(Question proposed)*

**Mr. Speaker:** Order, hon. Members. I presume Dr. Galgallo will reserve his response for tomorrow. So, everybody else from the Official Opposition will just be taking the usual ten minutes.

**Dr. Godana:** Thank you very much, Mr. Speaker, Sir, for giving me this opportunity to make a few remarks on the matter before the House. The Ministry of Health is perhaps one of three or four most critical Ministries in the lives of citizens of this country or, indeed, of any country. After the Office of the President which deals with law and order, the Ministry of Education which touches on the lives of each and every household on a daily basis, the Ministry of Health follows because it is that close to each and every citizen. If the health of citizens is not properly attended to, the health of the nation, even in terms of economic production, will not be something that will impress or one which we will be proud of.

It is a pity that the Budget has allocated 8 to 9 per cent of the total Government expenditure to the Ministry of Health. That is a paltry sum! In what we know with the iniquities and gaps between waste levels in this country, the mass of poverty that the country is in, the cost on all expenditure in private hospitals and clinics is becoming a major share of household expenditure for the rural poor. In this respect, in principle, the idea which the Minister and her team have thought of; some kind of effective, sustainable, national insurance policy is welcome. Unfortunately, when I reflect on this matter, I recall a story that I read about during the Biafra civil war many years ago. Just before Biafra collapsed, there were pictures of starving or nearly starving young men carrying weapons who were prepared to go to war on behalf of Biafra. The caption underneath read: "The heart is willing, but the body is weak." I am afraid that the Minister is passionately concerned about better health delivery and, I think she is sincere on this, but unfortunately, the body of the economy and the economic point of the Government and our situation does not yet ensure that we can meet the burden of the insurance scheme as has been devised.

We are aware, as the Official Opposition that, the Government is not talking at par on this subject. We are aware, for example, that the Treasury, unless it is denied here, is not prepared to put

in a cent of the Kshs11 billion that the Minister expects to get from it. We are also aware that the donor community, and in particular major donors to the health sector, have told us that it will be very sad if we push through this scheme. As one of them put it to me, his own country in Europe cannot afford free medical care. They cannot imagine how Kenya, in the opinion of the Minister for Health, can pretend to afford this. We have to be careful because it is populist and it is easy to tell Kenyans: "Hurrah! We are bringing you free medical care." It will be terrible if this scheme turns out to be something that is not realisable.

I know that mission hospitals and some in the private sector have embraced this. For very understandable reasons, in fact, I sympathise with mission hospitals. For some regions in the remote areas of this country, health delivery is best done at a cost by mission hospitals and it is sad that traditionally, we have not accorded them more than 1 per cent of the Recurrent Expenditure. I am thinking of Wamba, Sololo and Laisamis Hospitals that are all run by the Africa Inland Church (AIC) and catholic churches in northern Kenya. They have become the real referral hospitals in many cases, in fact, hospitals of first reference by people in those parts of the country who have come to lose hope in the effectiveness of delivery of medical care through public hospitals.

Mr. Speaker, Sir, I would have thought, therefore, that in this Budget, the Ministry would have pushed for enhancing the capacity of some of these mission hospitals which are not for profit; they are run by charity, to deal with the rising numbers that they are finding now unbearable as the poor walk in their thousands to these areas.

I know that when cost sharing was introduced, I happened to have been an Assistant Minister for Health under the then Minister for Health, Mr. Kibaki. I know how much he had to defend it on the Floor of this House. I am at a loss as to whether the President today has actually swallowed the words which he used on the Floor of this House then.

*(Mrs. Ngilu pointed at herself)*

The Minister tells me that it is not the President but her. I thought that she is working for the President.

*[Mr. Speaker left the Chair]*

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

Mr. Temporary Deputy Speaker, Sir, what I am saying is that we need to be very careful in making our people believe that we are about to enter a millennium of happiness in terms of free and effective medical care through the so-called National Health Insurance Scheme.

The other day, the Minister announced that rural hospitals and health centres would now not charge citizens with effect from the 1st of this month. Cheers! We hope it will not be another false start like an announcement that patients must not be detained at hospitals. However, we know that patients are now being detained at the Kenyatta National Hospital (KNH). The principle being that even if you are a sick person, you have relatives. We know that patients are being held up and we have had to go occasionally to release some from those holding bays. They leave the rooms and the beds but are held up because they have not paid the required fees. We hope that we are not going to face similar situations.

I fully agree with what Ms. Karua said about the quality of management teams at these health centres and dispensaries. It is important that in making appointments to these institutions, we

go for people who can make a difference in terms of advising the management team and helping to improve the quality of health deliveries.

Mr. Temporary Deputy Speaker, Sir, there are two other areas where I would want to comment on. The first is on child immunization. It is a pity that over the years, in some of our areas, particularly the nomadic areas, there has been a retrogression. It is really unbelievable what the levels of child immunization are, for example, in some of our areas. There were times when there were mobile outreach clinics by Government Departments. Those things collapsed some years back and we have not seen any effective turn around on the policy again.

On the issue of medical facilities, the problem with this country is not so much the lack of medical facilities in terms of structures. People have built dispensaries and health centres; perhaps one too many. The problem is the question of whether we have requisite staff to man these institutions and whether we can actually afford or muster supply of drugs and the necessary elementary equipment. The Budget of the Ministry should have shown us how the Minister expects, effectively, to reverse the trend in this regard.

In my own district, we have a shortage of more than 100 nurses and clinical officers, I am told. The last time the Ministry decided to recruit, they did a good thing by advertising at the local level and we were made to believe that, in fact, they were recruiting locally. However, when our nurses and clinical officers went for the interviews, we know that people from the headquarters who had never been to Marsabit, were recruited. We also know that once they are confirmed, many will be seeking transfers out of those positions. These are some of the issues which we expect to see how the Minister intends to deal with when it comes to her reply.

With those few remarks, I beg to support.

**Mr. Wario:** Ahsante, Mhe. Spika wa Muda, kwa fursa uliyonipa ili niweze kuchangia Hoja ilio mbele yetu.

Ni tegemeo la nchi na taifa lolote kuwa na afya bora. Iwapo hali ya afya itazorota, shughuli yoyote ya Kiserikali au ya jamii na taifa, bila shaka kuzorota kwake hakutakuwa ni swali. Ni lazima sehemu hii iboreshwe!

Sikitiko langu ni kwamba Serikali ya NARC; Serikali ambayo imeapa kuboresha hali ya uchumi katika nchi, leo inatoa asilimia kidogo mno kwa Wizara muhimu kama hii. Hata hivyo, hii ni baadhi ya Wizara ambazo nitazipongeza kwa sababu ya huduma bora. Kule mashinani, ingawa kidogo, sasa huduma za Wizara hii zinaonekana ikiwemo kutumika kwa *ambulance*. Nasema haya kwa sababu miaka 40 iliyopita, sehemu ninayowakilisha Bungeni, haikubahatika kupata *ambulance*. Mara hii wale wanawake ambao zamani walifungiwa ndani ya nyumba na kuachwa kungojea kifo, wamepata tamaa kuwa na wao wataishi kama Wakenya wengine. Kuna methali inayosema kwamba: "Baniani mbaya, kiatu chake ni dawa." Sisi pia tunasema kwamba ingawaje baniani ni mbaya, kiatu chake ni dawa.

Bw. Naibu Spika wa Muda, ningependa kumpongeza Waziri kwa kuhakikisha kwamba madawa yanapatikana katika hospitali za umma. Zamani, dawa ambayo ilikuwa inapatikana katika hospitali za umma ni Aspirin peke yake. Siku hizi, baadhi ya madawa muhimu hupatikana katika hospitali hizo. Kwa hivyo, ningependa kumpongeza Waziri na kumwomba aendelee na mwito huo.

*(Loud consultations)*

Bw. Naibu Spika wa Muda, ninawasikia waheshimiwa Wabunge fulani wakizungumza nyuma yangu, lakini mimi ni mimi.

**The Temporary Deputy Speaker** (Mr. Poghiso): Order! Order, Mr. Wario! Address the Chair.

**Mr. Wario:** Bw. Naibu Spika wa Muda, nina haki kusema yale ninayoyasema na ninajua ni kwa nini ninasema hivyo. Siko hapa kufurahisha mtu yeyote. Waziri akikosea, ni wajibu wangu kumkosoa. Akitekeleza wajibu wake ipasavyo, nitampongeza.

Kwa jumla, hali ya afya nchini imezorota kwa sababu kuna maswala mawili ambayo hayakushughulikiwa ipasavyo. Moja ya mambo hayo ni umaskini. Kwa sababu ya umaskini ambao umeongezeka maradufu nchini, hali ya afya miongoni mwa jamii imezorota. Jambo lingine lililochangia kwa kiasi kikubwa kuzorota kwa hali ya afya nchini ni maradhi ya UKIMWI. Ninasikitishwa sana na Baraza la Kitaifa la UKIMWI (NACC) ambalo linasimamia shughuli na pesa za kupambana na UKIMWI. Ingawaje Serikali imetangaza UKIMWI kuwa janga la kitaifa, wale wanaohusika katika ugawaji wa fedha zinazotumiwa kuwahasisha Wakenya juu ya UKIMWI hawajui jinsi wafugaji wanavyoishi. Hali hii imefanya jamii za wafugaji kutokuwa na habari kuhusu UKIMWI na hivyo basi kuathirika kutokana na maradhi hayo kwa kiasi kikubwa kushinda jamii zote nchini.

Jamii za wafugaji hazishughulikiwi na baraza hilo. Hatujui afisi zake ziko wapi. Hatujui kama idara hii bado iko katika Afisi ya Rais ama Wizara ya Afya. Rais Kibaki alipokuwa katika Upinzani, alisema kwamba kama angechukua uongozi wa nchi hii, angehakikisha kwamba baraza hilo limehamishwa kutoka kwa Afisi ya Rais hadi kwa Wizara ya Afya. Alipochukua usukani, amekuwa Mwenyekiti wa Baraza hilo na mpaka sasa, baraza hilo liko katika Afisi ya Rais. Ningependa kumkumbusha kwamba Wakenya wanasubiri.

Bw. Naibu Spika wa Muda, nimesikia kwamba Serikali inataka kuanzisha Bima ya Kitaifa ya Afya (NSHIF). Nilisimama katika Bunge hili na kusema kwamba kama nchi hii ina ndoto nzuri, basi, hiyo ni moja baadhi ya ndoto zile ambazo tumewahi kusikia. Iwapo Serikali inataka ndoto hii itimie, inafaa itueleze mwelekeo wake juu ya mpango huu. Haina maana Waziri wa Afya kusifu Bima hii huku Mawaziri wengine wakiikashifu. Sisi tutachanganyikiwa. Kwa hivyo tunataka Serikali itoe mwongozo juu ya mpango huu. Ni wajibu wa Serikali, na haswa Wizara ya Fedha, kuthibitisha kwamba bima hii itawafaidi Wakenya wote.

Bw. Naibu Spika wa Muda, msemaji aliyenitangulia aligusia swala la wafadhili. Ni lazima tuzingatie maoni ya wafadhili katika mipango yetu. Tunavyozungumza, asilimia 87 ya fedha za maendeleo ya Wizara ya Afya zinatoka kwa wafadhili. Mfadhili akiipa nchi hii fedha, ni lazima atatoa mwongozo wa matumizi ya fedha hizo. Ni lazima tuufwate mwongozo huo, kwa sababu sisi ni maskini. Wafadhili wanasema kwamba ni vigumu mpango uliopendekezwa wa NSHIF kufaulu. Kwa hivyo, ni lazima Wizara na Serikali kwa jumla washauriane kuona iwapo mpango huu utafaulu. Ni jukumu la Waziri kuwashawishi wafadhili wachangie bima hii.

Ningependa kuzungumza juu ya halmashauri za hospitali wilayani. Halmashauri hizo ziko Nairobi na katika vitabu vya Waziri peke yake. Kule mashinani, uamuzi wa mwisho unatokana na afisa wa afya wilaya (MOH). Halmashauri hizo hazipo tena wilayani. Halmashauri hizi zitakuwepo tu maafisa wa afya wilayani wakitaka. Kwa hivyo, tungependa halmashauri hizo zipewe nguvu ili zishughulikie maswala ya afya wilayani. Iwapo halmashauri hizo zitapewa mamlaka, maswala mengi ambayo hayana suluhisho wilayani yatapa suluhisho. Hali ilivyo kwa sasa ni kwamba kufaulu ama kutofaulu kwa halmashauri hizo kunategemea maafisa wa afya wilayani. Afisa wa afya akitaka "ataiua" halmashauri hiyo na "kuifufua" siku ifuatayo.

Bw. Naibu Spika wa Muda, hivi majuzi, Waziri Msaidizi katika Wizara ya Afya alitangaza kwamba Wizara itaajiri wauguzi 5,000. Nimeyapitia makadirio ya matumizi ya fedha ya Wizara hii, lakini sikuona fedha zilizotengwa kwa uajiri wa idadi hiyo ya wauguzi. Ningependa kumtahadharisha Waziri kwamba anaweza kuwaahidi Wakenya mambo mazuri, lakini wakishindwa kuyatekeleza mambo hayo kutakuwepo na shida. Huo ndio wakati tutapambana kikamilifu katika Bunge hili. Nimesikia kwamba Wizara ya Afya itaajiri wauguzi 5,000 kutoka

sehemu za mashinani kote nchini. Ningependa kumwambia Waziri---

**The Minister for Health** (Mrs. Ngilu): On a point of order, Mr. Temporary Deputy Speaker, Sir. I would like to correct the hon. Member on the Floor that the number of nurses we intend to employ is not 5,000.

**The Temporary Deputy Speaker** (Mr. Poghiso): What is your point of order, Minister?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, is it in order for the hon. Member to mislead the House by saying that we are going to employ 5,000 nurses when we intend to employ 1,100 nurses?

**Mr. Wario:** Bw. Naibu Spika wa Muda, Waziri ana muda wa kutosha kujibu maswali haya. Sielewi ni kwa nini ananipotezea muda wangu. Heri yeye ana dakika 40.

Bw. Naibu Spika wa Muda, Kshs7 bilioni zilizotengewa maendeleo ya Wizara hii hazitoshi. Ninasema hivyo nikifikiria sehemu kame nchini. Mbali na kutokuwepo kwa huduma za matibabu, katika sehemu ninayowakilisha Bungeni kuna kata sita ambazo hazijawahi kuona bendera ya Taifa kwa miaka 13 sasa. Bila shaka, hizo Kshs7 bilioni zitatumiwa katika sehemu ambazo tayari zimeendelea. Mimi, Ali Wario, na watu wangu wa Bura, Tana, tutakuwa kwenye orodha ya wasiobahatika. Ndiyo maana ninasema kwamba Kshs7 bilioni hazitoshi.

Bw. Naibu Spika wa Muda, kuna malipo ambayo mtu anatakiwa kulipa ili akaguliwe umri wake. Wakenya wengi wanata kuchukua kitambulisho cha kitaifa punde tu wakifikisha umri wa miaka 18. Katika sehemu ya uwakilishi Bungeni ya Bura, Tana, watoto wengi wanaofikisha umri wa miaka 18 hawakubahatika kwenda shuleni. Ili mtu kufanyiwa ukaguzi wa umri wake, anatakiwa kukata kadi ambayo inauzwa Kshs70, lakini yule daktari ambaye hufanya ukaguzi, huitisha Kshs200. Kwa hivyo, ninamwomba Waziri afutilie mbali malipo haya. Watoto wetu wengi ni maskini. Hawawezi kupata Kshs200 za kulipia huduma hiyo.

Kwa hayo machache, ninaiunga Hoja hii.

**The Assistant Minister for Constitutional Affairs** (Mr. Githae): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to this debate.

I rise to support the Motion and commend the Minister for Health for the good work that she is doing. For the first time in many years, we are now seeing drugs in our public hospitals and dispensaries. That is commendable and she needs to be encouraged.

The only problem I have is with the private hospitals; mainly, the Nairobi Hospital, Aga Khan and Mater Hospital. Their charges are so expensive. They are more expensive than a Six Star Hotel. They charge more than Kshs30,000 per patient per day, just for bed and, maybe, food. There is so much luxury in these hospitals that the rich people of this country are not going on holidays any more. It is cheaper to stay in those hospitals than to go on holiday. Instead of going on a holiday, people go to these hospitals to rest. That is exactly what is happening, meaning that poor people who are sick cannot afford to stay in these hospitals. They cannot even be admitted in these hospitals. I think we need to find a way of lowering some of the charges that these private hospitals are charging so that we can make them affordable. We should lower the charges because it is going to take some time for the Government hospitals to start offering the same kind of services these private hospitals are offering. So, a way needs to be found for reining in the charges.

Mr. Temporary Deputy Speaker, Sir, it is unfortunate that in this country, we have not recognised two diseases and these are stress and alcoholism. These are diseases which are not recognised in this country. On the contrary, people are condemned instead of recognising that they are actually sick and suffering from alcoholism and stress and this needs to be corrected. In other countries, they have recognised them as a matter of fact and people are getting treated. However, in this country if you go to a hospital and say that you are suffering from alcoholism, I think the management will say you are mad and chase you away.



Mr. Temporary Deputy Speaker, Sir, even the charges in mission hospitals which the majority of our people go to in the rural areas are also very expensive. For example, it is now very clear that to spend one day in a mission hospital, our people in the rural areas are selling a chicken. If you spend one hour at the hospital, you have to sell a chicken in order to afford paying the charges. If you go there for a day, you have to sell a goat to afford paying the charges. If you go there for a week, you have to sell a cow. If you stay for more than a month, you have to sell an acre of land. I think we need to rein in on the charges that these hospitals are charging. They are so high that our people cannot afford them and every time, you find there are *Harambees* being held to clear hospital bills. It is in this context that we must support the Minister's efforts in bringing a National Social Health Insurance Scheme (NSHIS) which will cater for all Kenyans. We must commend and support her. Most people have not been attending hospitals. Most people have been dying in their homes because they cannot afford the high charges that the private hospitals are charging. So, I have not yet come to understand why people are opposing this NSHIS. Most of our people cannot afford to go to private hospitals and, therefore, it is important that the rich also pay for the poor because if we do not do this, then the gap between the poor and the rich will continue to expand. So, we need to commend the Minister for this and those people who are not supporting it need to be told that Kenyans are supporting NSHIS and when that Bill comes here, I am sure it will be supported.

Mr. Temporary Deputy Speaker, Sir, most of our people attend dispensaries and, in fact, we should give priority to the dispensaries. This is where the majority of our people - about 80 per cent - go. We need to give dispensaries enough medicines so that our people can be able to get adequate medical attention. We need to buy microscopes for our dispensaries so that they can be able to detect the basic diseases like malaria, typhoid and amoebiasis because those are the diseases which our people are suffering from. We also need the dispensaries to be run by qualified staff. May I also commend the Ministry for the recent recruitment which was done fairly but there was only one problem; that some people were rejected when they went to attend those interviews because they did not originate from those areas. I think that was wrong. A Kenyan should be able to attend an interview in any part of the country. You should not be asked where you come from. It is wrong and should not have happened.

Mr. Temporary Deputy Speaker, Sir, we also need to start providing our dispensaries and health centres with ambulances. There are very few health centres with ambulances and we need to find ways of providing them with ambulances because they really help in the rural areas. In some places, you will find that there are no vehicles that operate at night and instead, ambulances are used.

Mr. Temporary Deputy Speaker, Sir, I also commend the Ministry in its efforts in trying to eradicate HIV/AIDS. However, its efforts are being downplayed by our television stations which very early at night air shows with almost naked girls. This is causing our young men and women to be excited. More so, even the magazines are doing this. If you go to any street, you will find magazines with photographs of naked girls on the top cover. This is making our boys and girls excited and, therefore, this will not help us in eradicating HIV/AIDS. We need to have some rules on the time that these shows should be aired on television and published in some of the magazines.

Mr. Temporary Deputy Speaker, Sir, the last thing I will say is that eradication of poverty should be our main concern because when people are poor, they will not be able to afford not only medical services but also other services. So, provision of health care must go hand in hand with increasing the incomes of our people, particularly those people in the rural areas because that is where the majority of our people live.

With those few remarks, I beg to support.

**Mr. Kimeto:** Mr. Temporary Deputy Speaker, Sir, thank you very much for giving me this

opportunity.

**Hon. Members:** Who is that? Who are you?

**Mr. Kimeto:** Mr. Temporary Deputy Speaker, Sir, save me from these hon. Members who are pretending not to know me. For your information, I am hon. Antony Kimeto, the Member of Parliament for Sotik.

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, let me thank the Minister for bringing the NSHIF Bill to Parliament.

**Hon. Members:** Which Bill? We are discussing the Vote of the Ministry of Health!

**Mr. Kimeto:** Mr. Temporary Deputy Speaker, Sir, let me thank her for bringing what she has brought.

*(Laughter)*

**Hon. Members:** What is that?

**Mr. Kimeto:** Mr. Temporary Deputy Speaker, Sir, I want to support. Please, do not interfere!

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, please assist me? If these hon. Members would like to know what I am supporting, it is the Vote of the Ministry of Health. I want to say that this Vote should be very much supported by every Member of Parliament. I would like to put it across to the hon. Minister that this Vote of Kshs7 billion is too little because it cannot assist 33 million Kenyans. Let us request this Minister to bring a Supplementary Estimate immediately to enable her run this Ministry efficiently. If we want the 33 million Kenyans to live healthy lives, we must support them by all means, both financially and by giving them food.

Mr. Temporary Deputy Speaker, Sir, if we intend to increase the life expectancy of our people up to 100 years, we must consolidated all the Ministries in the Ministry of Health so that we can have all that we need in this republic. If Kenyans are not healthy it will become very difficult to run this nation. If Kenyans have no clean water to drink they will continue contracting waterborne diseases. We do not want the Government to always shoulder the burden of supplying drugs to hospitals to counter these diseases because we need them also to take care of other sectors of our society. So, the Ministry of Health should liaise with the Ministry of Water so that we provide Kenyans with clean water because it is part of medicine. If you drink contaminated water, definitely, you are likely to contract a waterborne disease. Therefore, I appeal to the Minister for Health to liaise with her colleague in the Ministry of Water, so they provide Kenyans with clean drinking water. This will ensure that waterborne diseases are contained.

I also appeal to the Minister to liaise with the Minister of Agriculture and the Ministry of Livestock and Fisheries Development to provide Kenyans with enough food. Kenyans should not continue facing famine. Lack of enough food makes them vulnerable to many diseases. As a result, it becomes difficult to treat them. We need to provide them with a balanced diet because it is also part of medicine. That is something the Minister should know. Our people must take a balanced diet from time to time for them to live healthy lives. If our people go without food, even if we provided them with drugs, they will still die because they are weak. So, the Minister should liaise with the

Minister for Agriculture in order to produce enough food for Kenyans. In fact, the Minister for Agriculture should be sacked because Kenya has fertile soils, but we are unable to produce enough food for our people. So, the Minister for Agriculture should ensure that there is enough food for Kenyans to enable them live better lives.

Most mission hospitals provide good services, including food. Some people fall sick due to malnutrition and when they are advised to take particular food they get well. So, we should have enough food reserves in this country that could take us for even 10 years, so that even if we face drought we would not be affected.

Mr. Temporary Deputy Speaker, Sir, I want to talk about the medical insurance schemes. Our people in the rural areas own land and a lot of livestock. Therefore, they can contribute and form village health insurance schemes. They can then open bank accounts for these schemes through which the Ministry can channel some money. This will make them live a healthy life. Therefore, if the Minister wants the proposed National Social Health Insurance Fund (NSHIF) to succeed, she must disburse whatever money the Ministry gets to the constituencies because the Kshs7 million earmarked for this scheme in the constituency is not enough. I believe we need to allocate Kshs100 million to every constituency to cater for health services. At the end of the financial year, every hon. Member of Parliament would be asked to give a return of how that money was spent in his or her constituency.

The Constituency Aids Control Committee (CACC) funds which are disbursed by the Office of the President should be in your office, Madam Minister. You should give a directive immediately---

**The Temporary Deputy Speaker** (Mr. Poghio): Order, Mr. Kimeto! Could you address the Chair?

**Mr. Kimeto:** Mr. Temporary Deputy Speaker, Sir, please, forgive me in advance.

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, through the Chair, I would like to request the Minister for Health to make sure that the CACC funds assist those infected and affected by HIV/AIDS pandemic. Most Kenyans know about the existence of the HIV/AIDS pandemic. Therefore, there is no need of spending huge sums of money in organising seminars and workshops in big hotels when our people are suffering. Let those infected and affected by HIV/AIDS scourge in every constituency be assisted through these funds. These funds could even be used to purchase anti-Retroviral drugs for those infected instead of spending it on healthy people in big hotels. It is time Kenyans were told the truth about this money. Let the money go directly to cater for the people who are infected and affected. We should educate our people more about this pandemic. I have always educated my constituents about this pandemic.

The Ministry of Health should also employ more personnel and mobilise them to educate our people about their health, both in schools and the villages.

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

**The Assistant Minister for Health** (Mr. Konchella): Mr. Temporary Deputy Speaker, Sir, I stand to support this Motion as the hon. Member of Parliament for Kilgoris, but not as the Assistant Minister for Health. I want to support the Minister for her contribution when she was moving this Vote.

First and foremost, I would like to thank the Government for allocating nine per cent of its funds in this year's Budget to the Ministry of Health compared to last year's 7.2 per cent. However, it is still far short of the Abuja Declaration where the European Union (EU) recommended to all its

member states to increase their budgetary allocation on health sector to 15 per cent. The only solution to the health problem in the country is for us, as a House, to support what the Minister has already started. I urge hon. Members to support the National Social Health Insurance Scheme Bill because it is the only way to address the problem of health. We have many problems in this country and this House is aware of them. One of the biggest problems facing our country is poverty and it must be addressed as we address health. This is because an unhealthy nation cannot revive its economy because its workers would not work. Mr. Temporary Deputy Speaker, Sir, HIV/AIDS, as you are aware, is a scourge which has put this country into many problems. I toured Kiambu District the other day to see how people access free medical care in our dispensaries and health centres. In a dispensary where 50 patients visited some days back, we had more than 150 patients after the free medical care was implemented by the Government. This simply means that many of our people stayed at home and died because they feared going to hospitals because they did not have money to settle medical bills. Because the Ministry has implemented the free medical care in dispensaries and health centres, the people of this country can now go, be treated in time and go back to work. I am saying this because many sick people used to stay at home because they could not afford medical bills. Those people did not even take their children to hospital when they fell sick because they feared that they would be detained because of lack of money. This House should know that patients in every part of this Republic now go to dispensaries and get treated free of charge.

I would also like to inform this House that because of the free medical care provided in our dispensaries and health centres, selling of drugs will not be there. This is because nobody will go to a chemist to buy drugs or go to a private clinic for medical attention and pay some money when he or she knows that he or she can go to a public hospital and receive free treatment. I believe that theft of drugs in our hospitals will be minimal. Therefore, we will have enough drugs in our dispensaries and health centres to treat our people

The HIV/AIDS pandemic is worrying to this country. It should be the concern of every hon. Member of this House to know that many people are getting infected and dying. While we appreciate the funds we will get from the Global Fund and other donors, we must be aware that it is our responsibility to go to our constituencies and tell our people to be careful about this disease because it will wipe them out. I request the Minister to consider rural areas and particularly the marginalised ones, for example, North Eastern Province and Kajiado District. She should ensure that each district in the ASAL areas has a mobile Voluntary Counselling and Testing (VCT) centre where people would go and get tested for HIV/AIDS. People are likely to take precautionary measures once they know their status. That is the problem now.

There are some districts in Nyanza Province where the HIV/AIDS prevalence is very high. There is a problem of awareness in that province. People are not aware of the HIV/AIDS. People do not know what HIV/AIDS is. So, this information should get to the people. This is because people in rural areas are not aware of this disease. I urge those organisations which provide funds, for example, the NGOs which access funds from the Global Fund to actually take care of the people who work in the rural areas because that is where the problem is. This is because people in those areas are not aware of HIV/AIDS. Those people do not get the information because some do not have radios or the radio signals do not reach those areas.

We must address public health. If Public health is not addressed, we will waste a lot of resources even if we treat our people and provide enough medicines in our hospitals and dispensaries, because, as Mr. Kimeto has said, people will still die. We should have clean water. I wonder what happened with the vision of the previous Government that by the year 2000, every homestead would have clean piped water. I think this House should rise to the occasion, and say

that even if that did not work out that time, it is in our interest and in the interest of our people to have piped clean water from a borehole for every family in this Republic. If we have clean water only, we will lower our medical expenses by a third. This is because a person who does not get clean and adequate water risks catching water-borne disease.

We know that malnutrition is also the cause of health problems in this country. Poverty causes HIV/AIDS. A poor man has nothing else to do other than to mess himself around. If you look at the causes of abortion in Central Province, you will find that poverty is the leading cause. We have to address poverty because many people do not have work to do. So, we have to work as a Government, and especially, this House to create job opportunities for our people. Creation of job opportunities is the only answer to poverty eradication and many other diseases like HIV/AIDS. So, how do we go about that problem? I call upon this House to support the Government to create job opportunities. Let us put our differences aside. I know people are talking about this and that. But I believe that we have many level-headed people in this country and in this House who will rise to support the Government, so that it can create jobs for our country.

Mr. Temporary Deputy Speaker, Sir, we also need to address the problem of infrastructure. I am sure that the Minister for Health will set aside some money for the development of hospitals, particularly in the rural areas. We should allocate some money to the health centres and dispensaries which provide free medical care so that they can buy enough equipment and construct wards. If we do that, we will have good facilities in order to treat our people. In particular, we should provide housing for our staff. This is because we post staff to rural areas but they refuse to go there or run away because they have no houses to live in. While we request the community to try and support us, the Department of Housing, which is now under the Ministry of Lands and Housing should address the problem of housing for Government employees, and particularly those in the rural areas. We are talking about a health worker who lives in a very remote part of this country and requires a house to live in. Therefore, the Ministry of Health should be supported to construct houses for its staff so that they can be comfortable and work well.

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

**Mr. Bahari:** Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to support the Vote of this Ministry because, like many other speakers have said, this is a very vital Ministry. A healthy nation is a must if we have to get anywhere. I would also like to express my appreciation for the marginal improvements we have seen in this Ministry in terms of drug supply and availability and deployment of personnel as a result of the recent recruitment exercise. This will go a long way in enhancing service delivery.

Having said that, I would like to say that even now, this Ministry has not taken the issue of preventive medicine very seriously. You will realise that the Public Health Department has not been allocated substantial or adequate funds and, therefore, making it impossible for it to carry out its responsibilities. It is common knowledge in this country that everybody says: "It is better to prevent than cure". We keep on saying this. Even if you ask anybody in this country this, he or she will not waste time in telling you how that saying goes. But in practice, and this is where this country goes wrong, we do not go for it. We are more comfortable curing than preventing. The Public Health Department is no longer what it used to be. In the past, it was taken seriously by everybody, including members of the public when it made pronouncements. Now, they will do all that; condemn buildings and institutions and nobody takes it seriously. It is a high time we strengthened that department. That is because it works for the interest and common good of Kenyans. We need more budgetary allocation for that department. I am sure that when the time comes, we will show the Ministry where it gets money from, so that next time, it can do proper budgeting. You will realise that this House is, sometimes, taken for a ride. All over the world,

people are going for zero-based budgeting. You will realise that in the Estimates, many figures have just been duplicated from what they were last year. That is not acceptable! I think the Ministry of Finance has a responsibility to look into these matters very seriously and say: "What is it exactly that we have done? Why is the amount the same?" I mean, in a number of cases here, we have duplicated the same figures over and over again! I believe the relevant persons in the Ministry of Health who represent the Ministry of Finance should give more advice in that. It is only in rare cases that you see a change in the figures. That is why when you come to the bottom, you hardly see any radical change. So, it is more or less the same song. I think people have not taken this country's budgeting very seriously. It is very important for the Ministry of Finance to put those people on the right footing, so that the budget can have a meaning. In the same breath, I would like to say that they have taken the Public Health Department very lightly and yet, it is very crucial.

Mr. Temporary Deputy Speaker, Sir, if you look at this budget, you will not realise any substantial change in the rural health services allocation. There is just a meagre change and yet, we are trying to decentralise our services and reach out to every corner of this Republic. That is where the poor people are, particularly in the Arid and Semi-Arid Lands (ASALs). In some of those areas, a dispensary is more than 200 kilometres away from the district hospital and yet, it has no ambulance and communication equipment! We have not allocated more resources to rural health services and yet, we want to help the poor and bridge the gap between them and the rich. We want them to be more healthy by accessing medical services. How are we going to do that? It is only a song in this House and other seminars which take place in other venues in Nairobi. We have not taken that very seriously. It is high time those issues are addressed with the seriousness they deserve! We cannot keep on singing that over and over again.

Mr. Temporary Deputy Speaker, Sir, the Minister has said that there is some allocation to purchase vehicles. I hope that once this House grants her permission to purchase them, she will give priority to rural areas. You will realise that some health centres are five kilometres away from district hospitals. Others are over 200 kilometres away. You will find that those health centres which are nearer to district hospitals have vehicles and those that are far off do not have any! What kind of priority ranking is that? Is it up side down? Is it a printing error once again? What are we talking about here? I thought we are more serious than that! It is high time that those issues are internalised! Let them be part and parcel of the people in the Ministry! Let it be internalised, so that they can address issues regarding the allocation of vehicles. The allocation must be seen to be fair. The rural health centres must be taken care of. I have to repeat that because the Minister, herself, is here! A health centre that is five kilometres away from a district hospital is given a vehicle and the one which is over 200 kilometres is not given. What kind of priority ranking is that? It is extremely important! If it requires re-distribution, we better start doing it. Otherwise, what did Kenyans vote for? I thought they voted for change! Those are some of the changes that we ought to put in place.

Mr. Temporary Deputy Speaker, Sir, no members of staff resides in many rural health centres, and that is why I am saying that a lot of consideration has not been given to them. That is because there are no houses. The poor people living around those health centres cannot afford to put up houses for clinical officers and nurses. It is important that those issues be given priority. That is because we are talking about service delivery and reaching out to the poor. It is only just that those issues should be handled.

Mr. Temporary Deputy Speaker, Sir, I have commended the Ministry for improving drug supply and availability. It is equally important, now that those drugs are available, to take the issue of accountability seriously. We know that those drugs are there but, how are they used? Do they still find their way into some of those private clinics? It is important that, that issue be addressed urgently.

Mr. Temporary Deputy Speaker, Sir, I would like to emphasize communication in ASALs. We need radio communication in health centres which are far away from district hospitals. That would enable them to communicate with district hospitals when there are emergency cases. In some instances, Kenyans must be seen to value life. Radio communication is very important in every dispensary and health centre. We must put them in place, so that it is easy to handle emergency cases with the seriousness that is required. Such equipment does not cost a lot of money. The Ministry could re-look at the Budget again and provide for it. Alternatively, it can provide for it in the Supplementary Budget. If that is done, it can go a long way in improving service delivery. Radio communication equipment should be fitted on the few available ambulances in the rural health centres, so that when medical personnel are taking patients to referral hospitals, they can be in touch. I think some of those simple gadgets which anybody can use are extremely important.

With those few remarks, I beg to support.

**The Assistant Minister for Finance** (Mr. Katuku): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to the Vote of the Ministry of Health. The Ministry is seeking approval to spend Kshs23 billion, which constitutes Kshs15 billion for Recurrent Expenditure and Kshs8 billion for Development Expenditure. I would like to say that, that is not adequate funding for the Ministry. But, since we have limited resources, there is nothing we could have done. I am sure that, in future, when the economy improves, this is one of the key Ministries that need to be allocated more resources to provide adequate services to our people. At the same time, I would like to urge the Minister and her officials to spend the money we are voting for the Ministry prudently. That is taxpayers' money. It has been a practice in the past that monies voted for this Ministry would buy drugs, but they would not be available in our health centres, dispensaries and hospitals. That has been the practice for many years. I hope the Minister is doing everything possible to ensure that there is prudent management of our resources and drugs reach their destinations. I am happy because the Kenya Medical Supplies Agency (KEMSA) has become a parastatal. I hope that will improve the issue of drugs. I would want to see all our health facilities supplied with drugs bought with the money that we are going to vote for the Ministry here in this House. We want to see people get medical services because the taxpayer has a right to access those services.

Mr. Temporary Deputy Speaker, Sir, I want to thank the Minister for Health for the bold step that she has taken to provide free medical services in our dispensaries and health centres. Since this started, I have been to my constituency and people are very happy with that step. I would urge her to ensure that it continues. I am sure it comes with its own challenges because once medical services are provided free of charge, more people tend to go to hospital. In Mwala Constituency, I have realised that we have many health centres being manned by one officer. When the officer goes on leave or falls sick, the health facility is closed. In the last five years I have been a Member of Parliament for Mwala, we have been able to put up four health dispensaries which are currently manned by one officer. At times they remain closed because there are no adequate staff. It is high time we put more resources in recruiting more staff for our health centres because health is a primary need and it needs to be addressed at that basic level. At least, with regard to education, you will find two or three schools with about 20 teachers each in every village. But in the same village, you will find one dispensary being manned by one officer. So, I think we need to review our priorities and give more money for recruitment of personnel for our health centres. That way, our people will receive adequate medical attention.

Mr. Temporary Deputy Speaker, Sir, in this Budget the Minister told us that she would give out ambulances to all health centres in the country. I would like to appeal to her to consider Mwala Constituency as one of the areas to get an ambulance. For the last 20 years, it has had no ambulance.

The last ambulance was there, when I was a small boy in primary school. It broke down a long time ago. I want to urge the Minister to consider Mwala Constituency because it has two health centres; Mbiyuni and Mwala. If we can get one ambulance, it would be able to serve my constituents.

Mr. Temporary Speaker, Sir, with regard to the issue of the National Social Health Insurance Scheme, I want to assure the Minister and her team that I am 100 per cent behind the scheme. I would like to assure her of my support---

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

**The Temporary Deputy Speaker** (Mr. Poghisi): What is it Mr. Salat?

**Mr. Salat:** Mr. Temporary Deputy Speaker, Sir, is the Assistant Minister in order to actually discuss a Bill which has not been read for the Second Time in this House?

**The Assistant Minister for Finance** (Mr. Katuku): Mr. Temporary Deputy Speaker, Sir, I have all the right to speak about medical issues when contributing to this Vote.

It is very important that we support this scheme once the Bill comes before this House. It will assist in dealing with the problems that are now affecting our people. Hon. Members, Mr. Salat being one of them, are involved, now and then, in *harambees* to bail out people who are held up in hospitals. Bodies are even held up in mortuaries for lack of money to clear hospital bills! I am sure that hon. Salat will appreciate a situation where he will never be called to a *Harambee* to raise money to clear hospital bills for a body being held up in the mortuary simply because the family members of the deceased cannot raise money to get the body out of the mortuary. It is, therefore, my hope that hon. Members will see the sense in this and support the scheme.

Mr. Temporary Deputy Speaker, Sir, issues related to the management of our health institutions especially the district and the sub-district hospitals and health centres should be taken seriously. For example, in Machakos District, currently we do not have a health management board. I understand that the Minister has not been able to gazette the board. I would want the Minister to move very fast and gazette that board. The hospital is being run without a management board. I think, this is the case in other areas. We want people who have authority from the Minister to run the hospitals. The management of the hospitals should not be left to the Medical Officer of Health (MOH) alone. I would urge the Minister to gazette the names of persons who should be charged with the responsibility of running our health institutions.

With regard to the manner in which our health institutions are being run today, they are turning to be sensitive to patients. Previously we used to take sick people to hospital--- I remember a case where I took an accident victim to Kenyatta National Hospital and I was made to wait there for almost four hours trying to plead with the officers to admit the patient. There is a lot to be done concerning the attitude of our officers manning these institutions. We would want to have a situation where medical staff are able to address the needs of the patients with the required empathy and sympathy. The Minister has a challenge to stamp out the I-do-not-care-attitude which has been adopted by the medical personnel for so many years. For instance, sometimes when you go to hospital and ask a nurse to attend to you, he or she does not feel bothered. She will continue sitting down and making noise with her colleagues. This has been the practice and it is still practised in some health centres. I challenge the Minister to visit some of the hospitals at night so that she can see for herself what happens. You will queue for hours without anybody attending to you. The staff will be busy making noise. This happens even during the day. The Minister, therefore, has a duty to ensure that we have a prudent way of administering health services to our people.

Medical services are essential for our people. It is, indeed, a basic need. Human beings will always require food, shelter and clothing to be happy. Other things are secondary. Health is so crucial to our people and that is why all of us need to come out and to support this Scheme. It will ensure that people get free medical services. For those who cannot afford, I am sure that Treasury



will be there to assist so that they get the services. Those who can should be urged to pay. We are spending money in areas that are not so crucial and yet health is a very crucial matter. We should ensure that the sick are attended to.

Mr. Temporary Deputy Speaker, Sir, concerning HIV/AIDS, I think the Ministry of Health and the Office of the President should move faster and provide Anti-Retrovirals, rather than holding meetings and seminars.

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

**Mr. Salat:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute. First and foremost, as is usual in every country, the health sector plays a very crucial role. As such, when debating this particular Vote, we should shower the Ministry with criticisms and praises that it deserves. I would like to state that I am addressing this matter with a lot of disappointment because when I looked at the Development Estimates, I did not see anything for my constituency. I was even shocked to see my colleague, hon. Kimeto praising the Ministry. I wonder if the people of Sotik are aware that there is nothing that was given to Bomet District in the Development Expenditure. I expected my neighbour, who is an Assistant Minister in that particular Ministry to know that because before he reaches his home, he has to go through my constituency. I expected him to know that Longisa District Hospital---

**The Assistant Minister for Health** (Mr. Konchella): On a point of information, Mr. Temporary Deputy Speaker, Sir. I wish to correct the wrong impression which the hon. Member has given. The budgeting process does not include budgeting for particular institutions. It focuses on all institutions in the country in totality. So, when he says: "My constituency", he should know that we have already taken care of it under the allocation of funds for rural---

**The Temporary Deputy Speaker** (Mr. Poghisi): Order, Mr. Konchella! That is more of an argument than information.

**Mr. Salat:** Thank you, Mr. Temporary Deputy Speaker, Sir, for protecting me, because the same district hospital serves Trans Mara, Narok District, and actually, my district. I would have expected the Assistant Minister, who knows that we both benefit from this hospital to actually care. As I was looking at the Items and Sub-Votes of this Ministry, I was shocked to find out that Kshs500 million was going to be paid to the National Bank of Kenya (NBK) because of a debt which was incurred by Kenya Medical Research Institute (KEMRI). I expected the same Kshs500 million to be spread out so that the entire amount owed by KEMRI to NBK is not paid out in one lump-sum, so that my district and Longisa District Hospital would have, at least, benefited by getting something. I do not think you are in a rush to wind up Government activities because it was elected to serve a five year term. So, I am shocked. This amount should have been spread out to be repaid within the next two years. But it seems that there will be nothing in the estimates for next year. I was really dismayed to see that one institution, KEMRI, paying Kshs500 million to clear an old debt.

Mr. Temporary Deputy Speaker, Sir, I will talk specifically about my district and constituency. Most of the people in my constituency are actually landless. This is because the Government's health centres do not provide adequate medicare and medication. So, they have to resort to going to private hospitals. Since the economy is as bad as it is, they are forced to actually deposit their land title deeds. For example, we have a very generous hospital that has been caring for our people. That is Tenwek Mission Hospital. If it was to turn around and decide to sell the properties in order to recover what is owed to them, I am telling you the entire Bomet Constituency and District for that matter, including Trans Mara and even Narok District will be owned by that mission hospital. Where are our priorities? What is this Government supposed to do? I am looking at dispensaries in most regions. I am happy to note that my neighbour, the Assistant Minister for

health, managed to get some money for the expansion of the hospital. I would wish that he considers Longisa District Hospital in the next Budget.

Breast cancer is very common in my area. However, we are surprised to see that this disease is not being addressed. Our people are suffering, and they think this disease is a curse. But we need the Ministry to come and educate the people of Bomet that this is a disease that can be cured and is not a curse.

Mr. Temporary Deputy Speaker, Sir, today, we heard the donor community saying that they are going to cut off aid. But we wish that they reconsider their action, because this Budget seems to be geared towards those who overwhelmingly voted for NARC. So, we wish the donor community to rethink, because we are not going to benefit much from this years' Budget. The donors should consider those areas that are in the Opposition. By cutting off aid, we are also going to be affected, although we are not going to benefit much from this Vote of the Ministry of Health. For example, Kshs3 million has been allocated for the rehabilitation of Afya Centre. We would have still used a little bit of that money to renovate one of the dispensaries like Kapkoross, Tergat, Olokin and others. For example, Muchongoi Dispensary is in need of assistance. We are in a position to improve the healthcare sector in this country without actually making mistakes like other countries that have failed. With regard to the universal healthcare that the Minister is so eager to bring to the House, I would want the Minister to look at it afresh to know what it will cost the taxpayers and the small man on the ground. Because there is nothing for free, we are in a capitalist society, and as such, I know it is a good idea. Although I would support it, I think we need to learn from history and other countries that have gone through the same process. We should assess our economic strengths. As of now, we rely so much on donor money. Are the donors willing to fund the scheme if it has failed in their own countries? So, I wish the Minister well. I also want to ask the Minister to assess and come up with something that is going to benefit the ordinary citizen.

Mr. Temporary Deputy Speaker, Sir, I am looking at the Ministry of Health as one of the key Ministries which Kenyans depend highly on. It is my wish that we do not look at where we come from or how we voted in the General Elections when it comes to the distribution of the national cake, so that Kenyans can know that they belong and they are part and parcel of this country. We do not want to set a precedent whenever a new Government comes, it says: "I am going to benefit my people". We are all one people, and when KANU comes back to power, we are not going to repeat the same mistakes that this Government has made.

With those few remarks, I beg to support.

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

*[Mr. Deputy Speaker took the Chair]*

**The Assistant Minister for Education, Science and Technology** (Dr. Mwiria): Thank you, Mr. Deputy Speaker, Sir, for giving me the opportunity to contribute to this very important Vote, which I beg to support. Because as the hon. Minister said from the onset, a healthy nation is the key to any other sector in this country, including development, education and everything else.

I still have a few points that I would like to make that would be worth more consideration. My first point is related to the whole issue of allocation or misallocation of resources and the balances that characterize some aspects of the Budget. Some important areas which we expected to have been allocated more resources, for example, curative and preventive medicine, rural health and training services have received less than they got in 2003/2004. There is an increase of up to 70 per

cent for Administration and Planning. We realise that the more money we are putting at the headquarters, the more we are opening doors for misappropriation as we have noticed recently with the many scandals that we have been reading about. Curative and preventive health, as the point has been made, are areas that deserve more money than they have been allocated.

Mr. Temporary Deputy Speaker, Sir, the other issue has to do with equitable distribution of what is available. The point has been made, and I hope we will get some ambulances in Meru North and Tigania West. I hope we will also benefit from the facilitation of some dispensaries and sub-district hospitals. I know the Minister will consider this very seriously in terms of equity. Just like we publish names of the students we have admitted to the medical training colleges and other institutions, we should also publish areas which have received Land Rovers and ambulances, to ensure that it will be quite clear in the long-run that places that received those facilities are, indeed, the most deserving.

On the issue of efficiency, again, I do not know why we have to allocate almost Kshs500,000 to the Kenya Medical Research Institute (KEMRI) to pay a debt. We are talking about parastatals that are guzzlers of public resources. KEMRI is a parastatal that attracts a lot of international funding. We need to think seriously about whether or not we should not let some of these parastatals carry their own crosses and instead use this money to support rural dispensaries and hospitals that are in very serious problems. On drugs, there is need for us to avoid a conflict of interest between the people who run our dispensaries and also, who happen to own private clinics in markets and other places. We should put measures in place to ensure that private clinic owners are not the ones manning the drugs that are meant for poor people, who cannot afford to go to private clinics. I hope we will make schools some kind of medical centres, even if it means having sick bays in most secondary schools as a way of preventing the intensification of certain diseases that could be prevented at a much early stage.

Mr. Temporary Deputy Speaker, Sir, HIV/AIDS and malaria are African problems. As much as I am happy we are getting a lot of support from the international community, we must be seen to be doing much more in terms of providing resources for the prevention and cure of these diseases. In addition to spending money buying medicine and supporting other facilities, it is important to spend much more on research. I always say that if malaria was a European or American problem, it would have been dealt with a long time ago. It is our problem and it is up to us, as an African country, to invest much more into research to ensure that we get closer to solving the problem of HIV/AIDS and malaria, once and for all. It is in our interest to be seen to be the ones doing much more than the international community. With regard to research, we are spending much more money in parastatals like KEMRI. We need to identify our talented researchers in universities and put this money in the universities. That is where we have some of the best researchers, and an enabling environment would include giving them the research grant, so that they can begin to tackle some of these problems. They are much better placed than other national and external researchers, who are more interested in the money that goes to parastatals than resolving the problem.

On the issue of Development Expenditure, I realise we are in trouble if we have to have 80 per cent of that being funded for by donors. This is a big problem. That is why the donors have the courage to make pronouncements about wanting to curtail aid. We cannot spend so little on our development resources and expect the enemy not to talk about it in a way that makes us feel small. We must make sure that in the long-run, most of the resources that are going to be spent on Development Expenditure come from our own national resources. That way, we will avoid the problem we have with the donors.

Mr. Temporary Deputy Speaker, Sir, the issue of abortion has been spoken about, and like

the Minister said, it brings in a lot of emotions whenever you speak about it. Let us accept that it is a serious problem. We must be brave enough and find ways of confronting the problem. We should educate the young people not to get into it. We should educate them about sex instead of being shy about it and what leads to it. We should also support preventive measures, for example, contraceptives, and any other method of preventing pregnancy and abortion. We should also help those who got into it while they were not prepared to get out of the situation. This is serious. I am saying this because we run the risk of being accused of being a nation that glorifies hypocrisy. We have been talking against abortion for the last 40 years. Have the numbers increased or reduced? They have increased. It is more of a problem, even for people like Dr. Nyamu. It is very unfair to accuse him of murder when he was responding more to demand than his job.

*(Laughter)*

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): On a point of order, Mr. Temporary Deputy Speaker, Sir. We all know that the case against Dr. Nyamu is in court. Is the hon. Member in order to start discussing it here?

**The Temporary Deputy Speaker** (Mr. Khamasi): Order, Dr. Mwiria! Mr. Wetangula, you are right. That is a *sub judice* matter and you cannot raise it here.

**The Assistant Minister for Education, Science and Technology** (Dr. Mwiria): Mr. Temporary Deputy Speaker, Sir, I apologise. I was just saying that as much as we say that abortions are not going to happen, they have happened and we will get more of them. They will continue to happen unless we do something serious about it. So, it is a problem that we have to deal with and not to be hypocritical about it.

I wish some of the people who talk so much against abortion would be prepared to support children born out of desperate cases. These are issues that we must take seriously, and I hope that when the Minister brings the next Bill, we will discuss it openly and avoid fearing to confront it. We also have a duty. In most developed countries and some developing countries like South Africa, abortion in the first six months of pregnancy is not an issue any more. I do not know why, just for fear of addressing the problem, we are going to allow the situation to continue. Criminalising it leads to a lot of problems. When you criminalise it, you are causing problems. Young people are dying when they should not be dying and are dropping out of school because they cannot procure an abortion. As we talk about it as men, I would like us to realise that it is much more a problem of women. It is women who have problems of career progression. They suffer the consequences of having to live with a pregnancy they were not prepared for and struggle hard to find ways of supporting children even when they have no employment.

I hope the Minister will have the courage, as she has had courage before, to come out strongly about these issues. She should persuade Kenyans to deal with the issue of abortion. We have got to deal with it whether we like it or not.

With those few remarks, I beg to support.

**Mr. Kajwang:** Mr. Temporary Deputy Speaker, Sir, I want to speak about one issue, which is a serious matter, in depth. It is good that the entire team from the Ministry of Health is here to hear me clearly.

I have looked at and analysed this Vote. I have looked at the Vote and how it has been divided into Sub-Votes. I am talking about the Recurrent Expenditure, which has an allocation of about Kshs15 billion. Almost the entire Ministry of Health's budget is concentrated on curative measures. General administration has been given 3 per cent of the total amount allocated. Curative health has 32 per cent of the Kshs15 billion. Preventive medicine and promotive health have an

allocation of about 32 per cent of the total amount. Preventive measures and promotive health have been allocated about 5.9 per cent of the total amount. Rural health services, which involve curing sick people and buying all sorts of medical supplies and maintenance facilities, has been allocated 41 per cent of the total amount. That leaves almost 9 per cent for training.

This budget does not deal with causes of diseases. If we are going to cure malaria year in, year out, we will be spending Kshs14 billion, plus an additional Kshs2 billion to make it Kshs16 billion, within five years. We will, however, not be spending a coin on killing the vector which transmits the disease. This is a waste of time because the number of people who become sick will continue to increase. The diseases will become resistant to this drug and we will be forced to introduce another drug. In fact, right now, the drug that cures malaria is quite expensive. The one we were using in the past was available and cheap. We are now using a very complicated drug to cure the disease. Money is also being spent on multi-therapy to get rid of malaria. This is because we have not dealt with the source of the problem.

The source of the problem is a mosquito. Not all the species, but one of them. When I was young, I was told that it was called the anopheles mosquito. We know where mosquitoes breed. We know that many people in the lake region suffer from malaria because of their environment. Mosquitoes breed in shallow water, including marshy and bushy places which retain water. We know that.

In the past, we used to have health officers who used to walk around spraying places where mosquitoes breed. That was in the past when I was young. There were health officers who used to walk with chemical sprayers to kill rats so that we did not suffer from plague. In my home area, there were health officers who used chemical sprays to kill tsetse flies so that the insects did not cause trypanosomiasis, which causes sleeping sickness.

Recently, I was reading on the internet about a meeting of the Directors of the Vector Disease Control Departments in East Africa. I am not sure if the group was from East Africa, but it met here in Nairobi. Its message was that the departments had been ignored and that there is no money being put into them. The departments' members said that they have money to take care of their staff. They said they are given money for vehicles, salaries, but no money for supplies which are required to kill the vector. What are we doing? We are not helping ourselves at all. The people in that conference appeared to be brilliant and experienced. They know that unless they deal with the vector, they are not helping us.

We have come up with ideas about using nets which have been treated with a certain chemical called "power tab". According to a television advertisement, even if you are bitten by a mosquito while pregnant, you will survive. I know that there are many people who have lost their unborn babies because pregnant women cannot be given chloroquine since it injures unborn babies. One is left in a dilemma as to whether to save the life of the mother or that of the baby. You may not know what to do. The doctor may suggest that the mother takes chloroquine so as to save her own life. This is a very difficult decision for the mother.

These gentlemen and ladies from the Ministry of Health know that, that is a problem we have. Look at the money that they have allocated to the vector-borne diseases. After reading about that issue on the internet, I decided to come and study the Estimates so as to know the truth about it. Next time we do something like this, we should know that we are hurting our people and losing many lives.

Many children in my constituency die of malaria between the ages of one and five years. It is not because of malaria that they die. They die because of a mosquito which can be killed. Look at what they have allocated to Item No.720 - Vector-Borne Diseases. The Transport and Operations Item has been allocated Kshs208,000, Travelling and Accommodation Kshs144,000, Postal and

Telegram Expenses 10,000, Office Entertainment, Kshs25,000. The only preventive measure that has been allocated money is the control of bilharzia, which has Kshs2,500,000.

According to the policy statement which the Minister read here, malaria is the leading killer disease in this country. We are dealing with the killer disease; we know what causes it, and yet we are not thinking that the vector can be killed. The Minister expects us to speak here and pass this budget, yet my people are dying. It is not morally right to put money where we do not need it. We need money in the control and prevention of diseases. If they are diseases which can be prevented, let us prevent them.

Bilharzia is such a small problem. The bigger problem is typhoid. Typhoid can be controlled by giving people clean water. If there is no clean water, the Government can provide chlorine at a small cost for people to use at home. That will make the water clean and safe. Typhoid is very expensive to treat.

**The Minister for Trade and Industry** (Dr. Kituyi): Jambo la nidhamu, Bw. Naibu Spika wa Muda. Ingawa tunafahamu kwamba madawa ya kuzuia magonjwa yanahitaji uwekezaji katika Wizara ya Maji, ni haki kwa Bw. Kajwang kusema kwamba bajeti ya Wizara ya Maji iwe katika bajeti ya Wizara ya Afya?

**Mr. Kajwang:** Mr Temporary Deputy Speaker, Sir, that is very primitive.

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

**Mr. Kajwang:** I am sorry. Let me withdraw that remark.

**The Temporary Deputy Speaker** (Mr. Khamasi): And apologise to him.

**Mr. Kajwang:** I apologise to Dr. Kituyi; that was very rhetorical. This is a budget of a Ministry of the Republic of Kenya. We are talking about disease control, prevention and everything that has to do with health. This budget was discussed by the Cabinet of the Republic of Kenya before it was brought here. So, when I am speaking about diseases, do not tell me that what I am asking for falls under the Ministry of Water. I am talking about something which causes diseases. I am talking about prevention of disease. We waste so much money in treating diseases which are difficult, or impossible to treat like typhoid.

**The Assistant Minister for Health** (Mr. Konchella): On a point of order, Mr. Temporary Deputy Speaker, Sir. Mr. Kajwang is misleading this House and the country. We have Kshs2.1 billion for vector control.

**The Temporary Deputy Speaker** (Mr. Khamasi): Order, Mr. Konchella. You stood on a point of order. What is it?

**The Assistant Minister for Health** (Mr. Konchella): Is it in order for him to give false information to this House?

**Mr. Kajwang:** Mr. Temporary Deputy Speaker, Sir, I told you that Head 270 is on Entertainment, Transport, Travelling, Postal Services and Head 157 is on Bilharzia Control. I have not seen any provision for control of malaria.

Mr. Temporary Deputy Speaker, Sir, I support this Vote reluctantly.

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to support the Vote of this Ministry. The Minister for Health has so far done a good job, but she needs to do more. I want to start from where my learned colleague left off. Malaria is the single largest killer in the world, and yet it is very easy to control. The amount of money that has been spent on advertising power tab, manufacturing, and buying mosquito nets would be enough to sufficiently control the mosquito menace. It is always better to take the preventive approach than the curative approach on any disease. I do agree with my learned friend that much more needs to be done towards prevention of diseases.

I do recall that when we were growing up, there were health inspectors in every village with

knapsacks on their backs, spraying to kill mosquitoes and employing all manner of preventive measures. They are no longer there. The Minister should pay more attention to preventive measures.

Equally, the entire management of the health system in this country has become captive and a victim of seminar-mania. Health managers are constantly in seminars, talking about things we already know. Now we are told that 98 per cent of Kenyans are aware that there is AIDS. They are also aware that AIDS kills. They are equally aware that it has no cure. But everywhere you go, there are seminars about AIDS. Seminars are held every day, telling people that AIDS kills, which is something they already know. Is this, proper use of our public resources? I believe not. I think we must move away from this seminar-mania business that has gripped our country. They constantly remind me of a book entitled "Lords of Poverty", which talks of people sitting in armchairs philosophising about everything, misusing public funds, and writing papers that nobody reads. Everyday these people tell us they are working for us. We need a more proactive approach in the prevention of diseases.

It is embarrassing that now we see everywhere a voracious resurgence of tuberculosis, a disease that was nearly wiped out 10 years ago. We need the Ministry to come up with a clear policy on how to control tuberculosis that is now almost rivalling malaria as a deadly killer of our people.

Mr. Temporary Deputy Speaker, Sir, I also want to urge the Minister to pay attention to little things in the villages that can help prevention of diseases. We have a lot of trained nurses in this country who are unemployed. We can utilise the amount of money that we spend on seminars to employ a nurse for every 20 families in this country. That will be of great help to wananchi. I would like the Ministry to utilise more money in the training of nurses and health technicians. Most of the diseases that our people die of do not require the attention of consultants, physicians and doctors. They are diseases that nurses and dressers in the villages can address and control.

In the Seventh Parliament the Minister for Health used to be very vocal in agitating for provision of facilities for safe motherhood. She used to say that she wished to see an average of an ambulance per location in this country. I know we have a constraint of resources, but I would like to know how the Ministry of Health is distributing ambulances that are available. I represent a constituency that has four divisions with health facilities and no single ambulance. These health facilities are Sirisia Health Centre, which ought to be upgraded to a sub-district hospital, Malakisi, Tamulega and Chwele. My people have to travel up to 50 kilometres to receive medical attention. I want to urge the Minister to speed up provision of ambulances. Even if she were to start by giving an ambulance per constituency, it would help. We can rationalise on how to use them.

I also want to talk about the National Health Insurance Scheme that the Minister has talked about. It is desirable that every Kenyan must be given access to free medical facilities, and treatment when they are sick. After hearing the reactions from various sectors of the public, I want to urge the Minister to---

**The Temporary Deputy Speaker** (Mr. Khamasi): Order! I hope you are not anticipating debate on a Bill which has already been presented to the House.

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): Mr. Temporary Deputy Speaker, Sir, all I am saying is that I want the Minister to hold representative discussions, so that the people who are opposing this wonderful scheme can see what she is trying to bring to Kenyans and support it. In fact, I supported it when it came here. Some of the noises that we have been hearing are borne out of ignorance and total lack of appreciation. The Minister can do a great deal by speaking to these stakeholders, so that they can understand that we are here to support Kenyans and not anti-Kenyan forces.

Another issue that I want to touch on is that about water, which is related to health. It is

necessary, as Mr. Kajwang said, for the Ministry of Health to have an inter-Ministerial committee with the Ministry of Water to discuss the issue of provision of clean water to Kenyans. When people use contaminated water, a problem for the Ministry of Health arises. It is better to nip it in the bud at the Ministry of Water level by working together. The know-how should come from the Ministry of Health. Its officers should tell the Ministry of Water why it is absolutely necessary that every Kenyan must have access to clean drinking water. They should tell them the consequences of letting Kenyans drink contaminated water that is unfit for human consumption, because at the end of the day, the problem lands on the Ministry of Health. The Minister needs to work on this issue with her colleague in the Ministry of Water and make sure that we have clean water.

We currently have a problem in Dr. Kituyi's constituency, where children have died in schools because of a waterborne disease. The same disease is now in Webuye. A number of children have been admitted in hospitals. The same case is in Sirisia Constituency. We do not want situations which are very easy to control, to cost lives because every life in this country is valuable.

Mr. Temporary Deputy Speaker, Sir, lastly, I want to urge the Minister to make sure that doctors in this country are not concentrated in Nairobi and urban centres, for example, Mombasa, Eldoret and so on. We need a radical move where a minimum of one doctor is availed; even if it is only a general practitioner, in every division in this country, to attend to serious cases that nurses may not attend to. It is a pity that if you go to Kenyatta National Hospital (KNH), there are some doctors who are so idle; there is nothing they do. Yet, if you go to district hospitals, there are no doctors. It is surprising that all doctors want to work in Nairobi where facilities are good. We are told that doctors save lives. Therefore, they should be ready to work even in the Sahara Desert; wherever there are human lives that they should save. That is their calling. Therefore, the Minister should send most of them to the districts so that they can attend to our people.

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

**Mr. Muturi:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to say one or two words about the Vote of the Ministry of Health. I want to fully associate myself with the concerns raised by my colleagues; indeed, Mr. Wetangula and Mr. Kajwang, with regard to the issue of prevention.

Mr. Temporary Deputy Speaker, Sir, I have looked through the Recurrent and Development Estimates, specifically on the Head on malaria and tuberculosis control. I fail to understand why the funds which are in the Development Vote for the control of these diseases have been put there when, indeed, what they will do is really recurrent in nature. In the recent past, we have situations in which this kind of arrangement was made and it caused confusion with regard to administration. I hope that the intention of putting funds in the Development Vote is, indeed, genuine.

I also want to address the issue of Family Planning as indicated in the Development Vote of this Ministry. When I look through the Vote as printed, there is a Head on Family Planning, but put under four different items totalling to a sum of Kshs455.3 million. One is left to wonder why it is under four different items. I am not the Minister to start giving notice of my intention to move some amendments, but I need an explanation from the Minister tomorrow, before we approve this Vote, why that Head is split into various items. Is it not meant to hide some factors about what is likely to be done with the various monies?

Mr. Temporary Deputy Speaker, Sir, the debt to the Kenya Medical Research Institute (KEMRI) is another area I need to address because I have some little information that could be useful. I would like to put the Minister on notice that I will definitely be moving an amendment to this Head. The Minister proposes to give KEMRI a sum of Kshs544,896,415 in order for the institution to pay the National Bank of Kenya (NBK). That debt to the National Bank of Kenya (NBK) came up this way: Sometime back, the Kenya Medical Research Institute (KEMRI) entered



into a contract with a company called Cyppher Enterprises to put up some residential houses for its staff. The title deed to that property still remains in the name of the owner of Cyppher Enterprises. That title deed is held by the NBK to date. They have appeared before me in the Public Investments Committee (PIC) and I know that, that is the truth. The Government of Kenya has already paid Kshs280 million towards the completion of that project. In furtherance to the effort to complete, another sum of Kshs120 million was paid to KEMRI. Then KEMRI transferred that money to some lawyers called Sande Makhandia, who have appeared before us and given evidence on oath. A sum in excess of Kshs27 million has purportedly been removed from those lawyers by the owner of Cyppher Enterprises to pay to the Commissioner of Lands and to the Nairobi City Council (NCC) as rates and land rents. The receipts, which have since been issued, have been disowned both by the Commissioner of Lands and the Clerk to the Nairobi City Council.

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

**The Temporary Deputy Speaker** (Mr. Khamasi): Order, Mr. Muturi. What is your point of order, Mr. Angwenyi?

**Mr. Angwenyi:** Mr. Temporary Deputy Speaker, Sir, is the hon. Member, who is the Chairman of PIC, in order to discuss the PIC Report, while we are discussing the budget of the Ministry?

**The Temporary Deputy Speaker** (Mr. Khamasi): Order! Mr. Muturi, if you have not presented your Report, it would not be in order. But if the Report has already been presented, you can go ahead and discuss it.

**Mr. Muturi:** Mr. Temporary Deputy Speaker, Sir, fortunately, I am the one who tabled the 11th Report, and what I am giving is actually captured there.

**The Temporary Deputy Speaker** (Mr. Khamasi): All right! You can discuss it.

**Mr. Muturi:** Mr. Temporary Deputy Speaker, Sir, Mr. Angwenyi is invited to read that Report! The point I am making is this: The report was laid here and we discussed it. So much money is being paid to a parastatal when we have--- When you look at what is allocated to provide services to the health centres and dispensaries in the villages, it is nothing. I have gone through these Estimates and I have seen absolutely nothing for my constituency. Not even a district or sub-district hospital has any provision! So, why would I be called upon to support the payment of Kshs544 million to KEMRI, in order to pay to the NBK to misuse, when there is money still being held by private lawyers? I will be dealing with this tomorrow, when we get to the items. But I wanted to put the Minister on notice.

Mr. Temporary Deputy Speaker, Sir, I have a problem with the so-called District Health Management Boards. Day in, day out, in this same House, we keep on asking Questions about how those boards are composed, when they will be gazetted and so on. Everyday, we are told: "Do this! Do the other!" Is it possible for the Minister to come up with a clear policy so that, once the term of a particular board expires, all you need is a lead period within which new members are named and gazetted within a specified period, to avoid a situation where there are no boards and nobody is there to check on what is happening in those areas. I am impressed with the recent developments in the supply of drugs in the villages. As some of my colleagues have said, there is still room for improvement. I have in mind my own area where the pharmacist in Ishiara District Hospital is the one who is operating the nearest drugs kiosk called "Zebra Pharmacy". I am telling the Minister; please, consider some of these things. Talk to them. You cannot have a pharmacist in a hospital and less than 300 metres away, he is running a pharmacy, and his wife who has also resigned from the same hospital is the one running it. Madam Minister, it is unlikely that there will not be a conflict of interest and the issue of drugs getting lost or not being used for the purposes they were intended is likely to arise.

Mr. Temporary Deputy Speaker, Sir, I have also seen something here called NASCOP Adviser. I will be raising the issue with the Minister. The issue of AIDS awareness campaigns, I think on some of the issues, we should be agreed as a House. There have been enough awareness campaigns. Let us now go into implementation. We have agreed that, just like hon. Wetangula said, AIDS kills, it has no cure. What more awareness do we need? We talk about it everyday in the villages, in public *barazas*, in mosques, in churches--- And you know, I go to church a lot; hon. Wetangula will agree with me.

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): *Hiyo ni porojo!*

**Mr. Muturi:** He calls it *porojo*.

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

**The Assistant Minister for Foreign Affairs** (Mr. Wetangula): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. learned friend to cite me as an authority on his church activities when I know, he does not go to any church?

*(Laughter)*

**Mr. Muturi:** Mr. Temporary Deputy Speaker, Sir, you know hon. Wetangula takes pride in the fact that he was my room-mate and class-mate in law school. So, I know he is saying that with a light touch.

I would like to urge the Minister to continue looking at the possibility of improving dispensaries and health centres in the rural areas. We are all in dire need of these facilities. In those areas, there are no testing kits. Please, Madam Minister, consider those as areas to improve.

With those remarks, I beg to support.

**Mr. Sungu:** Thank you, Mr. Temporary Deputy Speaker, Sir. I am grateful for the opportunity to contribute to the Motion on the Vote of the Ministry of Health.

I have looked at the Vote in detail and in particular, the Development Vote. I have noted that Sub-Votes Nos.111, 112, 113 and 116, Curative Health Services, have been allocated Kshs711 million. Out of that, Kshs591 million will come from development partners. For preventive health services, the gross amount allocated is Kshs3.465 billion, and out of that, Kshs1.44 billion will come in from Appropriations-in-Aid. With respect to trading and research, Kshs1.794 billion is the gross and yet, we expect to get Kshs1.520 billion from development partners. The list is endless. For medical supplies, the gross allocation is Kshs145 million and what we expect from the donors is Kshs145 million.

Mr. Temporary Deputy Speaker, Sir, roughly speaking, this is approximately 50 per cent of the Development Budget of the Ministry of Health in all those four categories. Given what is going on in this country, that our development partners have actually threatened to withdraw support, then I think it is time the Minister re-thought this Budget because we may be expecting something which may never come. We may be counting our eggs before they are hatched, because of the massive corruption that is now taking place in this country and also because of the constitutional reform which this Government has failed to honour. As a Government and as a people, we need to be more self-reliant and reduce corruption so that we can look at these issues.

Mr. Temporary Deputy Speaker, Sir, you are aware that the other day, Parliament asked for the opportunity and authority to bring up a Tobacco Control Bill. We have said that, in this country, approximately Kshs18 billion is used in treatment of tobacco-related diseases. Although this may not be entirely covered in this Budget, we must know that there are people who go to private hospitals and pharmacies to buy drugs. I want to appeal to the Minister that as we debate this Vote,

she brings that Bill quickly, or alternatively, I will bring mine.

I know that from what we have here, under Vote Head 310, there is a sum of Kshs3 million allocated for the rehabilitation of Afya House. I wonder what such a paltry sum would do to the massive Afya House which is quite splendid as I see it from the outside. However, with respect to that, I also note that the Revolving Trust Fund has been removed from the Vote and I wonder why this is so. We will be raising these issues at the Committee stage, but we also need to raise them now.

Specifically, with respect to curative health, we note that provincial hospitals have been allocated some money for rehabilitation. These are the Embu Provincial Hospital, which has Kshs155 million, and the Coast General Hospital with Kshs35 million. I would like to know why there is no provision for rehabilitation of the New Nyanza General Hospital, Kakamega, Eldoret and many other hospitals. The New Nyanza General Hospital caters for a very big hinterland, including Nyamira and Kisii Districts. This hospital was completed in 1969 when I was in Form I, and up to now, there is no major rehabilitation that has taken place. It was futuristic and all the equipment is now "dead". You can hardly find the X-Ray equipment working properly. If it is not obsolete, it is "dead"! Even for things like, for example, laboratory equipment. It is pathetic! If you go to the hospital, you will find two or three people sharing a bed. It is unbelievable that about 34 years after Independence, we are still having this, and yet we have some facilities that can still be improved by a little bit more money. Therefore, I would like to appeal to the Minister, that when she is looking at this issue, to re-think the issue of New Nyanza General Hospital and to rename it, like she promised last year, to Jaramogi Oginga Odinga Hospital. That was her promise!

Mr. Temporary Deputy Speaker, Sir, I now want to refer to the question of district hospitals. Let me remind the Minister that I have seen no provision for ambulances this year, yet this facility is not available at most district hospitals, particularly, in the rural areas. I would like to appeal to the Minister to, please, look at the issue of this one very seriously. This is because transport of the sick does not exist in the rural areas and people are suffering. People die because they are not able to reach hospitals and it is pathetic that this is so.

I know that time is running out, and I want to say something small about rehabilitation of mortuaries. I do not know why you are not respecting the dead. In this country, only in Nairobi do you find decent mortuaries. If you go to Kisumu, frankly speaking, you would wish that you never die there because it is pathetic. If you go anywhere else, like the Coast, it is pathetic. In fact, most people with money prefer to move dead bodies from elsewhere, to bring them to Lee Funeral Home or Chiromo Mortuary for preservation before taking them for burial. This is very expensive! We know that Kenyatta National Hospital has a very good facility. Why do we not do some rehabilitation to some in the region so that we can---One day we might have a disaster in this country and may even need mobile refrigerators. This is because of the pathetic situation of the mortuaries that we have in this country.

Mr. Temporary Deputy Speaker, Sir, let me now refer to this special Global Fund for HIV/AIDS, TB and Malaria. The provision for that is Kshs2.19 billion and, of course, the Kenya HIV/AIDS Prevention and Care Programme is awarded Kshs770 million. When we look at the issue of HIV/AIDS, enough has been said about it and I want to support my colleagues. Let us stop talking and provide our people with medicine and the services they need. The people who are affected comprise of the most economically active group. It is a shame that we still go to workshops in Mombasa and other places.

Mr. Temporary Deputy Speaker, Sir, we must not allow people from elsewhere to do research in this country without authority. I was personally ashamed when I heard about the issue of Nyumbani Children's Home. As a Member of this House and Chairman of Bunge Sports Club, in

the company of the Chair, we donated some money to Nyumbani Children's Home as a gesture of our support to them, and little did I know what was going on there. We saw some nice equipment. I was totally shocked when I later on heard that those people were carrying out unauthorised research, using Kenyans as guinea pigs without the Government's authority or the involvement of our researchers. This is a shame.

The issue of malaria has been very well explained by Mr. Kajwang and other hon. Members before me. The most important thing about malaria is prevention. The mosquito is a very clever insect. It makes very high-pitched and soft noise to induce you to sleep. The moment you fall asleep, it bites you and sucks blood from you. When it is satisfied, it flies away. In the process, you get malaria. The mosquito is a very insatiable little insect, but it can be stopped. When I was a young person, I used to trek to Kisumu. On the way, I used to see a lorry marked "MCK", mounted with a pump and spraying. There used to be very few mosquitoes in towns then. Today, even the Capital City is heavily infested with mosquitoes. Even in Parliament Buildings, we are bitten by mosquitoes daily. Why can we not use sprays and save our people from malaria infection? These things are available and they can be provided. It is a shame that we allow these things to happen when we have funds for this purpose.

Mr. Temporary Deputy Speaker, Sir, I want to also refer to the question of training. We need to streamline the training and other activities in medical training colleges (MTCs). We must make sure that the training curricula in our MTCs, right from Nairobi to Kisumu to Garissa and everywhere, is put in a way that it can be examined nationally. We must also ensure that recruitment of trainees to these colleges is fairly done. Whenever we train medical staff, we must consider the manpower needs. We know that there is need for many of these personnel. However, they are trained and at the end of it all, you find that there is no work even for the nurses. As one of my colleagues has said, there is need for medical personnel in the rural areas. As we pass this Vote, I would like to ask the Minister to ensure that training of these personnel is looked at properly.

I would like to revisit the issue of research. The research element must not be taken for granted. We know for sure that there are many foreign governments which are helping us; especially, the Centre for Disease Control in Atlanta (CDC) is doing a lot of research in Kenya, with particular respect to HIV/AIDS and malaria, but our people must be in control of these activities. It is dangerous to have foreigners take charge and control our research institutions when we have qualified Kenyans who can undertake these activities. With a little support from the Government, we can do a lot more.

With those remarks, I beg to support.

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

I will concentrate on only two issues, which concern me directly. One of them is that of the referral hospitals. I would like to talk specifically about the Moi Teaching and Referral Hospital, Eldoret. Last year, the Minister promised to ensure that Moi Teaching and Referral Hospital, Eldoret, would get additional funding, so that it can sufficiently serve the Western Region and the North Rift. I am surprised that, in spite of that promise, the Minister has provided that facility with exactly the same amount as in the previous Budget. It begs a very big question as to whether the Minister really reads the budget; whether she keeps her promises or whether she does not care as to what happens in that hospital. Last year, we mentioned that despite serving a very big region of North Rift and western Kenya, that hospital has a debt of about Kshsh60 million which it must repay. So, in spite of grappling with the problems of under-funding, it still has to pay a debt, and yet Kenyatta National Hospital, every year, gets additional funding. Last year, it got Kshs2.4 billion. This year, it is going to get Kshs2.6 billion and yet, Eldoret Referral Hospital remains at the same

level. The Minister must know that the population of Eldoret continues to grow and if the issue of that hospital is not looked into seriously, it is going to collapse.

Mr. Temporary Deputy Speaker, Sir, I was of the opinion that when the Minister gave us new directors, including the Director of Kenyatta National Hospital who comes from Ukambani, I thought probably things were going to improve but nothing has changed. Last year, the Minister promised us that all the title deeds that were being held in that hospital for the various patients who deposited them so that they could be discharged were indeed going to be released to the people. One year down the line, none of that has taken place. Even before we talk of giving people free medical care, why can we not do that very simple task? Why can the Minister not order those hospitals to release title deeds for people who cannot afford to pay their medical bills? Let us not jump high when we cannot do the very simple and basic work. That is why I am not sure of our sincerity when we do anything in this country.

Mr. Temporary Deputy Speaker, Sir, in addition, the former Director of Medical Services, a very good man, and I do not know where he was taken to, was in the process of ensuring, probably, that he talks to the Minister so that we get a district hospital in Uasin Gishu District. We are one of the only districts in this country that have no district hospital, because our district hospital was converted into the referral hospital that we have today. We are not really complaining, but we do not want to congest it. The whole reason why we have a referral hospital in western Kenya was to decongest Kenyatta National Hospital, and I would want to agree with my colleagues who are saying, let us have another one in Nyanza, Ukambani and North Eastern, so that we can decongest Kenyatta National Hospital. However, we cannot do this if we are unable to give funding to those hospitals. We would like to have a district hospital so that every year, we get budgetary allocations for Uasin Gishu District like any other district in this country. I do not know why I should support this Vote when my people have no budgetary allocation. It is as if they do not pay taxes. We have the land and all we need is the Government to give us funding, and we are not begging because we surrendered our district hospital to be used as a referral hospital. Part of our money came from the local authority. We have sacrificed enough to give the Government a referral hospital which is used both as a teaching and a referral facility. I do not know what other language I can use so that the Government listens and constructs a district hospital for us. I do not want to talk about many other issues because that is our main issue. We need a district hospital. We also need to decongest Moi Referral Hospital in Eldoret. We need to give it sufficient funding so that it provides enough drugs and medical care to our people. So, when my colleague will move the reduction of that amount that will go to KEMRI tomorrow, I hope the Minister will consider allocating it to Moi Referral Hospital in Eldoret in the Supplementary Budget. I also hope she will consider allocating some money for the construction of Uasin Gishu District Hospital.

Mr. Temporary Deputy Speaker, Sir, I want to commend the Kenya Medical Supplies Agency (KEMSA) because it has done a very good job. For the first time, Kenyans are proud that there are enough drugs in all district hospitals and dispensaries in this country. I want to urge KEMSA to continue with same spirit.

There is a problem of insecticides. The insecticides that we use to kill mosquitoes are not effective. Why should we be given insecticides which do not work at all? We would like more research to be done, so that these mosquitoes which Kenyans are complaining about are contained.

In the Development Expenditure, indeed, there is an addition on the prevention. This is commendable. However, the Recurrent Expenditure Head on prevention has been reduced. I would really want to know why there is a reduction in the Recurrent Expenditure and an increase in the Development Expenditure on the same Head. While we agree that the focus should be on prevention, I thought there should be more staff as well. We should also ensure that they are paid

adequate salary.

I want to request the Minister to make sure that, in future, there is an Intensive Care Unit (ICU), if possible, in every region of this country. This is because many Kenyans spend a lot of money transporting patients to hospitals in Nairobi. Some even go to the extent of hiring planes to fly patients to Nairobi. In the process, of course, some patients die. A referral hospital like the one in Eldoret must have an ICU or a High Dependency Unit (HDU) facility. There is a lot of loss of lives in the process of transporting patients. Unfortunately, many of our people cannot afford to, in fact, transport patients to Nairobi.

Finally, I would like to request the Minister to also relook at the issue of ensuring that there is adequate equipment, especially for heart and kidney transplants. As we realise, so much money is spent to take patients abroad for such transplants. I wish that money could be used in this country since it takes a lot of foreign exchange. So, we should relook at this issue. Even if it means we buy some equipment per year, that will be good enough. I know they are expensive, but we should, at least, have some equipment, maybe, in Nairobi. This will reduce costs for Kenyans and, at the same time, save our foreign currency. I would urge the Minister to concentrate on providing equipment in our hospitals and dispensaries so that we save a lot of money for this country. I am not talking of very expensive equipment. I am talking about microscopes, delivery equipment and so on. We can build dispensaries on our own, but we would like the Ministry to supply us with that equipment that we cannot afford.

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

**Mr. Angwenyi:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me a chance to contribute to this important Motion. When our---

**The Temporary Deputy Speaker** (Mr. Khamasi): Order! We started this debate at 3.35 p.m. and it should take three hours. So, we shall end at 6.35 p.m.

Proceed, Mr. Angwenyi.

**Mr. Angwenyi:** Thank you, Mr. Temporary Deputy Speaker, Sir. Elimination of disease was one of our objectives after gaining Independence. We said that we would eliminate the negative impact of disease. We progressed very well in tackling disease in this country, until the advent of two major phenomena; namely, the HIV/AIDS and the Goldenberg scandal. The HIV/AIDS has condemned millions of Kenyans into their graves or sick beds. This disease has also condemned many Kenyans into poverty. The Goldenberg scandal has killed more people than the ones who have died as a result of HIV/AIDS, tuberculosis and malaria. Cost-sharing scheme was introduced in our public hospitals because of the Goldenberg scandal. More than 20 years ago, we were not used to the cost-sharing system of accessing health care. I thank the current Minister for removing cost-sharing in our primary health facilities. I hope that when we recover the funds which were looted and stashed in foreign accounts, they would be channelled to the Ministry of Health.

*(Applause)*

Kenyans do not realise that cost-sharing was introduced in this country in 1992 at the height of the Goldenberg scandal. That was the time cost-sharing was introduced both in education and in health. Cost-sharing was introduced at a time when poverty was rampant in this country. The people who were used to walking into a health centre and receive free medical attention were told to pay Kshs100 or Kshs50. That was the same time that the money from coffee, tea and sugar had been taken from this economy and banked in foreign accounts. So, as we address health in this country, we must remember the impact of the Goldenberg scandal.

Mr. Temporary Deputy Speaker, Sir, I notice that substantial funds have been factored into

the Budget for Development Expenditure. I have heard one of my colleagues ask why we are devoting so much money into Development Expenditure. The Ministry should put more money into Development Expenditure instead of Recurrent Expenditure. I hope that the money would be spent well and we will have health facilities in every location in this country. For a long time, Kenyans have borne the burden of building health facilities. This is my seventh year in this House and I have built seven health centres in my constituency through Harambee. My people have suffered. They have contributed every penny left in their pockets to build those facilities. I hope that the Minister will assist them construct health facilities.

We have the Kenyatta National Hospital (KNH) and I feel sorry for the hon. Member who questioned why we should devote a lot of money to that hospital. This hospital requires twice as much money as we have allocated it in this budget. I urge the Minister for Health to allocate the KNH a lot of money. This is a referral hospital of repute. Patients from Madagascar and Zimbabwe come to the KNH for treatment. We should be proud of that institution. We should strengthen this hospital and develop other hospitals, for example, Moi Referral and Teaching Hospital, Eldoret, to supplement the services Kenyatta National Hospital (KNH) provides to *wananchi*.

I would like to suggest that the New Nyanza General Hospital be upgraded to a referral hospital because it takes care of about eight million Kenyans. The Coast Provincial General Hospital should also be upgraded to a referral hospital status. By so doing, I believe the Minister will be more pro-active. If need be, the Minister should ask for more funds to facilitate her work. I do not see why we should allocate more money to the Office of the President than to the Ministry of Health. The Kshs4 billion allocated to the National Security Intelligence Service (NSIS) should be allocated to the Ministry of Health. In fact, this Ministry should compete neck-to-neck with the Ministry of Education, Science and Technology because it deals with the lives of Kenyans. So, I support the Ministry's Vote, knowing very well that the taxpayers in this country will access medical services.

Mr. Temporary Deputy Speaker, Sir, every weekend when I visit my constituency, the problems faced by my constituents are numerous. Some of them complain of their children dying in hospital, but they cannot collect their bodies because they are unable to pay hospital bills. Others would tell me how they went to hospital, got treated and recovered, but they would not be discharged because they have no money to pay hospital bills. A bulk of my earnings is, therefore, spent on paying hospital bills for my people. So, we should support the Minister in her endeavour to provide health facilities to our people. We, as hon. Members of Parliament, or any other senior people in this country, should not be bothered to pay hospital bills if the Ministry will provide medical facilities to our people. Seeking for medical attention is not a privilege, but a human right.

Mr. Temporary Deputy Speaker, Sir, some of my colleagues in this House said we should address the issue of prevention of diseases. If we are able to address it perfectly, I am sure, we will reduce the high cost of treatment in our hospitals. For example, if the Ministry's department of public health was effective--- I do not know why money is allocated to that department, because when you walk around this town and other towns in this country, you will be shocked to see huge heaps of garbage. I have not seen one single incident where the public health department questioned the officials of the Ministry of Local Government for allowing people to dump heaps of garbage in our towns. We also have waterborne diseases in densely populated areas, for example, Kisii town, because our public health officials are not working effectively. This also includes our officers who are responsible for taking care of our environment. So, this has caused our rivers to be polluted. Most of the water that people consume in Kisii town is fully infected with waterborne disease vectors.

Therefore, we should have a Ministerial committee, between the Ministry of Health, the

Ministry of Water, and the Ministry of Environment and Natural Resources, to look into this issue. I am sure Mr. Kalonzo, who is now closer to his constituents, can see the effects of not having a proper environmental management programme in this country. Therefore, the Ministries that I have just mentioned should join hands so that we can have clean water and a clean environment where mosquitoes cannot breed, and one where our people will not get diseases, for example, dysentery or cholera. These are waterborne diseases.

Mr. Temporary Deputy Speaker, Sir, I know that we have a problem with the transfer of the National AIDS Control Council (NACC) from the Office of the President to the Ministry of Health. I am really surprised because the person who used to seek that transfer is now the head of this country. I would like to make a plea to him to transfer the NACC to the Ministry of Health.

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

### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Khamasi): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Wednesday, 7th July, 2004, at 9.00 a.m.

The House rose at 6.35 p.m.