

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 17th October, 2006

The House met at 2.30 p.m.

[Mr. Deputy Speaker in the Chair]

PRAYERS

Mr. Deputy Speaker: Order, hon. Members! I thought the Minister for Youth Affairs was to lay some Papers. He is not here!

Next Order!

QUESTION BY PRIVATE NOTICE

FRAUDULENT AWARD OF TENDER BY SUNEKA TOWN COUNCIL

Mr. Opore: Mr. Deputy Speaker, Sir, I beg to ask the Minister for Local Government the following Question by Private Notice.

(a) Is the Minister aware that Suneka Town Council awarded, through single sourcing, a contract for the design of a strategic plan to Strategic Design Consultants on 25th August, 2006?

(b) Is he further aware that the form of tender, the letter of offer and acceptance for the award amounting to Kshs400,000 were signed on the same day?

(c) What steps is the Minister taking to reverse the fraudulent award to save the council's meagre resources and prosecute those responsible?

The Assistant Minister for Local Government (Mr. Tarus): Mr. Deputy Speaker, Sir, I beg to reply.

(a) I am aware that Suneka Town Council awarded tender for the procurement of consultancy services to design a strategic plan. The council sought quotations for the contract from Repts Consultants, Taita Consultants and Strategic Design Consultants.

(b) I am aware that the form of tender was signed on 25th August, 2006, and the agreement was also signed on the same day. Records held also indicate that acceptance of the letter of award of the contract was signed on 1st September, 2006.

(c) The Ministry of Local Government has noted the discrepancies existing in the procurement of the consultancy services and it has undertaken to investigate and take stern action against the officers, if found to have contravened the regulations laid down.

Mr. Opore: Mr. Deputy Speaker, Sir, first of all, the tender forms were signed on 25th August, 2006, but the award was made on 24th August, 2006. This is contained in the documents that the Assistant Minister laid on the Table. Could the Assistant Minister confirm whether he supports his statement or not?

Mr. Tarus: Mr. Deputy Speaker, Sir, in part "c" of my answer, I have said that after close evaluation of the processes that were followed to award the tender, indeed, it was noted that the tender was awarded on 24th August, 2006, and the letter of agreement was signed on 25th August,

2006. The manner in which the quotations were sought gives clear indication that the officers involved did not take serious consideration of the matter.

I have said that, as a Ministry, we will institute investigations and take action where necessary.

Mr. Angwenyi: Mr. Deputy Speaker, Sir, inordinate amounts of resources are plundered by local authorities under the Ministry of Local Government. The Chair saw what happened in Mombasa, Eldoret and now in Suneka, which is a small town. What measures is the Ministry taking to streamline procurement procedures in the local authorities so that it can protect public resources?

Mr. Tarus: Mr. Deputy Speaker, Sir, I have said that we will evaluate each local authority's compliance with the legal requirements set out by the Government, to see whether it adheres to the laid-down procedures when it comes to procurement.

From the Suneka Town Council case, we have noted that the manner in which procurement is done in local authorities calls for serious attention to ensure that they comply with the requirements set out by the laws of Kenya.

Mr. Deputy Speaker: Mr. Assistant Minister, you have said that the award of the tender was not properly done and now you are saying that you will investigate. You know investigations take long. Mr. Assistant Minister, you already seem to have investigated the matter and come to a conclusion, and now you want to carry out another investigation. What is the position?

Mr. Tarus: Mr. Deputy Speaker, Sir, we have noted the discrepancies in this case. Apart from the procurement of that service, we want to find out whether the procurement of other services contravened the regulations. However, as of now, we will take stern action against the officers who were involved.

Mr. Weya: On a point of order, Mr. Deputy Speaker, Sir. You have given preference to the Government side only!

Mr. Deputy Speaker: Order, Mr. Weya! You cannot direct the Chair whose "eye to catch". Please, note that!

Mr. Oporo, ask the last question!

Mr. Oporo: Mr. Deputy Speaker, Sir, the Chairman of the Finance Committee is supposed to sit in the Tender Committee. However, I have a letter from the Chairman of the Finance Committee stating that he never attended the Tender Committee meeting and he was not aware of it.

Secondly, the Assistant Minister has accepted that there were irregularities but he has not said whether he will stop them or not. Could I lay on the Table the letter of the Chairman of the Finance Committee to assist the Assistant Minister revoke that tender?

Mr. Deputy Speaker: Mr. Oporo, that is okay! However, what is your question?

Mr. Oporo: Mr. Deputy Speaker, Sir, could the Assistant Minister revoke the tender because he has noted that there were irregularities?

Mr. Tarus: Mr. Deputy Speaker, Sir, as a Ministry, we had taken that option but when we realised that the council had committed itself to procure that service from that particular company-- - The Ministry will surcharge the officers who were negligent in their duties to recover the funds that have been misappropriated.

Mr. Deputy Speaker: Mr. Weya stood on a point of order to complain that I was giving chances to the Government side only. I confirm that prior to that, I had looked at the Opposition side and not a single person stood in his place!

Mr. Weya: But, Mr. Deputy Speaker, Sir---

Mr. Deputy Speaker: Order, Mr. Weya! You better learn! This is not a classroom where there is an exchange between a teacher and a pupil! This is the Kenya National Assembly. When

the Chair is speaking, you keep quiet. The matter is finished!
Next Question by Mr. Khamisi!

ORAL ANSWERS TO QUESTIONS

Question No.252

ISSUANCE OF TITLE DEED TO MR. MOHAMED SULEIMAN

Mr. Khamisi asked the Minister for Lands why Mr. Zeid Mohamed Suleiman, owner of plot No.1513/281 at Takaungu in Bahari Constituency, has not been issued with a title deed after having fulfilled all the requirements.

The Minister for Environment and Natural Resources (Prof. Kibwana): Mr. Deputy Speaker, Sir, I beg to reply.

My Ministry has not issued a title deed to Mr. Suleiman for plot No.1513/281 because his claim has not yet been authenticated due to lack of supporting documents.

Mr. Khamisi: Mr. Deputy Speaker, Sir, I do not think the Minister is serious in his answer because this matter has been pending since 1983. Already, letters have been written by his officers in Coast Province. The last letter was written on 24th March, 1988, to the Director of Survey, asking him or the Commissioner of Lands to surrender and issue the deed plans so that the title deed could be issued. This matter has been pending since that time. So, the Minister cannot say that there have been no documents to support this. Could he tell the House the documents which have not been submitted to his office?

Prof. Kibwana: Mr. Deputy Speaker, Sir, Mr. Suleiman alleges that a judgement was made in his favour by the Ministry and the adjudication claims as per the provisions of the Land Titles Act, Cap.282. However, we have no records of such a claim or judgement traced to the Ministry Headquarters or the Coast Lands Registry. A sketch map whose source was not known was submitted to our office by Mr. Suleiman. Therefore, we have no records to show the existence of the plot. However, we will be very happy to assist Mr. Suleiman if he comes to our office with any document that indicates that he has a legal title to the land.

Mr. Khamisi: Mr. Deputy Speaker, Sir, that man is over 80 years old and he comes to my office every week to follow up the matter. I have been following the matter on his behalf for the last two years. The Minister cannot tell the House that certain documents have not been received at the Ministry when I submitted every single document that I was asked to submit. Could the Minister undertake to follow up this matter so that, that old man could rest in peace? The man is over 80 years old.

Prof. Kibwana: Mr. Deputy Speaker, Sir, Mr. Khamisi knows that this Ministry is very much interested in solving land problems at the coast and countrywide. I will be very glad to be approached by Mr. Suleiman with his MP, Mr. Khamisi and I will assist because it is my duty to do so. I think this old man needs to be assisted to get his legal rights.

Mr. Deputy Speaker: Mr. Khamisi, I think you owe it to your constituent to discuss the matter further with the Minister.

Question No.349

CONSTRUCTION OF OFFICE BLOCKS IN NAIROBI RESIDENTIAL AREAS

Mr. C. Kilonzo asked the Minister for Local Government:-

- (a) why the Nairobi City Council has allowed construction of office blocks in residential areas in Lavington, Riverside and Kileleshwa; and,
- (b) what action he is taking to ensure town planning and zoning is adhered to by the City Council.

The Assistant Minister for Local Government (Mr. Tarus): Mr. Deputy Speaker, Sir, I beg to reply.

(a) The City Council of Nairobi has allowed construction of offices vide the Consideration of the Physical Planning Act, Cap.286, and its subsidiary regulations.

(b) Based on the answer to part "a" above, the Ministry, in conjunction with the City Council of Nairobi, has instituted the following measures to ensure that city planning and zoning is adhered to:-

1. Review of policy guidelines governing development planning and zoning in the city.
2. Enforcement of Physical Planning Act and regulations through prosecution of illegal conversion of residential houses to commercial offices which, if one is found guilty, attracts a fine of Kshs100,000.
3. Preparation and formulation of metropolitan development strategic plan---

(Loud consultations)

Mr. Deputy Speaker: Order, hon. Members! The Front Bench on my right, please, consult in low tones.

Proceed, Mr. Tarus!

The Assistant Minister for Local Government (Mr. Tarus): Preparation and formulation of metropolitan Development Strategic Plan for Nairobi and satellite towns within Nairobi.

4. Consideration of establishment of a metropolitan authority.

Mr. C. Kilonzo: Mr. Deputy Speaker, Sir, there are certain rights that a property owner is entitled to. There is the right to sunshine and privacy. Currently there are constructions going on in residential neighbourhoods where offices are coming up, denying the owners of neighbouring properties their rights. The Assistant Minister says that the Government will come up with new policies. What action will he take to stop the constructions which are going on? What will he do about the constructions which are in existence, to make sure that they are either moved out or demolished?

Mr. Tarus: Mr. Deputy Speaker, Sir, I think hon. Members are consulting loudly. Could the hon. Member repeat the question?

Mr. Deputy Speaker: Very well! The consultation is more on the side I mentioned. Therefore, could you tell your colleagues to consult in low tones so that you can hear the question?

Mr. C. Kilonzo: Mr. Deputy Speaker, Sir, what action will the Assistant Minister take to stop the constructions which are currently going on in those residential neighbourhoods? What action will he take on those office blocks which are currently situated in residential areas?

Mr. Tarus: Mr. Deputy Speaker, Sir, the Ministry has taken the following action with regard to observance of the regulations governing city planning: In areas which authority had been given for individuals to build professional offices, the Nairobi City Council is carrying out an evaluation of all those areas to ensure that there is compliance as per the authority granted. In 2005, an embargo was issued to stop any further development of office space in areas where there are residential houses. The Ministry is doing its best to make sure that this is complied with.

Mr. Muiruri: Mr. Deputy Speaker, Sir, this is a very important question. We are not just

talking about office buildings. You will find that there are so many bars, nightclubs and restaurants in a place like Milimani which is a residential area. This is an area where children are expected to do their homework. There is also a lot of prostitution being practised in those areas. How did the Assistant Minister authorise this immorality to take place in these high class residential areas?

Mr. Deputy Speaker: It is not that it should be allowed in low class residential areas and banned in high class residential areas. Immorality is not allowed anywhere. That distinction should not be there, Mr. Muiruri.

Mr. Tarus: Mr. Deputy Speaker, Sir, any practise that is not in conformity with the prevailing requirements in the country is not allowed anywhere. In order for any premise to practise any form of business, authority must be granted. There must also be an application for change of use for that particular premise. The Ministry in conjunction with the Nairobi City Council, has allowed the utilisation, only for professional services. In areas where people have built beyond what they are mandated to, the Ministry will take remedial action with regard to that.

Mr. Mwanzia: Mr. Deputy Speaker, Sir, I think the Assistant Minister is confusing some issues as far as planning is concerned. Re-zoning and plot ratio is a continuous process, especially where land is not available. The question is not whether, authority will be sought from the local authorities. The question is whether the stakeholders, planners and plot owners are involved in the re-zoning or change of raising plot ratio. Could the Assistant Minister tell us whether, according to the Physical Planning Act, he has implemented the provision which provides that in all re-zoning, plot ratios which are to be effected in any planning area are advertised and objections requested from the stakeholders?

Mr. Tarus: Mr. Deputy Speaker, Sir, I am glad that a professional valuer is asking this question. I want to confirm to this House that all those were complied with. There was consultation with the stakeholders. There were also advertisements placed for the change of user.

Mr. Angwenyi: On a point of order, Mr. Deputy Speaker, Sir. Is the Assistant Minister in order to tell us that the Ministry involves the stakeholders in re-zoning or planning an area, when they have created a slum where I live without consulting us?

Mr. Tarus: Mr. Deputy Speaker, Sir, I am not so sure whether that is a point of order. For the benefit of Kenyans, the Ministry does not supervise the creation of slums. It actually oversees the elimination of slums in the country.

Mr. C. Kilonzo: Mr. Deputy Speaker, Sir, could the Assistant Minister consider freezing licensing, allowing residential properties to be used as offices and restaurants in residential areas?

Mr. Tarus: Mr. Deputy Speaker, Sir, if we had enough office space to cater for all the interests in the country, we would say that we will do that. We shall consider the view advanced by the hon. Member, but also in conjunction with the needs of society.

Question No.087

LIST OF OVERSEAS SCHOLARSHIPS
AND THEIR BENEFICIARIES

Mr. Ndolo asked the Minister for Education:-

- (a) how many overseas scholarships the Government gave to students between 2003-2006;
- (b) what criteria was used to award the scholarships; and,
- (c) whether he could table the list of the beneficiaries indicating provincial distribution for each.

The Assistant Minister for Education (Dr. Mwiria): Mr. Deputy Speaker, Sir, I beg to

reply.

(a) A total of 338 students were awarded overseas scholarships by the Ministry between 2003 and 2006 as follows: Doctor of Philosophy, 35; Master of Arts or Science, 72; Bachelor of Arts and Bachelor of Science, 308.

(b) The criteria used to award scholarships is merit, area of study, regional balance, gender, consideration of affirmative action and some conditions that are given by the countries that are supporting these scholarship programmes. The list of beneficiaries for the scholarship according to province is on the list I have given to the hon. Member. It is a very long list but in brief, out of those scholarships, Rift Valley got 53; Eastern Province 35; Western 44; Central Kenya 54; Nairobi 12; North Eastern 20; Coast Province 25, and Nyanza Province 65.

Mr. Deputy Speaker: Mr. Ndolo, since this list is quite long, would you like some time to scrutinise it, so that we can defer this Question and other hon. Members can have a look at it?

Mr. Ndolo: Yes, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker: The Assistant Minister should lay the list on Table of the House so that hon. Members can have time to look at it. The Question is deferred to Tuesday.

(Question deferred)

Question No.347

HARDSHIP ALLOWANCE FOR WUNDANYI/TAVETA TEACHERS

Mr. Mwandawiro alimuuliza Waziri wa Elimu ni lini walimu wa Wundanyi na Taveta wataanza kulipwa marupurupu ya kufanya kazi katika mazingira magumu kama wenzao wa Voi na Mwatate.

The Assistant Minister for Education (Dr. Mwiria): Mr. Deputy Speaker, Sir, I would request that I be given a little bit more time to do research on this Question. I have spoken to the hon. Member and he says that next week is fine.

Mr. Mwandawiro: Bw. Naibu Spika, Swali hili litaahirishwa ili tafsiri ya sawa sawa kwa Swali langu lifanyike na ili haki itendeke kwa walimu wa Wundanyi.

Mr. Deputy Speaker: Tutaliahirisha Swali hili hadi Jumanne, wiki ijayo.

(Question deferred)

Question No.506

ELECTRIFICATION OF MARKETS IN TIGANIA EAST CONSTITUENCY

Mr. Munya asked the Minister for Energy:-

(a) how much money it will cost the Ministry to provide electricity to Kunati, Mulika and Mbaranga markets in Tigania East Constituency; and,

(b) why the Ministry has failed to provide electricity to these fast growing markets that are key to the revival of the Tigania economy.

Mr. Deputy Speaker: Where is the Acting Minister for Energy? Your Excellency the Vice-President, we are looking for the Minister for Energy.

An hon. Member: He was here!

The Minister for Planning and National Development (Mr. Obwocha): Mr. Deputy

Speaker, Sir, on behalf of the Ministry of Energy, I beg to reply.

(a) It is estimated that it will cost the Ministry a total of Kshs20.5 million to provide electricity to Kunati, Mulika and Mbaranga markets in Tigania East Constituency. This is broken down as follows: Kunati Market, Kshs7.2 million; Mulika Market, Kshs8.4 million, and Mbaranga Market, Kshs4.9 million.

(b) The Ministry has not failed to supply electricity to the said trading centres. In fact, the request for supply of power to these centres was only made to the Ministry by the hon. Member through a letter dated 11th June, 2006. Kunati Market will get electricity under the French Government-funded project. Survey and design works for the French Project is expected to commence in November, 2006, while the actual construction is projected to start in February, 2007.

Mbaranga Market and Antuanduru Secondary School will be financed from this financial year's budget. The latter one will cost Kshs1 million. I want to assure the hon. Member that we will include Mulika Market in the Financial Year 2006/2007.

Mr. Munya: Mr. Deputy Speaker, Sir, I would like to thank the Minister for this very good answer. I think this is one of the best Ministries that this Government has. In fact, we can see the economy in the rural areas coming back to life because of the provision of electricity. However, I would like him to confirm whether he will also provide electricity to Mbaranga Secondary School, which is near Mbaranga Market. Will he also supply electricity to Rware and Thuri secondary schools which are on the route towards Mulika Market?

Mr. Obwocha: Mr. Deputy Speaker, Sir, yes, I confirm that. If the hon. Member makes a request to me, we will supply electricity to those schools. We have projected 940 projects all over the country. We will not deny any constituency electricity. In fact, that is the best way to seduce the constituencies that are against the Government. So, we will implement the rural electrification programme in every constituency.

Prof. Anyang'-Nyong'o: Mr. Deputy Speaker, Sir, providing electricity to Kenyans is their right. This is because they pay for it through taxes. So, the Minister is not in order to seduce Kenyans to provide what is their right.

Notwithstanding that point, I notice that the Kenya Power and Lighting Company (KPLC) is providing electricity by getting contractors from the private sector. While I am for privatising some of these activities, standards must be maintained so that people are not endangered. Could he explain to this House what steps the Government is taking to ensure that as these contracts are given to the private sector implementors, standards of providing electricity are ensured, particularly with regard to safety of poles on which the pylons pass?

Mr. Obwocha: Mr. Deputy Speaker, Sir, my predecessor knows that when we were on the Opposition side, the Government was denying us development. We will not do the same.

For the question he has raised, there are three types of contractors. First of all, we gave the KPLC team itself. Then we have Labour and Transport. The final one which we intend to give is the outside one. I want to assure the hon. Member that we have taken into account what he has requested; that standards must be maintained throughout. Therefore, we will make sure that the standards are maintained.

Mr. Deputy Speaker: Last question, Mr. Munya!

Mr. Munya: Mr. Deputy Speaker, Sir, I would like to know from the Minister when he will visit my constituency to commission these projects and announce to the *wananchi* that these projects will be undertaken soon.

Mr. Deputy Speaker: Mr. Munya, I think you are taking this House too low! That is not a question. Why do you not go there yourself and announce to the *wananchi* what the Minister has told you? By the way, that is a matter between you and the Minister. I do not think it should be brought before the House. Nevertheless, Mr. Minister, would you like to respond to that?

Mr. Obwocha: Mr. Deputy Speaker, Sir, I intend to visit every constituency, when time is available, to initiate and launch some of these projects. So, I want to assure the hon. Member that I intend to go to Tigania East Constituency. They are my cousins!

Question No.217

APPOINTMENT OF CHIEF FOR SOUTH MUGIRANGO BORABU LOCATION

Mr. Omingo asked the Minister of State, for Administration and National Security:-

- (a) whether he is aware that South Mugirango Borabu Location has not had a chief for over four years;
- (b) what he is doing to correct this, considering that it is a volatile border location of Gucha/Trans Mara districts; and,
- (c) whether he could consider sub-dividing the location into three owing to its current size and population.

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

(a) I am not aware.

(b) An authority letter, Ref.CA2/1/18A/31, was written to the Provincial Commissioner, Nyanza Province, on 14th March, 2006, authorizing him to appoint Mr. Henry N. Chucha as Chief Grade II for South Mugirango Borabu Location, Etago Division. Consequently, the chief was appointed and he is working.

(c) The local leaders of South Mugirango have not forwarded any formal recommendation for the creation of a new location. They will get one, once they have done so.

Mr. Omingo: Mr. Deputy Speaker, Sir, for the very first time, I am happy with the response given by the Assistant Minister. This is because I can confirm that the chief is actually now in employment and serving. I want to thank him for that. However, the proposal for sub-division was done in 1986 and 1998, alongside Nyabiosi and Nyakeyo sub-location and Bomonyama Location. Could he consider it, if I present the minutes of the Sub-District Development Committee and District Development Committee (DDC) on sub-division, because of the vastness and population?

Mr. Kingi: Mr. Deputy Speaker, Sir, let the hon. Member bring to us the minutes and we will consider that request.

Mr. Arungah: Mr. Deputy Speaker, Sir, we are having delays in hiring of junior officers like assistant chiefs, to the extent that in Khwisero Constituency, I do not have up to four assistant chiefs. This is because the appointment has to be sanctioned from Nairobi. Why does the Ministry not delegate that responsibility to the District Commissioners (DCs), so that we can have these officers appointed more promptly?

Mr. Kingi: Mr. Deputy Speaker, Sir, the DCs are still under our office and it is part of the process that we involve them. Whenever a vacancy occurs, we ask them to advertise. Once the advertisement has been done, and people apply and we are informed, we ensure that, that appointment is done within 14 days.

If there is any problem anywhere, let us be informed in the office and we will take the appropriate action.

Mr. Khamisi: Mr. Deputy Speaker, Sir, to follow up on that question, sometimes, even after the interviews, it takes well over one year to have a chief approved from the short-listed candidates. Could the Assistant Minister assure this House that he is going to pull up his socks and

have the chiefs appointed promptly after the interviews?

Mr. Kingi: Mr. Deputy Speaker, Sir, under our Rapid Results Initiative (RRI), it takes us only 14 days to appoint a chief once the results have been forwarded to our office. That is why I said that, if there is a problem anywhere, let us be informed and we shall take appropriate action.

Mr. Deputy Speaker: Last question, Mr. Omingo!

Mr. Omingo: Mr. Deputy Speaker, Sir, having received a satisfactory answer, I will ask the Assistant Minister to confirm whether he will also expedite the appointments of Gitinga and Bumunyara chiefs, whose interviews have been done. When will we get the letters, so that they could start delivering the services to the people?

Mr. Kingi: Mr. Deputy Speaker, Sir, I confirm that for only those areas that the hon. Member has mentioned. But for other locations and sub-locations that do not have chiefs and assistant chiefs in the country, we will undertake to fill them as soon as the interviews have been conducted and results forwarded to us.

Mr. Deputy Speaker: Next Question by the hon. Member for Tharaka Constituency, Mr. Kagwima!

Question No.262

NON-PAYMENT OF COMPENSATION
TO MR. KIBAARA'S FAMILY

Mr. Kagwima asked the Minister for Tourism and Wildlife why the family of Justus Kibaara has not been compensated after their daughter was killed by an elephant on 7th April, 2000 in Ntugi Location of Tharaka District.

The Minister for Tourism and Wildlife (Mr. Dzoro): Bw. Naibu Spika, naomba kujibu. Wizara bado haijapokea dai la ridhaa kutokana na kifo cha bintiye Bw. Kibaara aliyeuawa na wanyama wa pori. Ningependa kumshauri Bw. Kibaara awasilishe dai lake kwa kamati ya ridhaa ya wilaya kupitia kwa Mkuu wa Wilaya, ambaye ni mwenyekiti wa kamati hiyo.

Mr. Kagwima: Mr. Deputy Speaker, Sir, the claim was sent in the same year; 2000!

Mr. Deputy Speaker: Could you speak close to the microphone?

Mr. Kagwima: Mr. Deputy Speaker, Sir, I am saying that the claim was sent in the year 2000. Has the Minister asked the District Commissioner (DC) whether he is still keeping the claim? The DC was given the claim in the year 2000.

Mr. Deputy Speaker: Mr. Minister, that is a long time ago. That is six years ago!

Mr. Dzoro: Bw. Naibu Spika, nakubaliana na wewe kwamba jambo hilo ni la zamani sana. Lilitokea mwaka wa 2000.

Lakini hata hivyo, kulingana na rekodi zetu, inaonekana kwamba ombi hilo halikufika katika Ofisi ya Shirika la Wanyama wa Pori. Kwa hivyo, naomba tupewe ombi hilo ili tufuatilie. Inaonekana ombi hilo halikutufikia.

Mr. Kagwima: Mr. Deputy Speaker, Sir, as a matter of procedure, I do not know when we are supposed to get the answer. If I had this answer yesterday, I would have come with a copy of the claim from Mr. Kibaara. But when you are given an answer here, what do you do? I would like to request the Minister, after he leaves this House, to call the District Commissioner (DC) in Tharaka, so that he could get the claim from there. The claim was forwarded to the DC.

Mr. Dzoro: Mr. Deputy Speaker, Sir, ombi hilo likifika kwa DC, tutawasiliana naye ili Bw. Kibaara alipwe ridhaa yake mara moja.

Mr. Deputy Speaker: Mr. Kagwima, wewe pia usaidie kwa kwenda kwa DC kuchukua hizo nakili ili umsaidie Waziri kumsaidia mwananchi huyo.

Mr. Kombe: Bw. Naibu Spika, Wizara hii ina mipango gani ya kuwalipa ridhaa jamii za watu wanaouawa na wanyama wa pori au wanaoharibiwa mimea yao? Kuna watu wengi ambao wamengoja zaidi ya miaka kumi bila kulipwa ridhaa.

Mr. Dzoro: Bw. Naibu Spika, ningepomba tushirikiane na Waheshimiwa pamoja na wananchi. Kuna sheria kabambe ambayo inamruhusu mtu kuwasilisha ombi lake. Ikiwa hawapati majibu, basi wawasiliane na Wizara yangu na tutawasaidia vile inavyotakikana.

Mr. Kagwima: Mr. Deputy Speaker, Sir, when everything has been done, how much does that person expect as compensation? What is the Government policy?

Mr. Deputy Speaker: I thought you knew that! You should not ask a question when you know the answer!

Mr. Dzoro: Bw. Naibu Spika, sheria hiyo ilitungwa hapa hapa Bungeni na Bw. Kagwima anatakiwa kujua Bw. Kibaara atalipwa hela ngapi! Lakini nawahakikishia Wabunge wenzangu kwamba tutahakikisha jamii hiyo imelipwa hela zake kulingana na sheria.

Mr. Deputy Speaker: Last Question on the Order Paper, Mr. Ndambuki!

Question No.285

TARMACKING OF NUNGUNI-KIKOKO ROAD

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

(a) whether he could inform the House when the tarmacking of the two-and-half kilometre Nunguni-Kikoko Road section will begin; and,

(b) how much money has been allocated for that purpose.

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

(a) The tarmacking of the two-and-half kilometre Nunguni-Kikoko Road section was not budgeted for during the current financial year. However, the road will be considered for tarmacking during the 2007/2008 Financial Year.

(b) Due to budgetary constraints, no money has been allocated for the tarmacking of Nunguni-Kikoko Road this financial year.

Mr. Ndambuki: Mr. Deputy Speaker, Sir, I am really surprised because this Assistant Minister has answered this Question more than five times. Last year, newspaper reports had indicated that Kenya Roads Board had budgeted Kshs30 million to construct that road. What happened to that money? You went ahead and put it in the newspapers. The people from that constituency are carrying those papers and asking about the Kshs30 million.

Can you tell this House what you did with that money?

Eng. Toro: Mr. Deputy Speaker, it is true we put it in the Budget in the last financial year. But after the design was done, it was found out that the money was not enough to do the construction of the two-and-half kilometres. That is why we decided to have a proper allocation to enable that section to be reconstructed to the required standards.

Mr. Deputy Speaker: Last question, Mr. Ndambuki!

Mr. Ndambuki: Could the Assistant Minister tell us what he will do to make that section passable because people cannot move? He should also clear the minds of those people that the Kshs30 million was reallocated to other projects.

Eng. Toro: Mr. Deputy Speaker, Sir, about two weeks ago, that section of the road was graded because it was very bad. So, at the moment, it is motorable. We will continue grading that road and making it motorable until we advertise for the construction to upgrade that road to

bitumen standards. I would also like the hon. Member to bear with us for that oversight. We should have catered for it in this financial year.

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

Mr. Deputy Speaker: Is it a point of order or a supplementary question?

Mr. Ndambuki: It is a point of order. Is the Assistant Minister in order to say that the section was graded, and yet they could not do it because of the stones.

Mr. Deputy Speaker: That is a point of information. You are informing him now.

Mr. Ndambuki: Mr. Deputy Speaker, Sir, but he is misleading the House! He has said that the section has been graded. It has not been graded. The officials of the Ministry said that they could not do it because they were going to unearth the stones that were being put there. Are you in order, Mr. Assistant Minister?

Eng. Toro: Mr. Deputy Speaker, Sir, to the best of my knowledge, that section was graded about one and a half weeks ago. Unless the hon. Member has not been there for the last two weeks, I do not know---

Mr. Deputy Speaker: That is the end of Question Time. I now request for your attention. I have a communication from the Chair.

COMMUNICATION FROM THE CHAIR

COMMITTEE HEARINGS ON ARTUR BROTHERS SUBJECT TO STANDING ORDER NO.161

Last week, I undertook to make a communication regarding a matter of public hearing of the proceedings of the Administration of Justice and Legal Affairs Committee, raised by hon. Muite, MP and Chairman of the Committee.

The Chairman had claimed that a Motion seeking public hearings of the Committee proceedings had been approved by the Speaker and forwarded to the House Business Committee for allocation of time for consideration. He expressed concern that the House Business Committee had not slotted the Motion for debate by the House.

Hon. Members, you are aware that I sought clarification from the Leader of Government Business, as the Chairman of the House Business Committee. The Hon. Deputy Leader of Government Business made a statement on the matter on Thursday, 12th October, 2006 and reaffirmed the position of the House Business Committee.

As provided for by Standing Order Nos.42 and 43, the responsibility of approving Motions falls on the Chair, a duty he ensures is discharged expeditiously, without fear or favour. The business of allocating time for the consideration of such business is squarely the responsibility of the House Business Committee. Therefore, the Chair has discharged its responsibility in this matter. My advice to the Committee is that it continues to perform its duties in accordance to the Standing Orders, until such time that Standing Orders No.161 on Publication of Evidence is reviewed.

Thank you.

COMMITTEE OF SUPPLY

*(Order for Committee read
being 12th Allotted Day)*

MOTION

THAT MR. SPEAKER DO
NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

(The Minister for Health on 11.10.2006)

*(Resumption of Debate interrupted
on 11.10.2006)*

Mr. Deputy Speaker: Mr. Angwenyi, you were on the Floor the last time we had this Debate. I will be informing you how many minutes you have later.

I think you have one minute.

Proceed!

Mr. Angwenyi: Mr. Deputy Speaker, Sir, I have nine minutes.

Health care is a basic need for every citizen of this country. That is why when we acquired our Independence, the first indigenous Government decided to provide free health care through the initiative of the late first President of this country. Kenyans enjoyed free health care. It was with the advent of the Goldenberg scandal that the free service to Kenyans was stopped. For the past 16 years, citizens of this country have suffered because they cannot afford to access health care whenever they need it. As you know, 63 per cent of Kenyans live below poverty line. That portion of Kenyans live in squalor where diseases are prevalent. Some of the diseases affecting them include malaria, HIV/AIDS or just mere cough. Our people have suffered without bitterness for the past 16 years. I thought that this Ministry could have sought adequate resources so that it could begin to provide free health care to every Kenyan who needs it.

Every time I go to my constituency, people come home to visit me. For instance, if I go home on a Friday, the following day in the morning, by 7.00 a.m, there are over 200 people in my compound, wanting to see me. At least 70 per cent of those people would be requiring my assistance or support to access health care.

I know that the media has portrayed hon. Members as people who do not work, and that we work for only 15 to 18 hours. I am, through this discussion, inviting members of the media to accompany me to my constituency and see how many hours I work over the weekend. I start my work on Saturdays at 7.00 a.m and do not wind up until 2.00 a.m in the night. That is what every hon. Member in this House does. So, the assistance that is required pertains to health care.

The first President of this country was keen to establish proper hospitals in this country, for instance, the Kenyatta National Referral Hospital, New Nyanza General Hospital in Kisumu and the Coast General Hospital. We have not expanded those facilities for many years now. So, if you visit Kenyatta National Hospital, you will find the facility congested. You will find two to three patients sharing a bed. I thought the Ministry would have sought more resources so as to provide adequate health care in the referral hospital. This Ministry should upgrade some of the district hospitals to provincial level. For instance, the Kisii General Hospital should be upgraded to provincial status so that it can have adequate facilities and personnel to provide services to approximately 5 million Kenyans who live in the southern and western parts of this country.

In the same breath, I request that this Ministry upgrades Marani and Raganga health centres into sub-district hospitals. These sub-district hospitals would provide services to more than 300,000 people.

Thanks to the efforts of Eng. Muriuki, we now have CDF in this country. Although some people in this country do not recognise that, we have constructed health facilities using the CDF. In

my own constituency, we have established seven new health facilities. However, the new facilities cannot offer services to our people because they lack personnel. I request that the Ministry recruits qualified personnel and sends them to those facilities so that our people can access adequate and proper health care.

Recently, it was announced that a number of ambulances were bought through the National Health Insurance Fund (NHIF). However, I have 13 health facilities in my constituency, yet not a single one got an ambulance. How is the distribution of the ambulances determined? Do you consider the number of patients received, or does one have to know someone in the Ministry? What criteria is used? I want to request the Ministry of Health to take care of that since as I said, health care is a basic need.

Mr. Deputy Speaker, Sir, last week there was a write-up in the media regarding improvement of services offered by the National Hospital Insurance Fund (NHIF). That was a commendable move in the provision of healthcare in this country because it increases the number of people who can access medical cover. But I was surprised that such an important policy could pass without coming through this House, because we are the ones financing that kind of project. It was done *kienyeji*. We have not even been told how the programme will work, what method will be used and the Government has not come up with a policy paper to tell us that what they want to implement is what was brought here in a Bill a year ago by the Minister for Health, or they want to do it mid-way.

Mr. Deputy Speaker, Sir, if you went to areas like Kibera or some parts of Kitutu Chache, which are heavily and densely populated, and saw the way people live there--- I wish the Ministry had special healthcare programmes for such areas. Kawangware, Mukuru kwa Njenga and even Mwingi need specific healthcare programmes. I am sure the people of Kenya would appreciate if the Government were to come up with such kind of programmes tailored for the needs of specific sections of this country.

With those remarks, I beg to support.

Mr. Deputy Speaker: You know, Mr. Angwenyi, I like you because you always speak for the Chair. You know the Chair is here and cannot speak about the problems of Mwingi, so when you speak for the Chair, I appreciate.

(Applause)

Mr. Kipchumba: Thank you, Mr. Deputy Speaker, Sir. Let me also give my support to the Ministry of Health. Last week, the Minister for Health mentioned that the Kshs700 million that is supposed to go to development of our dispensaries and health centres was reduced.

The issue of Treasury unilaterally reducing very critical Votes of very important Ministries is a matter that this House has to take very seriously. I think it is time that this House now supports the proposed Fiscal Analysis Committee. This is because when Treasury decides that monies that are meant for each constituency should be reduced, then we are missing the point. That calls for a speedy development of this very important committee so that some of these issues can be sorted out. I know that Kshs700 million for a very critical Ministry is quite a lot of money.

Mr. Deputy Speaker, Sir, we all know that many of our dispensaries and referral hospitals, like the one in Eldoret, should be given more money. I have looked at the allocations to Kenyatta National Hospital (KNH), and for the last few years and the next few years, it remains Kshs2.8 billion. The money for Moi Teaching and Referral Hospital, Eldoret, constantly remains Kshs700 million.

Recently, I was in Namibia and patients in that country are being airlifted for specialised operations in KNH. While the region and Africa in general appreciates the speciality that exists in

this country, we continue to undermine some of our biggest institutions that not only can they give us revenue but also save lives in Kenya and in Africa. I would have wished that this very important Ministry gives, on a continuous basis, more money to KNH so that the region, including Namibia, who send their patients to Kenya, can benefit. Patients from Namibia even over-fly neighbouring South Africa which many Kenyans happily send their patients. But countries within that region would not mind bringing their patients to Kenya. What are we saying? That we do not have confidence in our own institutions. I want to plead with the Minister to consider increasing funding to these very important referral hospitals.

Mr. Deputy Speaker, Sir, the only referral hospital in Western Kenya, the Moi Teaching and Referral Hospital, in Eldoret, continues not only to be a referral hospital, but a district hospital for us in Uasin Gishu District. For the four years I have been in this Parliament, I have always requested that the Government considers building a district hospital in Eldoret so as to supplement the Moi Teaching and Referral Hospital. But this has fallen on deaf ears. I do not understand why we are the only district in this country with about 800,000 people, without a district hospital. When we are sharing monies for various districts in the country, Uasin Gishu is the only district that has not received any money for a district hospital. This is a shame. We continue to depend on Moi Teaching and Referral Hospital, which is over-burdened. I want to request that the Government takes this matter seriously. We donated Moi Teaching and Referral Hospital to Moi University specifically for that purpose, teaching and referral, because we understood the importance of having that facility.

Mr. Deputy Speaker, Sir, this House should, in future, consider how it can assist Kenyans in terms of taking care of patients with chronic diseases. Every time, we do fund-raisers for heart patients, kidney and cancer patients. Why can we not, as a country, develop a policy so that people with chronic diseases can have their medical bills waived? Even when they die, the bills are enormous and have to be undertaken by the families who have suffered in the process of their ailment. The families of such patients have suffered enough, and to ask them to meet such huge bills after the death of these patients is to further impoverish them. This is too much.

Mr. Deputy Speaker, Sir, in my view, outpatient services is not a very serious issue. The most serious matter is patients who have been admitted for chronic diseases. We must have pity on our fellow Kenyans. Therefore, I want to request that this be considered as a major policy by the Government. Instead of us raising money through Harambee everyday and impoverishing the same families, the Government should establish a separate fund which can be allocated money on a yearly basis. I do not think that any hon. Member will oppose the establishment of such a critical fund. We all know that many title deeds, identity cards and logbooks are locked up in many hospitals. Even when patients die in the Kenyatta National Hospital (KNH) and the Moi Referral and Teaching Hospital in Eldoret or other hospitals, their bodies are detained there because of the huge medical bills. We are talking of a person who has already died. Consideration must be given for people who are unable to pay. I am saying that the Government must establish a fund. We would also not like the same hospitals to be allowed to run down because many people owe them money. The Minister for Finance must reconsider returning the Kshs700 million that we received last year for the development of our dispensaries and health centres so that we can use the same money for the development of our health centres and clinics.

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

The Minister for Justice and Constitutional Affairs (Ms. Karua): Thank you, Mr. Deputy Speaker, Sir. I want to take this opportunity to support the Motion on the Floor to vote money for this very important Ministry.

I want to start by congratulating the Ministry for turning around health services. We are happy with the increased level of drugs that are going to clinics and hospitals all around the country

and with the improvement of the facilities. However, there are areas that we still need to emphasise. These areas involve changing or making policy regarding private practise by doctors working for Government hospitals. I would like to ask the technocrats in the Ministry to support this able Minister to ensure that we have a policy document that stops private practise by doctors working for the Government. It is better that we consider raising their emoluments but ensuring that they give services to the people on a full time basis.

With this, we should also have a policy shift where we stop allowing private patients in Government hospitals. It is okay to have an amenity ward just like in private hospitals where you can have a ward bed or a private room. However, it is not okay to mix private patients with patients who are being attended to in a Government hospital. The result of this mix-up is a denial of the improved facilities that this Ministry has put forward to the poor people. In the district hospitals, the doctors are concentrating on the private patients who are paying them and ignoring the poor. That is why we must separate the issue of private patients. Let them go to private hospitals and let hospital patients for public facilities be attended to in public hospitals. This is the way it was when we grew up and it worked. The current mix-up is not working and the technocrats in this Ministry must burn their midnight oil to turn out an appropriate policy document which can then be adopted to enable the improved facilities to benefit our citizens.

Mr. Deputy Speaker, Sir, we would also want to see the Ministry get bold and ask for facilities that will help our citizens not to travel long distances to look for such things as scans. Why can we not have all those facilities in each of our provincial hospitals to start with and then we can go down to the district hospitals. Everybody cannot be coming to Nairobi for a scan or rather specialised X-Rays. It is time there was a bold request by this Ministry to ensure that we have properly equipped provincial hospitals with a view to later on making it go down to the district hospitals.

Mr. Deputy Speaker, Sir, once we separate what I have said earlier, the private patients from patients who are coming for access to health facilities in Government hospitals, then we will not have patients leaving district and provincial hospitals looking for money from their hon. Members for treatment as private patients in Government facilities. We know that the cost of an operation in a Government hospital is Kshs8,000. Most people are unable to access simple operations. It is actually Kshs3,000; Kshs8,000 is charged by the KNH. Most people are unable to access operations at Kshs3,000 because our doctors are practising within the Government facility and asking for money to operate as though it is a private hospital. Then when they are doing their rota for the theatre, they give priority to the patients who are paying them. That leaves the poor people without access. We must be helped out of this situation through a policy framework. Let the doctors who chose to work privately run full fledged private clinics. Let those who chose to work for the public work for them on a full-time basis. Allowing a doctor to practise and have a private clinic is knowingly letting him to take away the time of his employer, who is the public. How can you be full-time employed and on salary and running a private clinic? You will be poaching hospital patients! Every time you are examining them, you are also referring them to your clinic in town. This is also a fertile ground for syphoning of drugs from our hospitals.

Mr. Deputy Speaker, Sir, we know that most of our doctors are dedicated. However, this is a system that is allowing the way-ward to punish the unsuspecting public. I feel that if this is done, then we will truly begin to see the great changes that have been made by this Ministry on access to drugs and to other health related facilities because people then will be attended to without let or hindrance.

I want, therefore, to give my full hearted support to the proposal before the House and to also encourage this Ministry to complete or discuss the memorandum of the National Hospital Insurance Fund (NHIF) Act which was referred, and has not been completed by this House; and

most probably ensure that we have a phased out implementation so that people can start benefiting from enlarged access to medical services. When we go outside to see our constituents, the two greatest issues are education and health. However, we can easily solve the health problem by the two suggestions that I have made and by the many suggestions the hon. Members have given. I am sure that the Ministry is doing something about it. I have had occasion to speak with my colleague, the Minister. I know that she too is very keen on those two issues.

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

Mr. Khamisi: Bw. Naibu Spika, asante kwa kunipa fursa hii ili nichangie Hoja ya bajeti ya Wizara ya Afya. Kwanza, ningependa kumpongeza Waziri na maofisa wake kwa kazi nzuri wanayoifanya. Wamejitolea kuhakikisha ya kwamba wananchi wanapata huduma bora za afya katika sehemu mbalimbali nchini.

Bw. Naibu Spika, naunga wenzangu mkono kulalamika juu ya kiasi cha pesa ambacho kimetengewa Wizara hii. Katika hekima ya Serikali, ingekuwa bora kama Wizara hii ingetengewa kiwango sawa cha pesa na Wizara ya Elimu. Hii ni kwa sababu maradhi na ujinga ndiyo matatizo mawili makubwa yanayokabili nchi hii. Hii ndio njia ya pekee ya kuhakikisha wananchi wanapata huduma bora na za karibu zaidi na ambazo zinaweza kutimiza matakwa ya akina mama wajawazito na watoto katika sehemu za mashambani.

Bw. Naibu Spika, ningependa kulalamika kwamba nyingi za hospitali zetu, hasa hospitali ya Wilaya ya Kilifi, zina ukosefu mkubwa wa vifaa katika maabara, magari ya kuwabebea wagonjwa kwa jina maarufu ambulansi, na vyumba vya kuwahifadhia maiti. Ningependa kuona hospitali hizi zikiwa na vifaa vya kutosha ili zitoe huduma bora za afya kwa watu wetu. Ningependa kuiomba Serikali hii iwaajiri wauguzi wengi ili huduma hii muhimu iwafikie wananchi wote hapa nchini. Waziri alisema hapa kuwa miaka miwili iliyopita wamejaribu kuongeza idadi ya wauguzi katika hospitali zetu. Hata hivyo, tatizo hilo bado linakabili hospitali zetu. Pia alituhakikishia hapa kwamba watawaajiri wauguzi zaidi ya 1,000. Hili ni jambo nzuri. Lakini watu wa Wilaya ya Kilifi hawajawaona hao wauguzi. Ningependa kuihimiza Serikali itilie mkazo jambo hili la kuwaajiri waguuzi na kuwapeleka katika hospitali ya Wilaya ya Kilifi.

Bw. Naibu Spika, ningependa Serikali itilie mkazo swala la zahanati na vifaa vingi vya afya ambavyo kwa wakati huu havitoi huduma yoyote kwa sababu ya ukosefu wa wafanyakazi. Kwa mfano, katika Eneo Bunge la Bahari, kuna zahanati ambayo ilijengwa na wadhamini wa Uingereza. Inajulikana kama zahanati ya Msumarini. Zahanati hii ilimalizika mwanzo wa mwaka huu. Lakini kulingana na mipango ya wafadhili hao, walitaka kuipanua zahanati hii. Lakini kwa kuwa zahanati hii haijapewa kibali na Wizara ya Afya, hata baada ya sisi kupeleka maombi mengi, imewabidi wafadhili hao wakwame katika mipango yao. Hawawezi kutoa pesa zaidi za kupanua zahanati hii kwa sababu haijasajiliwa na Serikali.

Mr. Naibu Spika, ningemwomba Waziri ahakikishe ya kwamba zahanati na vifaa vingi vya afya vitasajiliwa kwa upesi iwezekanavyo ili viweze kutoa huduma zinazotakikana na wananchi.

Bw. Naibu Spika, naipongeza Serikali kwa kutilia maanani vita dhidi ya ugonjwa wa malaria. Ugonjwa huu ni tatizo kubwa katika Wilaya ya Kilifi. Ni masikitiko makubwa ya kwamba watu fulani katika eneo langu walirejeshea Serikali neti za mbu zaidi ya 3,000 kwa sababu ya hisia za kitamaduni. Walikuwa wanasema kwamba wakilala ndani ya neti hizo, walikuwa wanaona mazingaombwe yakiwajia usiku na kuwatisha.

(Laughter)

Ningependa wakati mambo haya yanapofanywa, tushirikiane na Serikali ili tuwaelimishe wananchi ili wajue kwamba mazingaombwe ni ndoto tu za kiutamaduni. Hili si jambo ambalo linatokea katika ulimwengu wa sasa.

Bw. Naibu Spika, kumekuwa na mazungumzo mengi kuhusu ukosefu wa madaktari. Hivi majuzi nilizuru Indianapolis, Marekani, kuwatembelea watoto wangu. Mtoto wangu mmoja anafanya kazi huko kama daktari. Niliwaona madaktari saba kutoka Kenya ambao wanafanya kazi katika hospitali za kigeni. Malalamiko yao makubwa ni kwamba Serikali hailipi mishahara mizuri ya kuweza kuwahifadhi katika hospitali zetu. Ningeiomba Serikali mara kwa mara iwe ikiangalia mambo ya mishahara ya wafanyakazi ili tuwahifadhi madaktari wetu. Badala yao kwenda nchi za kigeni wanaweza kufanya kazi hapa.

Tunaona kwamba wauguzi wengi wanakimbilia nchi za kigeni kufanya kazi huko kwa sababu kuna mishahara na marupurupu mazuri. Hilo linaweza kuwa ni jambo zuri lakini kwa upande wa Kenya si jambo nzuri kwa sababu pesa ambazo tunazitumia kuwaelimisha watu hawa ni nyingi. Ikiwa tutawaacha watu hawa kufanya kazi katika hospitali za kigeni, basi tunawanyima Wakenya huduma ambazo wangeweza kuzipata kutoka kwao.

Bw. Naibu Spika, jambo lingine ni kuhusu madaktari wa kienyeji. Najua Serikali imejaribu kuwaleta karibu na kuwaunganisha madaktari hawa wa kienyeji ili waweze kuungana na madaktari wa kisasa katika kutibu magonjwa. Hata hivyo, Serikali haijawapa nafasi ya kutosha ya kuweza kujumuika pamoja na madaktari wa kisasa. Ingekuwa bora zaidi, kama tungelipata ripoti kutoka kwa Serikali kuhusu jambo hili.

Bw. Naibu Spika, ningependa kupata ufafanuzi kutoka kwa Serikali kuhusu wenyeji ambao wanajiita madaktari. Sielewi kama madaktari wa kienyeji wamehitimu kuweza kuitwa madaktari. Jambo hili linawapotosha wananchi. Wakisikia ni daktari wanadhani ni daktari kamili. Lakini mtu huyu hajapata masomo yoyote ya uuguzi.

Mara nyingi ukienda Mkoa wa Kati, utapata vibao vya hawa madaktari vimepachikwa kwenye kuta za nyumba. Vinasema hivi: "Daktari kutoka Tanzania au Pwani". Hii ni kuonyesha kwamba madaktari wa kienyeji kutoka Pwani na Tanzania ndio waganga maarufu kushinda madaktari kutoka sehemu nyingine.

Bw. Naibu Spika, ningependa kuzungumza kuhusu zile kandarasi zilizotolewa kwa wauguzi waliokuwa wakifanya kazi ya dharura au ya kujitolea wakati wauguzi wa Serikali walipogoma. Wengi wao baada ya mgomo, walitimuliwa kutoka kazi mwao. Walijitolea kimhanga kuweza kuisaidia Serikali wakati wa dharura lakini baada ya mgomo kumalizika, wakasahauliwa. Nafahamishwa kwamba ni asilimia 40 ya wao ambao walijajiriwa na Serikali. Waliosalia wanatukera maofisini mwetu wakiuliza Serikali itawajiri lini na ilhali walifanya kazi kwa muda wa miezi sita. Najua kwamba kuna kazi ambazo hivi majuzi zilitangazwa. Ni matumaini yangu kuwa wao watapelele nafasi za kwanza na kuajiriwa kwa sababu walijitoa mhanga wakati wa mgomo. Baadaye, tunaweza kuwaajiri watu wengine.

Bw. Naibu Spika, ningependa kuzungumza kuhusu swala la madawa. Hivi leo tumesoma katika vyombo vya habari kwamba hospitali nyingi, hasa katika mikoa ya Nyanza na Bonde la Ufa, hazina dawa na vifaa vingine muhimu. Tunaambiwa ya kwamba hospitali nyingi katika mikoa hiyo zitasimamisha huduma kwa wananchi kwa sababu ya ukosefu huo.

The Assistant Minister for Health (Dr. Mchage): Huo ni uongo mtupu!

Mr. Khamisi: Bw. Naibu Spika, ikiwa ni ukweli--- Na namsikia Waziri Msaidizi akisema ni uongo, hili ni jambo ambalo lingefaa kuangaliwa kwa makini sana. Ikiwa ni siasa za namna fulani zinazopigwa ili kuharibu majina ya watu fulani, mimi sijui.

Bw. Naibu Spika, kwa hayo machache, ninaunga mkono Hoja hii.

The Vice-President and Minister for Home Affairs (Mr. Awori): Thank you, Mr. Deputy Speaker, Sir, for allowing me to join my colleagues in making a few remarks about this Vote.

Mr. Deputy Speaker, Sir, I believe that health service delivery in this country is one of the success stories of the Kibaki Administration. I think it is necessary that where there is success, we should be able to talk about it. It is not so long ago that whenever someone went to the hospital, the

service was really very poor. A doctor would have to ask you for an exercise book in which to write the prescription because the only medicine that was available at the time was Panadol and Aspirin. At the moment, if you went to any dispensary, you would find all the medicine there. This scheme which has recently been introduced which allows anyone to be treated for any ailment is really the way forward and I want to thank the Minister, Ministry and all support staff for the excellent work they have done.

Mr. Deputy Speaker, Sir, there are only a few challenges that I would like to address myself to. I want to begin with the equitable distribution of the resources that are available. As concerns human resources, it is necessary that all the clinics, dispensaries and hospitals are properly and equitably staffed because sickness and illness is the same right across the country.

Similarly, where equipment is concerned, it is necessary that the Ministry actually distributes this equipment equitably. Laboratory equipment is required in every hospital and dispensary. Ambulances should be distributed equitably so that there are not so many ambulances in one area and very few in another. We would like to see that being done.

Mr. Deputy Speaker, Sir, similarly, I want to request the Ministry of Energy to come to the assistance of the Ministry of Health to ensure that there is electricity in most hospitals. Recently, I visited Wamba Hospital. It is a referral hospital which serves a very big area including Marsabit, Meru and the whole of North Eastern Province. However, Wambaa Hospital at the moment uses a generator. It spends about Kshs900,000 a month just on a generator. Imagine what service they could be giving with that Kshs900,000 if this hospital was electrified. Its bill would probably be between Kshs70,000 and Kshs100,000.

Mr. Deputy Speaker, Sir, it is also necessary for electrification to be all around in the rural areas because in a good number of those places snake bites exist. For snake bites, it is necessary for its vaccine to be refrigerated. In my own constituency, the incidences of snake bites are very prevalent and it would help if all the hospitals had access to electricity. There are also incidences of polio coming back. The polio vaccine has got to be under refrigeration. Therefore, I believe that my colleague, the Minister for Energy, must come to the support of this Ministry so that we have vaccines and medicine properly stored. It is not just about having the medicine but we also need mortuaries in almost all hospitals. We can only have them if we had electricity.

Mr. Deputy Speaker, Sir, the other challenge that I would like the Ministry to direct themselves to is hospices. There are many terminally sick people and they really need to spend their last days in dignity and I do believe that hospices should not be left merely to Non-Governmental Organisations (NGOs). They should be part of our own Government service to ensure that hospices are available to terminally sick people.

Mr. Deputy Speaker, Sir, we need to put more money in research. I know that the Ministry works very closely with the Kenya Medical Research Institute (KEMRI). We need research particularly in herbal medicine as my colleague who spoke a few minutes ago said. We know that we people who were born and brought up in rural areas particularly many years back, there were no clinics and yet we were able to survive through herbal medicine. It is about time we put emphasis on research in herbal medicine. Currently, there are some people who are benefiting from herbal medicine. They are taking herbs from certain trees here and taking them to research stations abroad and then bringing them back as finished medicine. It is necessary that we should be able to make our people benefit through herbal medicine.

Mr. Deputy Speaker, Sir, similarly, there are these traditional healers and they have proved themselves. I think they need to be encouraged. There are people in the rural areas who are able to treat bone and nerve diseases like arthritis using their own hereditary skills and we need to encourage them. Gone are the days when we looked down upon the African medicine man. Of course, there were mercenary medicine men but there were also genuine ones and we need to

encourage them.

Mr. Deputy Speaker, Sir, there are other ailments that are coming up which have not been looked at very seriously and the Ministry needs to put some emphasis on them. People who are deaf, dumb and blind at the same time need specialised treatment. I would like to encourage the Ministry to help such people. There are other new medical complications like autism and we need to recognise that they exist in people. Autistic children exist and their parents do not know how to treat them and at the moment even the Ministry of Health has very little experience about how to treat this condition. It is important that the Ministry deals with this condition.

Mr. Deputy Speaker, Sir, there are also disabilities like the visually impaired. The Ministry of Health should provide these people with the white cane. I would like the Ministry of Health to urge the Ministry of Roads and Public Works to include the white cane in the Highway Code so that when drivers see a white cane, they know that they are dealing with a visually impaired person and thus drive carefully.

Mr. Deputy Speaker, Sir, similarly, we have got a spinal cord injury hospital up at the hill in Hurlingham and it has only 40 beds. We need to expand this hospital. I would request the Ministry of Health to support the efforts of an NGO called The Kenya Paraplegic Organisation (KPO) which currently is preparing to put up a rehabilitation centre worth Kshs100 million. Concerted efforts between NGOs and the Government can bear good fruit. However, we do not want to concentrate within Nairobi only but we would like various provincial hospitals to also have rehabilitation centres for the spinal injury patients because currently in Nairobi, due to shortage of beds, they are discharged very soon.

With those few remarks, I beg to support.

Prof. Oniang'o; Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to support this Vote, and also support my colleague, the Minister for Health.

Mr. Deputy Speaker, Sir, health sector is very important. I want to recognise the achievements that have been made in the recent past. But I would like to say that there are many Kenyans who are unable to access health care, especially for specialised conditions. What surprises me is the health centres! They are closed at 6.00 p.m. and are not opened over the weekends. They cannot handle emergencies. Diseases do not choose when to come! That is where the tragedy is. The worst that can happen to you is to have an emergency at night. There are no ambulances in most of those areas. Even where there are, they have no fuel. In places where they have fuel, it is very insecure. I would like to appeal to the Ministry to think of having a paramedical team that can be positioned somewhere so that, when there is a tragedy, they can be called upon to attend to it. If need be, patients can then be taken to hospitals. That is what happens elsewhere. I am sure the Minister and his very capable team can think about that.

Mr. Deputy Speaker, Sir, hypertension and diabetes are very common diseases in one person. They are very problematic and common in the African race. Most patients with diabetes and hypertension drop dead because they have no idea they have those conditions. Monitoring those diseases is, sometimes, very difficult. Those patients can only go to referral hospitals which are too far away. You find people from western Kenya travelling all the way using their very little money to Kenyatta National Hospital (KNH). That is because KNH is the only referral hospital. We need every provincial hospital to be a referral hospital. I would like to see the Ministry giving incentives to doctors who can work in those hospitals. At the moment, every doctor wants to be around Nairobi. You cannot blame them. They take many years to train. They are lucky when they qualify. They deserve to be paid well. They deserve to be given proper status like it is done elsewhere. We need to give incentives to our doctors who are willing to work in those areas. That way, we will distribute doctors equally throughout the country.

Mr. Deputy Speaker, Sir, some health centres do not even have a small operating room.

Imagine an expectant woman arriving in a hospital and she is unable to deliver. She requires caesarean section--- I have heard of cases where expectant mothers reach provincial hospitals, only to die on the operating tables because they have been in labour for too long. We have Kenyans who are unable to afford cars to drive themselves to hospitals. I believe that is an area that can be addressed right now.

Mr. Deputy Speaker, Sir, another area is that of dental care. I have never understood why taking care of my teeth, removing a tooth or maintaining it is seen to be aesthetic. Right now, we have a lot of sugar in our diets. Many people go around with just half the number of teeth in their mouths. That is because they see dentists who are not qualified. The best they can do is remove your tooth. Some of those quack doctors just remove teeth. I do not know whose responsibility it is to step up the training of dental assistants. I am aware that training of dentists take a lot of time and is very expensive. But we need proper dental care even at the community level.

Mr. Deputy Speaker, Sir, another issue has to do with the eyesight. Many people are losing their eyesight. Many people are not even aware that, when they do not eat Vitamin A, their eyesight will be lost. I want to appeal to the Ministry to integrate proper nutrition education in our hospitals. That is the first thing they should be preaching to the patients. As far as I am concerned, food is the first medicine.

Mr. Deputy Speaker, Sir, another area that I want to touch on is one that our colleagues have talked about; that is herbal medicine. Research has shown that many Kenyans go for herbal medical doctors before they go to modern medicine. We have traditional medicines that can treat modern day diseases which are un-treatable by conventional medicines. We would like to go the South African way; integrate herbal and alternative medicine in our health care system. That needs to be legislated. I hope the Minister will take it up quickly. I know she is aware that all our communities have specialised herbal medicines. We should not relegate them. They actually work in many of our conditions. Therefore, we should have herbal medicines alongside conventional medicines.

Mr. Deputy Speaker, Sir, we are aware that in Pumwani Maternity Hospital, where more than 100 children are born every day, women are not treated well. Many of them are sent home the same day they have delivered. Can you imagine a mother delivering today and she is told to go home immediately? She can hardly walk. We do not take our women seriously, when they deliver. We know that in Africa and Kenya, we still lose many women in child birth. I want to appeal to the Minister to look into that and make sure that every health centre has a maternity ward. It should be able to provide delivery services and a theatre for operations. Even if clinical officers have to go for specialised training, they should be able to manage caesarian sections. We have many young people who are having babies before their bodies mature. There is nothing I can do about that, personally. They are unable to deliver normally. Therefore, we have many cases that require caesarean section. We should equip those health centres to deal with such cases.

Other than that, I would like to complement the Minister and remind her that people have forgotten the hotline numbers that she gave out. Recently, I had a case where a Standard VIII pupil was in a district hospital suffering from typhoid. He was given the first dose of medicine and told: "You must pay before the next doses are given!" I had to intervene until the doses became available. Those are corruption cases that should be attended to. People should be given the hotline numbers to call when such cases are detected.

Mr. Deputy Speaker, Sir, I want to congratulate the Minister and her team. Many of the issues that have been brought up by hon. Members can be done and are practical. We need to give her more money.

With those few remarks, I beg to support.

Mr. G.G. Kariuki: Thank you, Mr. Deputy Speaker, Sir, for giving me this chance to say a

few words on this Vote.

Mr. Deputy Speaker, Sir, first of all, I would like to congratulate the NARC Government for the work it has done, especially in health sector. But I have an issue to raise with the planners of the Ministry of Health.

Mr. Deputy Speaker, Sir, it has become a tradition that when one becomes a Minister, he and other planners in that particular Ministry continue to do what used to be done many years ago. The time has come for planners in our Ministries to move with the times. For instance, they need to appreciate the ever changing demography of the country. If you visit hospitals in the so-called traditional districts, you will find that they have facilities. However, there are some districts in this country, especially the newly settled districts, for example, Nakuru that really need to be given special attention. It is very unlikely to get a Permanent Secretary or a Minister being appointed from these areas.

You know how things are done in the African Continent. When a Permanent Secretary comes from a particular district, very likely, that district will be favoured a lot in terms of development. I think the planners in this country need to get out of politics and plan according to the needs of the people.

What is making our country grow very unpopular? It is because people have become loyal to their tribes. Planners and many other people have become very loyal to their tribes at the expense of the system itself. It is a shame that even very educated people are behaving in a very simple or casual manner. I think the time has come for Permanent Secretaries or Ministers to distinguish between politics and real planning. Unless that is done, some areas of this country will continue to lag behind in development. Look at what is happening in places like Laikipia, Nyahururu, Nakuru, and Nyandarua! Unless we plan properly and take services to the people living in these areas, we should not continue to pretend to be one country. We cannot continue having planners who have fixed minds. Some of them just wait for the Minister to come and tell them: "Please, allocate that vehicle to So-and-so." What is the criteria here? Why can we not go by the set criteria? Why should a Minister or Permanent Secretary make a decision without actually considering the needs of the people? Why would anyone want to make political mileage using Government facilities?

Our planners, that is, our Ministers and Permanent Secretaries, need to get out of that old traditional way of planning that used to thrive after Independence because it is still going on. They are still following that trend. It is a pity that people from poor areas will be elected to come to Parliament only for them to vote for money that will never assist their people. Some of us who come from poor areas of the country have been taken for granted. We are always told that whatever we propose is not possible whether we like it or not. We may not have the power to bargain, but time is coming when everybody will have to understand that all Kenyans have matured politically.

We insist that the criteria of distributing vehicles to dispensaries and health centres be made transparent. It is not just a matter of one person deciding with impunity which way a whole community should go. I think the issues of population density and the vastness of an area need to be considered. Some areas are quite big and people might not settle there unless medical facilities are availed. It is a shame that in this country you will find cases of women dying on their way to hospital to deliver. You will hear cases of women being transported to hospital on a tractor and so on. There are no medical facilities at all, and yet here in this House, we keep on praising ourselves that we have done so much. Truly speaking, we have done nothing for these people who are dying in the villages. We shall only be considered to have done a lot when we manage to distribute resources equally in all parts of this country. That is a new area that I would request the Ministry of Health to look at, especially the newly settled areas where settlements have been established since Independence. These are the areas that do not receive support of any kind.

Currently, most hon. Members of Parliament are using the CDF money to build

dispensaries and health centres. In my constituency, we have built about 24 dispensaries. This has arisen from the needs of the people. There is no politics in this game. We have built about 24 dispensaries and we have spent over Kshs38 million in this endeavour. You will find that in some of the dispensaries which are complete, the Ministry is asking the community to employ personnel to man the facilities. If a person is poor why should you tell him to take care of himself? What does that mean? It is very unfortunate that these things that I am talking about are taking place in our country.

The Government needs to take over all the dispensaries that we have built using the CDF money and employ personnel to man them. You cannot ask poor people to look for money from their pockets. Some of them do not even have those pockets.

Mr. Deputy Speaker, Sir, probably the planners who are here are listening to what we are saying. Let us not all the time be taken as politicians who do not know what they are talking about. We definitely know what we are talking about and that is why we are sitting here to give the Ministry of Health money to go and spend at will. Parliament will not follow them to ask where they took that money. Parliament will also not follow them to ask how many vehicles they bought and where they took them. So, we should not just be taken for granted.

Mr. Deputy Speaker, the Ministry is always responsive. For example, when I started building the 24 dispensaries in my constituency, I invited the Ministry's officials to come and see what we were doing. I was delighted that officers from the Ministry came to the ground. It does not matter whether they will take over the dispensaries or not, but, at least, they displayed their interest in the projects and I give them credit for that. Matters related to medical facilities in the country are very important. Our country needs very serious men and women who are able to see beyond politics and look at matters affecting human beings whenever they are involved in planning. That way, we shall have a very likeable country. We shall be admired by the people in our neighbouring countries. So far, the way we have been conducting ourselves--- Tanzanians once said of us: "*Wakenya wanakulana ovyo ovyo.*" The time has come for us to clear our name and think about our people. We do not need to be communists to think about our people. We can be capitalists and still address issues affecting our people.

With those remarks, I beg to support.

Mr. Weya: Thank you, Mr. Deputy Speaker, Sir for giving me this chance to discuss one or two issues concerning this Vote.

I would like to commend the Minister and her officers for the work they are doing in the Ministry. I think we have had a change from what used to be there in the past.

[Mr. Deputy Speaker left the Chair]

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

Some of us have had an opportunity to organise medical camps at the grassroots level. Whenever we organise these medical camps, we realise that the majority of people in the rural areas are sick in one way or another. Indeed, I discovered that in my constituency almost 80 per cent of the people who turned up in these camps were sick.

We should be improving our district and Provincial hospitals in this country. We should also go down to health facilities in our rural areas. We should conduct medical camps to reach people at the grassroots, who do not have money to go to our district hospitals, which are often too far away from them. Most health centres in our rural areas do not have facilities and drugs that are required. Doctors and other medical officers are also not available in our rural health facilities. The

Ministry should find ways and means of reaching people at the grassroots. I would like to thank some private companies that have held medical camps and assisted the Ministry in what they call "making our society a healthy society". It is only when we have a healthy society that we will have a working society.

Last year, one of my constituents was shot in the evening by robbers. We went to Kisumu Provincial General Hospital, but there was no neurosurgeon to assist us. The patient passed away in the morning, as I was trying to have him transported to Nairobi. There was no neurosurgeon in the whole of Nyanza Province. You can imagine the risk we put many of our citizens to due to shortage of neurosurgeons. It is unfortunate to note that this country is producing doctors and nurses only to have them working in foreign countries. This is because they are paid better in those countries than they are in this country. So, this Ministry should find out why our doctors and nurses are leaving the country. If you go to countries like Botswana and Nigeria you will find Kenyan doctors working in their hospitals.

I would like to thank the Minister for vaccination of young children. Vaccination campaigns have enabled women in rural areas to have their children vaccinated. This is an initiative that has worked well in the rural areas. In the past, this service was available but was under utilised. So, I would like to commend the Ministry for managing this programme well.

Malaria is killing our people. We have found out that mosquito nets do not work in grass-thatched houses. Where are you going to hang a net in a grass-thatched house, since there are chicken and goats in the same house? The idea of indoor spraying of DDT is the only way to reduce malaria among our rural communities. We have people who came to this country to help us eradicate malaria. The reason why we were not using the DDT in the past was its ban by the World Health Organisation (WHO). The WHO has now lifted the ban on the DDT because it has found that it is useful to use it in eradicating malaria. This was done in Europe, the United States and other First World countries. There is no reason why this Government should deny its people the use of DDT. The use of DDT will enable this country to get rid of malaria. It was banned because some multinational companies have been making a lot of money from producing and selling drugs that are used to treat malaria. This is the only reason why they are discouraging this country from using the DDT. This is very clear. If you go to the First World you will not hear about malaria. I am not talking about outdoor spraying of the DDT, but interior spraying of the walls of buildings. This has been shown to work well.

Mr. Temporary Deputy Speaker, Sir, HIV/AIDS has been a very big problem in this country. I found out recently during a District Development Committee meeting that some money was sent back to the Ministry's headquarters from our district because Government officers said we did not have the capacity to use those funds. I was shocked to learn that colossal sums of money were being sent back to the Ministry's headquarters. This is because procurement procedures did not enable Government officers to use this money. I do not understand why we should be sending money to a place where the prevalence of HIV/AIDS is very high, only to have such funds returned to the Ministry's headquarters. We politicians should be in the front line in tackling this issue.

We recently saw Senator Obama taking an HIV/AIDS test publicly. I have also taken such a test in front of my constituents. When I did that, many people also came forward to have the HIV/AIDS test. I was doing that during a programme sponsored by the Centre for Disease Control (CDC). We found out that out of those who were tested at that particular time, 45 per cent tested positive for HIV/AIDS but they did not know their status before. We should encourage our people in rural areas to test for HIV/AIDS, so that we can prevent its continued spread. It is a good thing that people in this country take HIV/AIDS seriously. Our behaviour has changed in recent times. It is clear that the prevalence rate of HIV/AIDS has now dropped.

My community has invested in a medical training college (MTC). This is because of efforts

of my colleague, Mr. Midiwo, and myself. We have used our CDF funds to put up an MTC in Siaya District. We have established a facility that will encourage the training of nurses in our rural area. I urge this Ministry to assist this MTC. The Ministry keeps on telling us that it will assist this MTC. The community has spent more money in establishing this MTC than the Government has. The Government should have put in more money because this is a community initiative and will help our people. We would like the Government to allocate more money to this facility.

I would also like to discuss the issue of staff morale in our health institutions. Workers in our health institutions are demoralised. They do not have the right equipment with which to tackle emergencies. The Government should equip our health centres to the required standards. In some of our health institutions there is no equipment. It was only recently when Siaya District Hospital acquired a dental chair, but there was no dentist in the whole district! Imagine not having a dentist in the whole district! The Ministry should monitor what is happening in our health institutions.

I was shocked to discover the other day that the Minister was launching a malaria campaign in Ukambani. We all know that malaria is more prevalent in the western part of this country than elsewhere. So, I do not know why the malaria control campaign was launched in Eastern Province while the disease is more prevalent in the western region of the country. I would like this Ministry to address some of these issues seriously.

With those few remarks, I beg to support.

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

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

Mr. Musila: Thank you, Mr. Temporary Deputy Speaker, Sir. I have risen to represent my people in particular on matters as important as those in the health sector.

Let me start by congratulating the Minister, and her team, for the good work they have been doing in the recent past. I want to particularly mention the fight against tuberculosis, malaria and polio in this country. We have seen this Ministry making concerted efforts to ensure that these diseases are dealt with well. The Minister has been in the forefront, fighting for poor people in our rural areas, particularly in the provision of medical care. I want to congratulate her.

Let me also echo the views expressed by my colleagues with regard to opening of more health institutions, particularly dispensaries. Dispensaries are institutions where patients get first aid.

Mr. Temporary Deputy Speaker, Sir, it is important that those institutions are located in places where they can be accessed by the ordinary people. Regrettably, at the moment, most people have to travel for over 20 kilometres to reach dispensaries to get first aid. Forty-three years after Independence, that should not be allowed to happen. Therefore, when Members of Parliament, through the Constituencies Development Fund (CDF), with the agreement of the communities, construct these dispensaries, the Ministry owes it to the communities to ensure that the dispensaries are opened.

I would like to underscore the importance of the Ministry appreciating the role members of the public are playing in constructing these facilities. Some of them pay the last penny they have in order to ensure that these facilities become available. Therefore, the Government should reciprocate by ensuring that these facilities are opened.

Mr. Temporary Deputy Speaker, Sir, I had a chance to talk to the Minister concerning Migwani Sub-District Hospital. This is a good example where people have put their resources to

develop the institution. We have put up a modern out-patient block at a cost of Kshs8 million. My own family has put up wards costing Kshs2.5 million. My friends have put up a most modern operating theatre. The CDF has put up a mortuary. However, until recently, these facilities have been lying idle. I appreciate that lately, I have seen movement indicating that, at least, the wards are operational. However, the operating theatre is not yet operational. I see funds being provided to other hospitals to construct theatres, and yet here we have a theatre that has already been constructed but which lacks equipment and staff.

It makes sense for the Ministry to appreciate, where people have put effort, and assist them. Our mortuary is ready but lacks refrigeration equipment, which is too expensive for the local community or the CDF to afford. Therefore, I request that this institution, which was put up through the people's efforts, be given priority, so that it can be fully operational. Even as I speak, there is no doctor at that institution. I do not see how you can operate a sub-district hospital without a doctor. This problem has persisted for a long time.

Mr. Temporary Deputy Speaker, Sir, I appreciate that there has been great improvement in provision of drugs to hospitals. However, we still have problems. We have heard of patients dying unnecessarily due to lack of certain drugs. For instance, when the Minister replies to this debate, I would like her to respond to the issue of patients who have been bitten by dogs. I understand that the policy of the Ministry is that patients must pay for these drugs. The cost is enormous. Such a patient has to be given many injections which he must pay for. We are talking of poor communities who cannot afford even a meal a day. So, what it means is that such a patient will get rabies and die. It is not acceptable.

Mr. Temporary Deputy Speaker, Sir, snake bites are very common in many areas but snake venom is not available in most dispensaries. May I ask the Minister to address herself to the issues affecting the common man. I know that she advocates issues affecting the common man. The common man in the field needs medicines for treatment of snake bites, dog bites, *et cetera*. These are some of the issues I would like the Minister to address.

Mr. Temporary Deputy Speaker, Sir, the issue of ambulances has been mentioned. I need not repeat that I have had occasion many times, to carry maternity case ladies who have often delivered in my car on the way to hospital. This is unacceptable. May I ask that efforts to provide ambulances to hospitals be stepped up.

In particular, the Minister knows a health centre called Nuu in Mwingi District. The Minister knows the health centre very well because she has visited it. It is very far from Mwingi District Hospital. The institution has all the required facilities, including wards and operation theatres. However, there is no ambulance. Therefore, most patients, especially ladies, have to die because they cannot reach Mwingi District Hospital due to bad roads. Therefore, I appeal to the Minister to provide an ambulance to Nuu Sub-District Hospital.

Mr. Temporary Deputy Speaker, Sir, the issue of provision of staff to these facilities has been addressed. I need not belabour that point. Most dispensaries have single nurses who work from Monday to Friday. Over the weekend, those nurses are off-duty and yet that is the time when people are taken ill. I appreciate the financial problem as far as recruiting of medical staff is concerned. However, something needs to be done. The Minister for Finance must address himself to the issue of medical staff. The Ministry of Finance should provide resources for recruitment of additional medical staff and improved salaries, so that medical institutions countrywide can provide the services that are required.

I would also like to call upon the Minister to instill some discipline in the few staff available. We have had cases of medical staff handling patients in a rude manner. Most of the members of staff in public medical institutions are dedicated. However, we have some elements in the rural areas who do not treat patients properly.

Mr. Temporary Deputy Speaker, Sir, let me, quickly, comment about Kenyatta National Hospital. This is a very important institution but, looking at the funds provided for it, I note that they are not adequate. We need to provide more money to the Kenyatta National Hospital. Talking about that hospital, I would like to appreciate the assistance that the Director continues to give us by assisting poor patients who are discharged or die, in waiving certain percentages of their medical bills.

Mr. Temporary Deputy Speaker, Sir, I would like everyone here to appreciate the fact that most of the people who are referred to Kenyatta National Hospital from district hospitals are poor. Presenting such patients with bills of Kshs100,000 on being discharged, is a big joke. Let us have provision where people at Kenyatta National Hospital can be treated without regard to the money that they have to pay and ensure that, at the end of the day, that money is paid through some provision by the Treasury.

Mr. Temporary Deputy Speaker, Sir, we must appreciate that we are operating under an environment where poverty is on the increase. We cannot afford to increase the cost of such important institutions without taking care of the plight of the people concerned.

Therefore, I request the Minister to ensure that Kenyatta National Hospital is provided with sufficient funds to ensure that medical bills of patients from poor families are taken care of by the State.

Mr. Temporary Deputy Speaker, Sir, finally, HIV/AIDS has continued to be a big killer in this country. Personally, I have never supported the idea of having the National AIDS Control Council under the Office of the President. It is time we appealed from the Floor of this House, to the President, whose prerogative it is to allocate portfolios, to move the National AIDS Control Council from the Office of the President to the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, as I speak, the Constituencies AIDS Control Committees are dead. They are not functioning. I think the only way is to put the National AIDS Control Council under the Ministry of Health and give the Minister the power to control this disease because the Office of the President cannot do what it is supposed to do.

With those remarks, I beg to support.

Archbishop Ondiek: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to the debate on this important Vote.

First, I would like to congratulate the Minister for keeping the promise that she made in this House. She promised to provide an ambulance to Ukwala and she has done that. I am very grateful for that. I would like to urge the Minister to provide ambulances to other health centres. It is very important for every health centre to have adequate facilities, so that patients can be attended to properly. So far, in Ukwala, we do not have any problem. However, we still require more facilities to be provided to our health facilities, for example, at Abila Sub-District Hospital.

A sub-district hospital requires to have a doctor. In Abila Sub-District Hospital, we do not have a doctor to attend to the patients. We should have a policy to ensure that when a health centre is being upgraded to a sub-district hospital, enough members of staff are provided. This is very important. I do not know how the Ministry is dealing with the issue of staffing. You will find that a well-built health centre has only one nurse. I would like to request the Minister to look into this issue and make sure that, at least, every health centre has a minimum of three or four nurses and a clinical officer. This will enable the patients to be attended to properly. This is a very important Ministry. It handles the lives of the people. Life is very important. A life can be lost in a second if it is not handled properly.

Mr. Temporary Deputy Speaker, Sir, in the rural areas, there are no adequate medical facilities. The Ministry should strengthen the rural health centres and sub-district hospitals, so that they can take care of the health of our people. The Minister is doing a very good job although the

funds we are allocating to her Ministry are very minimal. I would like to urge this House to support any move the Minister proposes to increase funds for this Ministry.

In Kenyatta National Hospital, we have a lot of bodies lying in the mortuary because the relatives of the dead cannot afford to pay the medical bills. Most of these people come from the rural areas to look for employment in Nairobi and while they are here, they fall ill and die. In the past, Kenyatta National Hospital used to easily release such bodies. For example, a person will come from the rural area to look for employment in Nairobi although he does not have any relative in Nairobi. If this person falls ill, he is taken to Kenyatta National Hospital and then he dies. After that, he is taken to the mortuary and it becomes a problem for his family to take the body back home for burial. We should understand our culture and traditions. Bodies are very important to most of our people and people would always like to transport them back home and bury them respectively. The Minister should sit down with her officers and reconsider this issue. Kenyatta National Hospital used to release such bodies without any problem.

Mr. Temporary Deputy Speaker, Sir, I would like to talk about the CDF projects. Many projects have been initiated in the rural areas under the CDF Programme. This is a noble course. Many health facilities and secondary schools have been built under this programme. After putting up the buildings, nothing is being done. I would like to request the Minister to send her officers in all the districts to assess the number of health centres which have been built, so that the Ministry can staff them and provide them with the necessary medical supplies. This would encourage us a lot.

In Ukwala, I have built a mortuary, but up to now, we do not have a mortuary attendant. I would like to urge the Ministry to staff all the health facilities that have been put up using the CDF. I know that there is a limitation of funds in the Ministry, but the Minister should make sure that these facilities are staffed and provided with the necessary medical supplies, so that they can be of use to our people.

The CDF is a Government initiative and the funds should be put into proper use. We should have enough staff to run the facilities. We can construct wards and theatres using the CDF money, but we may not be able to equip the facilities. We should partner with the Ministry to equip the facilities. The Ministry should give us the technical advice on how to run the facilities, provide staff and equip the wards with beds. For example, Sifugo Health centre, which is fully-built with a complete maternity wing, does not have a single bed. I am urging the Minister to look into these issues and assist our people in the rural areas.

I would like to talk about admissions to medical training colleges. We really do not know how students are admitted to the colleges. For example, we have a newly started medical training college in Siaya District. We, the hon. Members from the area contributed towards the construction of the facility. I gave Kshs500,000 and the other two hon. Members from the district also gave Kshs500,000 each. We entered into an Memorandum of Understanding (MoU) with the Ministry to consider recruiting students from Siaya District.

To our surprise, the college is full of students whose origin we do not know. These are the things that can discourage hon. Members from acting in partnership with the Government. It is important that such MoUs are honoured. We do not mind the college admitting students from other districts. We are all Kenyans, but, at least, the Ministry should give priority to the local people. For example, ten slots should be given to Gem Constituency, ten to Ugenya, ten to Alego/Usonga and 50 slots to other areas. We are all Kenyans. We should not have all the students from outside the district and yet we are the ones who contributed funds to put up the facility.

With those few remarks, I beg to support.

The Temporary Deputy Speaker (Mr. Khamasi): Order! It is now time for the Mover to reply.

The Minister for Health (Mrs. Ngilu): Thank you, Mr. Temporary Deputy Speaker, Sir. The Minister for Foreign Affairs has requested me to give him a few minutes to speak. Therefore, I would like to donate five minutes to him, five minutes to hon. Kagwe and three minutes to hon. Arungah.

The Temporary Deputy Speaker (Mr. Khamasi): Order, Minister! We do not want to open debate on this issue. You are supposed to respond to issues which have been raised on the Floor.

The Minister for Health (Mrs. Ngilu): That is right, Mr. Temporary Deputy Speaker, Sir. It is a donation.

The Temporary Deputy Speaker (Mr. Khamasi): That is all right.

Proceed, Mr. Tuju!

The Minister for Health (Mrs. Ngilu): And then two minutes to hon. Raila.

The Temporary Deputy Speaker (Mr. Khamasi): Again?

The Minister for Health (Mrs. Ngilu): You have two minutes, Mr. Tuju.

The Minister for Foreign Affairs (Mr. Tuju): Thank you, Mr. Temporary Deputy Speaker, Sir. I was told that I have five minutes and I had prepared for that.

The Temporary Deputy Speaker (Mr. Khamasi): Proceed, Mr. Tuju!

The Minister for Foreign Affairs (Mr. Tuju): Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to thank the Minister for her passion in the way she addresses the health problems facing this country. All the credit is due to her and, of course, to this Government, for the many improvements we have seen in the health sector. For a long time, it was not possible to predict whether you will even get a prescription paper in which the doctor could prescribe medicine for you. Now, the prescription papers are there. When you get a prescription, the chemists at the hospitals give you the required medication and all the credit is due to her.

Mr. Temporary Deputy Speaker, Sir, I would also like to commend the Ministry of Health for the great work they have done with respect to the HIV/AIDS programmes, especially the introduction of Anti-Retroviral Therapy (ARTs) in our hospitals and the relevant medication that go along with it. Indeed, it is a great credit to that Ministry and, of course, to this Government, that, today, those who are suffering from HIV/AIDS have a lot more hope than they had a few years down the line.

Mr. Temporary Deputy Speaker, Sir. I would like to draw the attention of the Minister and this House to the fact that there is an auto-catalytic relationship between HIV/AIDS and malaria. Those who are suffering from HIV/AIDS are more likely to go down with clinical malaria, and those who have clinical malaria are more likely to exhibit full-blown AIDS because malaria has compromised their immunity, just the way HIV also compromises immunity. I would like to urge the Minister to ensure that she does everything in her power to increase more effort in strengthening health education, because we are seeing the spectre of drug-resistant malaria and tuberculosis. Drug-resistant tuberculosis has surfaced, especially in Eastern Europe and it is a big problem there. When it becomes a problem in this country, it would probably become worse than HIV/AIDS because tuberculosis is actually airborne.

Mr. Temporary Deputy Speaker, Sir. I would like to stress and stress again the importance of health education, especially as we deal with certain forms of cancer. Cervical cancer is now the leading type of cancer that is found in women in east and central Africa and which is directly related to the Human Papilloma Virus (HPV). This is something which is not common knowledge to our people. It is important that this kind of education is imparted to our people so that we do not end up with too much of these cancers. The same can be said of prostate cancer and several other health problems. Indeed, good health is not just absence of disease or just medication but to be in good health, and that is only possible if we embrace health education.

With these few remarks, I beg to support the Motion.

Thank you.

The Minister for Information and Communications (Mr. Kagwe): Thank you very much, Mr. Temporary Deputy Speaker, Sir. I rise to support the Motion as well as to congratulate the Minister for Health for the excellent work that she has undertaken to do. She took over at a very difficult time when hospitals were having very many difficulties, but it is encouraging to see how far she has gone to bring sanity and, indeed, efficiency in our hospitals.

Mr. Temporary Deputy Speaker, Sir, I want to touch on only two things related to this Ministry. The first one has to do with the issue of our doctors and nurses going overseas. Whereas this is seen as a problem in our country, this is also an opportunity! We also have an opportunity because we have so many people who are unemployed in this county. What is lacking is the capacity to train these people so that we can be able to export them and they can be of use somewhere in the world. This way, they will be able to send money back home. So, as we talk about brain drain, let us keep in mind that it is also possible to keep our brains in the drains because they have no work to do. Consequently, I think the Minister is doing the right thing in terms of increasing the capacity to train nurses and doctors so that they can be able to work both here and overseas.

Mr. Temporary Deputy Speaker, Sir, my second point is about the issue of how the Ministry of Information and Communications is co-operating and can co-operate with the Ministry of Health to ensure the sustenance and improvement as far as e-health is concerned. The work that we are doing in the Ministry of Information and Communications, including the laying of the fibre-optic cable and fibre optical arteries across the country into district hospitals and other places creates a massive opportunity as far as healthcare is concerned.

Mr. Temporary Deputy Speaker, Sir, it is now possible to envisage a situation where we can have e-surgeries. In other words, a doctor in the USA or in the UK can carry out surgeries with a doctor in Kenya if we finish the issue of laying of fibre optic cables, particularly the submarine cable that we are talking about.

Mr. Temporary Deputy Speaker, Sir, because of the lack of a lot of specialization in the country, it will be possible to make use of a specialized doctor overseas who may not have the time to travel to this country to conduct a surgery but to whom it may be possible to communicate with once we have done everything that we can as far as the fibre-optic cables are concerned. Therefore, as we do this work, we are not just doing it for schools, Government and the private sector. We also want to do it for hospitals. In that respect, the computerization of hospitals across the country, both clinics as well as district hospitals is an issue that we would like to assist the Ministry of health to undertake. For example, if you wanted to know the history of a patient, it used to be that, when you go to a hospital, you go with your little card and introduce the history of your illness to the doctor, and if the doctor is not the same one who treated you initially, then it takes a long time. But with computerization of hospitals, it will be possible to build data-banks with patient histories.

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

I beg to support.

Mr. Raila: Thank you, Mr. Temporary Deputy Speaker, Sir.

(Mr. Arungah stood up in his place)

The Temporary Deputy Speaker (Mr. Khamasi): Order, Mr. Arungah! Please sit down.

Mr. Raila: Mr. Temporary Deputy Speaker, Sir, I want to thank the Minister more for an opportunity to say just a few words. I would have said more on this particular Motion, but I just asked for the opportunity to say just one word.

Mr. Temporary Deputy Speaker, Sir, last Saturday, I had the opportunity to visit the Spinal Injury Unit along Lenana Road. I have a friend who is, in fact, right now hospitalized in that hospital. When I went to see him, I encountered something that was very distressing. I felt that I must have an opportunity to raise it here on the Floor of this House. It was on a Saturday. There had been a walk which had been carried out by people who are suffering from spinal injuries. This walk was flagged off, by none other than Mr. Moroto, on behalf of the Vice-President and Minister for Home Affairs. I found all these people in the hospital. They asked for an opportunity for me to talk to them, which I did. What they had to say was very distressing. First all, that hospital has only got a 40-bed capacity. The people who are right now on the waiting list are over 1,000. Very many people die of spinal injuries because of lack of facilities in the country. I was told that they require to increase the bed capacity of that hospital to about 150. This requires about Kshs100 million. The walk, therefore, was to try to raise Kshs100 million to expand the capacity of that hospital. What is disturbing here is that instead of the Government raising that money through the budget which we are debating here, people who are already suffering, are made to participate in a walk in order for them to raise that money!

Hon. Members: Shame! Shame!

Mr. Raila: Mr. Temporary Deputy Speaker, Sir, I want to appeal to the Minister that a way must be found to raise this money. I was told that the Director of Medical Services had promised them that the Government would provide Kshs30 million. Why does the Government promise these people? These are Kenyans who are already injured. The Government, therefore, must bear its responsibility, take up this matter and provide Kshs100 million. This money can be taken from the Department of Defence budget which is just going to fund the Anglo Leasing-type of projects.

With those few remarks, I beg to support.

Mr. Arungah: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to make a comment. I will make three points. I am aware that one of the challenges of this Ministry is the shortage of staff. However, I want to appeal to the Minister that the constituency that I represent here has a very serious shortage of staff to the extent that the medicine that she says she has provided will go to waste, because without the nurses attending to patients, its availability, is of no consequence.

Secondly, it may be possible that the Ministry is supplying medicine to these facilities, but in Khwisero Constituency, there are cases of people being given rampant prescriptions, to the extent that they have not noticed that difference. So, I do not believe it when the Minister says that she has provided more medicine to these facilities. I would urge the Ministry to ensure that the medicine is not just supplied, but it follows up to make sure that, indeed, it is given to the people who deserve it.

I do appreciate that the Anti-Retro Virals (ARVs) have been made available and they are said to be free. Unfortunately, in Khwisero Constituency, people have to spend a whole day and a minimum of Kshs300 to go to the district hospital, so that the ARVs can be dispensed. I urge the Ministry to make arrangements to ensure that these ARVs are dispensed in divisional health centres, so that more people have access to them.

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

[Mr. Deputy Speaker resumed the Chair]

Mr. Deputy Speaker, Sir, on the issue of ambulances, it is very sad to notice that over 40 years after Independence, the people of Khwisero are still being carried on *mikokoteni* and

wheelbarrows to access health facilities. I know that some money has been made available for the provision of ambulances. The Ministry has promised us an ambulance for the last four years. Therefore, I hope that this time, it will consider us for the same, because I know that the Minister is a friend of the people of Khwisero Constituency.

With those few remarks, I beg to support.

Mr. Deputy Speaker: Madam Minister, it is now your time!

The Minister for Health (Mrs. Ngilu): Thank you, Mr. Deputy Speaker, Sir. First of all, I would like to take this opportunity to thank all the hon. Members who contributed to the debate on Vote 11. I thank them, indeed, for the compliments and appreciations they have made. I am happy that they have noticed some improvements in the Ministry of Health. This has been as a result of the hard work of our technical team; the Permanent Secretary and his officers. Therefore, I thank them very much.

Mr. Deputy Speaker, Sir, I have listened and taken note of all the issues that have been brought out on the Floor of the House. I would like to say that up to now, we still have great challenges in the health sector. However, I also want to assure hon. Members that we are committed and we will continue addressing these challenges, and finding solutions to them. We are all aware of how the health sector had been run before.

One of the issues that came out of the Floor, from hon. Members who contributed, was the gazette of the Constituencies Development Fund (CDF)-constructed health facilities. I want to thank the hon. Members for the support they have given to the health sector. This is because as I go around the country, I see many health facilities that have been funded through the CDF. On our own part, as the Ministry of Health, we will gazette 600 of these facilities. We will also ensure that 300 of them are immediately operational. Those are the resources that we have. Therefore, we shall not be able to open all of them at once. But, at least, 50 per cent of them will be operational immediately. Others will be operated as and when more resources are available.

As I said, we have already employed 2,420 health workers. These are nurses, clinical officers, medical laboratory technologists. All these will be sent to our facilities. We expect to employ more. This has been as a result of our development partners who helped us with resources to hire people on contract basis for three years. Thereafter, the Government will absorb them.

Some hon. Members talked about the fees guidelines for private practitioners. I agree with them totally. We need to have guidelines because, as it is now, the policy appears to be promoting wealth before health. But our policy is health before wealth. Therefore, I have instructed the Kenya Medical Practitioners and Dentists Board to review the fees structure and come up with some proposals that are acceptable. The Ministry will look into this. I will also table a Bill before Parliament to amend the Public Health Act, so that it is more comprehensive to address areas of the remuneration of medical professionals. This will make them more responsive to current health needs.

Mr. Deputy Speaker, Sir, I also heard from the Floor of the House issues of public medical personnel engaged in private practice. This, again, is as a result of maybe, not properly remunerated personnel. This will also be looked into. I have once again, asked the Permanent Secretary to ensure that this is strictly adhered to, so that this practice does not continue in our facilities. I have listened to all the complaints that are coming from the Floor and they will certainly be addressed.

In fact, we talked about it this afternoon. We said that we shall pin on our notice board a list showing which doctor or personnel officer should be working where and at what time so that, if a person is not there, people can call and say: "This person is not here!" We also ask members of the public not to accept to be removed from hospitals by doctors and told to go to their clinics. They should go, get treated and walk out. If they are told to pay, they should come to our Ministry and we shall deal with that. When we talk about corruption, I also call that corruption.

Mr. Deputy Speaker, Sir, hon. Members have talked well about the National Hospital Insurance Fund's (NHIF) new policy. I thank you for that. We still have the National Social Health Insurance Fund (NHSIF) Bill that was passed by Parliament. I do expect that when it comes back to the Floor of the House, we shall look at it again and make sure that it works. That is the direction to go if we are going to get more resources. I would like to say that the policy that was announced recently by NHIF is being tested. We are doing it on contracting arrangement between the health providers and NHIF, so that we can see whether it is workable. We are piloting that. We are going to make comprehensive proposals to see whether it is sustainable. It is a good thing if it works. That is another way of mobilising more resources for the health sector.

Hon. Members talked about the availability of Anti-Retroviral (ARVs) drugs. I assure hon. Members that we have adequate ARVs in the country. Indeed, we have even scaled up. In the year 2003, we had only 2,000 people under treatment. Today, we have close to 80,000 under treatment. Our target between now and end of December is 140,000 people. We have put in place the Rapid Results Initiative (RRI). Every province has been given a target to achieve. If that happens - and we believe it will happen - we shall be able to put 140,000 people under treatment. That will leave about 60,000 out of treatment. We hope to get them on board by the end of next year. The problem that we had was lack of qualified personnel to administer ARVs. I have heard many hon. Members say that they would like it to be done at the village level. I would like to say that, that might not be possible. But we are opening as many comprehensive care centres as possible. But we do not have enough health workers to give people the treatment. In other words, it is not a matter of administering panadol. People need to be trained to do that.

I have also heard about malaria control. We have scaled that up and we expect to reduce the number of people who get infected by malaria. We have put in place several interventions. We are also studying the issue of DDT but, in the meantime, we are using other chemicals for indoor residual spraying. We have seen a big difference. It is more effective than using the insecticide-treated nets. One hon. Member said that not everybody can use the nets, but we need to encourage our people to use nets.

Mr. Deputy Speaker, Sir, the issue of brain-drain has come up again and again. I do agree that we have lost many of our health workers. That is as a result of poor remuneration. We have addressed that. We have seen health workers, especially nurses, working in our country. I heard Mr. Kagwe say that we could train more, so that we could send them out of the country. But, first and foremost, we need to retain them for our own use. If we have more, they can go out of the country. We have started talking to the countries that have been taking our nurses and health workers. I think it is more useful to have them here than when they are out of the country.

You also talked about inadequate specialised equipment. As I said, we were able to put in so much money to equip our health facilities last year. I am sure all of you here were conducting *Harambees* to buy simple equipment like microscopes in your health facilities. That is not the case today. Last year, we spent close to Kshs720 million to procure equipment. It has been sent to the rural health facilities, especially dispensaries and health centres. This year, we are going to spend about Kshs1 billion to procure more equipment. So, our health facilities will be equipped. We have started to procure specialised equipment. We have started with our teaching and referral hospitals like Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital. We shall go on to procure specialised equipment for provincial and district hospitals. We are doing that in stages, as more resources become available in the Ministry.

Mr. Deputy Speaker, Sir, we have talked about ambulances. We have bought more ambulances than ever before. I do know that there is need for ambulances in our health facilities. I am asking the Permanent Secretary to ensure that some of the ambulances that we have sent out have drivers. Some of them do not have drivers. We are also going to get another 115 ambulances

between now and December. The NHIF has agreed to purchase them. They will be sent to our public health facilities. At least, all the provincial, referral and district hospitals will get ambulances. A total of 15 ambulances will be given to faith-based mission hospitals because they are part and parcel of our work. We partner with them in what we do. That is how we will distribute the ambulances when they come.

Mr. Deputy Speaker, Sir, I have also noted the complaints by hon. Members about how patients are treated. Yes, it is true. We have put in place measures to re-train our health workers to change their attitudes towards our patients. Mr. Raila talked about our Spinal Injury Unit. At the moment, we have set aside some Kshs30 million for that unit. I agree it is not enough, but I will see what I can do. I understand the feelings of the hon. Member. Those are the people we need to look after first. Thank you for visiting them.

One other thing that came out is the issue of herbal drugs. We partner with those herbalists, so that we can know what they are making and selling to our people. They should meet certain standards. Towards that end, we have put up a pharmacy division to work with them. They ensure that people are given drugs that have been tested and approved. That is because anybody can give people anything. We hear of all sorts of "doctors", and nobody questions them. They do not belong to the Ministry of Health. We cannot control them because they are registered by the Ministry of Gender, Sports, Culture and Social Services. I think I have taken into account most of the issues that you have raised. I, once again, thank you for supporting our Vote and for the contribution that you have made on the Floor of this House.

I thank you very much.

(Applause)

Mr. Deputy Speaker: You "beg to move"!

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

(Question put and agreed to)

[Mr. Deputy Speaker left the Chair]

IN THE COMMITTEE

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

Vote 11 - Ministry of Health

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

THAT, a sum not exceeding Kshs14,258,764,365 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2007, in respect of:-

Vote 11 - Ministry of Health

(Question proposed)

VOTE R11 - RECURRENT EXPENDITURE

The Temporary Deputy Chairman (Mr. Khamasi): Hon. Members, we are now in the Committee Stage to consider Vote 11, Ministry of Health. We will start with the Recurrent Expenditure shown on pages 441 up to 526 of the Printed Estimates books.

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*(Heads 310, 311, 312, 313, 314, 348,
349, 454, 456, 550, 555,
616 and 617 agreed to)*

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

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

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 293 - Preventive Medicine and Promotive Health

Maj. Madoka: Mr. Temporary Deputy Chairman, Sir, I just wanted to know what happened to Head 293 this year because it has no allocation.

The Minister for Health (Mrs. Ngilu): Thank you, Mr. Temporary Deputy Chairman, Sir. The allocation has been shifted to Head 311.

The Temporary Deputy Chairman (Mr. Khamasi): On what page is that? Are you satisfied with the answer Maj. Madoka?

Maj. Madoka: Mr. Temporary Deputy Chairman, Sir, Head 311 does not quite agree with my question. It talks about Headquarters Administrative and Progressional Services. We are, however, talking about Preventive Medicine, Promotive Health and Sexually-Transmitted Infections.

The Temporary Deputy Chairman (Mr. Khamasi): Madam Minister, you can consult with your officers. As they consult, are there any other issues which could be raised?

Maj. Madoka: Mr. Temporary Deputy Chairman, Sir, maybe, they could also check on Head 519, page 469. There is nothing allocated for it this financial year.

The Minister of Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, that Head has been shifted to Head 311. If you look at it, you will see that the previous allocation was not much. The money is allocated only to personnel.

*(Heads 293, 322, 323, 325, 326, 327, 328, 329, 330, 331, 332, 334, 346, 347,
509, 510, 518, 519, 520, 622,
720 and 721 agreed to)*

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

Mr. Kipchumba: Mr. Temporary Deputy Chairman, Sir, on page 471, Head 335, Item 2100 on basic salary, there is a tremendous jump from Kshs320 million to Kshs613 million. In the same breath, the second one on personal allowances as part of salary has gone down. I just want to understand why is it the case that the salaries have gone up. Maybe it is because of the many employees, but then, the personal allowances have come down!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have increased personnel and that is why we are paying much more, and the allowances are now being paid down at the district level. Most of them were being paid lump-sum in the past, but now they are being paid according to the place where they are working. We also employ people at the places they are going to work.

Mr. Kipchumba: Just a small clarification. So, where have you shifted that allowance to? If it is not paid at the headquarters, then it must be paid elsewhere. Where is it?

The Temporary Deputy Chairman (Mr. Khamasi): Yes, where has it been placed in the Vote?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have just reduced that amount because now they are being paid from where they are working. We interview them in the districts and they go and work there and they are paid according to the allowances given to each district.

(Heads 335 and 336 approved)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

(Heads 113, 340 and 643 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATION UNIT

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

SUB-VOTE 118 - MOI TEACHING AND REFERRAL HOSPITAL

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

VOTE D11 - DEVELOPMENT VOTE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Head 310 - Headquarters Administrative and Technical Services

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, on page 283, Head 310, Item 2211300 is "other operating expenses". Again, the same issue is reflected on Head 311, Item 2211300 - "other operating expenses". This appears to have been duplicated. Could the Minister explain?

The Temporary Deputy Chairman (Mr. Khamasi): Please, repeat that!

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, I am saying that the two Heads; 310 and 311, have a similar item; "other operating expenses". Under Head 310, there is Item 2211300--

The Temporary Deputy Chairman (Mr. Khamasi): Let us deal with one at a time, Mr. Sungu! Let us deal with the first one, dispose of it and then go to the next one.

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, I am raising the question of the fact that there is some sort of duplication and maybe the Minister could explain.

The Temporary Deputy Chairman (Mr. Khamasi): So, you are comparing the two?

Mr. Sungu: Yes, Mr. Temporary Deputy Chairman, Sir. They all relate to the same item and they are all under Headquarters Administrative Services. So, it is a small explanation that is needed.

The Temporary Deputy Chairman (Mr. Khamasi): Thank you. Madam Minister, could you respond to the issue raised by hon. Sungu?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is the support that we get from our donors. It is foreign support. One of them is for administrative aspects for the programmes and projects that we put in place. This is for technical services. The other one that the hon. Member is asking about is for professional services.

Head 311 - Headquarters Administrative and Professional Services

Maj. Madoka: Mr. Temporary Deputy Chairman, Sir, on page 283 Head 311 - Headquarters Administrative and Professional Services, I was just wondering about the purchase of specialised plant, equipment and machinery. Last year, they had Kshs50 million but it has jumped to Kshs572 million this year.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is the World Bank's support for reproductive equipment.

(Mr. Wamunyinyi consulted loudly)

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

(Heads 310 and 311 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 316 - Provincial Health Services

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, on page 283, Head 316, Item 3110300 - Refurbishment of Buildings, I notice that last year we had Kshs96 million but now we have Kshs170 million. Could the Minister confirm that this Kshs170 million includes refurbishment of the Jaramogi Oginga Odinga Memorial Hospital or The New Nyanza General Hospital? I notice further ahead in the Vote that there are only three district health facilities which have been allocated money for construction. There is nothing anywhere else in the district.

(Mr. Kipchumba stood up in his place)

(Mrs. Ngilu moved to the Dispatch Box)

The Temporary Deputy Chairman (Mr. Khamasi): Order, Madam Minister! Mr. Kipchumba is saying that he has a related issue. So, we will take both questions.

Head 317 - District Health Services

Mr. Kipchumba: Mr. Temporary Deputy Chairman, Sir, the same item has been reflected under Head 317, Item 3110300, Refurbishment of Buildings. The amount has gone down from Kshs911,522,760 to Kshs556,522,760. Could the Minister explain why they reduced the allocation to district hospitals?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, last year, we allocated to every rural health centre and dispensary a sum of Kshs180,000 and Kshs240,000, respectively. However, we allocated less money in this financial year.

(Heads 316, 317 and 318 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 327 - Nutrition

Mr. Kipchumba: Mr. Temporary Deputy Chairman, Sir, I need an explanation from the Minister on several Heads under this Sub-Vote. For example, Head 327 on Nutrition on page 285. I believe this Head affects all other Heads under this Sub-Vote. Therefore, I would like her to refer to Item No.2210700 on Training Expenses on page 285. It is evident that the training expenses shot up from Kshs17,997,750 to Kshs109,929,100. She should explain to this House why the money set aside for this purpose has gone up.

If she refers to the other Heads under this Sub-Vote, she would see the training expenses are evidently high. For example, on Head 323 on Environmental Health Services, the sum set aside has shot up from Kshs3,340,000 to Kshs20,461,006. Head 509 on Control of Malaria also reflects training expenses of Kshs43 million. Head 510 on the Kenya Expanded Programme on Immunization, there is a sum of Kshs95,181,040 for training purposes. Why has all this money

been set aside for training purposes?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, it is true that there is more money which has been set aside for training purposes. This is because we have expanded our programmes and there is need to train, especially in the areas of HIV/AIDS and malaria management. We now have a new malaria drug that we are administering. We have to train nurses on how to administer it. This money is purely for training our health workers.

Head 325 - Communicable Disease Control

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, on page 285, Head 325 on Communicable Diseases Control, I would like the Minister to explain why all Items under that Head, except Item No.2210700, have not been allocated any funds this financial year. We are concerned because tuberculosis is now a very serious threat to our people. I am sure she is well aware of this fact.

Head 509 - Control of Malaria

Mr. Temporary Deputy Chairman, Sir, the same is reflected under Head 509 on Control of Malaria. Again, there appears to be a reduction under all those Items, from Kshs231,389,136 in the last financial year to Kshs166,257,720 this financial year. We know that the threat of malaria is increasing. Could she explain why there is this reduction?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, that is the case. However, this item is now funded by donors and the Global Fund.

*(Heads 323, 325, 327, 334, 549, 510,
622, 778, 779 and 780 agreed to)*

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, on Head 335 on page 290, Item 3110700, I notice that only Kshs66 million has been allocated for the purchase of vehicles and other transport equipment for rural health centres. We were hoping that, in fact, the Minister would consider equipping some of these facilities that we have now put up under the Constituencies Development Fund (CDF) and I believe that, that money is not enough.

Could the Minister explain whether she is going to get more funding from other sources including donors?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, you can see that there is an increase of Kshs66 million and that is what we are going to spend this year. However, we also have some more money in the budget to the tune of Kshs100 million that we are going to spend.

(Heads 335 and 594 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

Head 643 - Kenya Medical Research Institute (KEMRI)

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, I notice that, in fact, on Item 3110300 and the next item, there is no provision whatsoever whereas there was something last year. However, I notice that there is some great reliance on foreign donors. I am concerned that KEMRI is a very strategic institution and of security importance to this country and yet it is in the hands of foreigners who fund it completely and the Government does not do anything about it. Could the Minister explain this state of affairs?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, yes, KEMRI is heavily funded by donors and mainly the Japanese International Co-operation Agency (JICA) and I have noted the hon. Member's concern.

(Heads 340 and 643 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES AND CO-ORDINATION UNIT

(Head 355 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

Head 315 - Kenyatta National Hospital

Mr. Sungu: Mr. Temporary Deputy Chairman, Sir, could the Minister explain why after giving KNH so much money there is no mammograph equipment there and thus breast cancer cannot be detected there?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is a Spanish grant-cum soft loan given to KNH. We are going to equip the hospital between now and January. I do believe new equipment will be coming in soon.

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

Head 623 - Moi Referral and Teaching Hospital

Mr. Kipchumba: Mr. Temporary Deputy Chairman, Sir, I just want to understand one thing from the Minister. The Kshs70 million that has been given to Moi Referral and Teaching Hospital is very little. Is it going to develop the Intensive Care Unit that we so much require? Could the Minister add more money to that hospital next year?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we cannot add more money right now. But I encourage Moi Referral and Teaching Hospital to do what Kenyatta National Hospital (KNH) did. It should look for funding elsewhere, and ask the Ministry of Finance to guarantee.

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

(Vote D11 agreed to)

(Question put and agreed to)

*(Resolution to be reported
without amendment)*

(The House resumed)

[Mr. Deputy Speaker in the Chair]

REPORT

Vote 11 - Ministry of Health

Mr. Khamasi: Mr. Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding Kshs14,258,764,365 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2007, in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

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

The Minister for Information and Communications (Mr. Kagwe) seconded.

(Question proposed)

Mr. Sungu: Mr. Deputy Speaker, Sir, I would like to congratulate the Minister on the successful passage of the Vote of her Ministry of Health in this House.

Mr. Deputy Speaker, Sir, however, I would like to ask her to ensure that there are adequate medical supplies in our hospitals, particularly in the rural areas. This is because there is an outcry; that there is a shortage of drugs in our hospitals.

Mr. Deputy Speaker, Sir, now that we have voted this money, it is important that the Ministry supplies drugs to hospitals faced with the shortage.

I would also like to remind the Minister that the question of immunization should be taken seriously. We already have a case of polio in North Eastern Province and we do not want that to spread all over the country. We know that we live in a region where immunization is not taken very seriously, especially in war-torn Somalia or Sudan where, in fact, a case of bird flu has been reported.

The Assistant Minister for Health (Dr. Machage): Thank you, Mr. Deputy Speaker, Sir. Even as I congratulate the Minister for Health for a job well done, I would like to take this

opportunity to announce to the whole country, on the Floor of this House, that the reports that appeared in the media today, that some hospitals in Rift Valley Province and Nyanza Province have no drugs are total lies and a fallacy.

Mr. Deputy Speaker: Order, Dr. Machage! That is unparliamentary!

The Assistant Minister for Health (Dr. Machage): I apologise, Mr. Deputy Speaker, Sir, for using unparliamentary language. As I was saying, the report appearing in the media today that there is a shortage of drugs in Rift Valley Province and Nyanza Province is totally untrue.

Mr. Khamasi: On a point of order, Mr. Deputy Speaker, Sir. It may be prudent for the Assistant Minister to follow the rules of this House. We never, in this House, go by the reports appearing in the media and it is not fair for the Assistant Minister to refer to such reports in this House.

Mr. Deputy Speaker: Dr. Machage, probably, the denial is correct, but I would prefer, if the report in the media is not true, that you issue a Ministerial Statement. However, you may wish to wind up your contribution.

The Assistant Minister for Health (Dr. Machage): Mr. Deputy Speaker, Sir, I personally thought that it was prudent to do that now. However, I will follow the rules of the House.

Mr. Deputy Speaker: I do not want to open debate. Let us hear Mr. Kajwang and then we finish with Maj. Madoka!

Mr. Kajwang: Thank you, Mr. Deputy Speaker, Sir. The cost of drugs in this country is higher than it is in other Third World countries like India, China and others. We are not a First World country and we should start thinking of how we can access cheaper drugs in this country which are also effective.

Secondly, we want a clear policy on the use of DDT. If the UN has approved the use of DDT and other countries are using it without it necessarily harming the people of those countries, we need to help our children to survive. Not everybody can access nets.

Maj. Madoka: Mr. Deputy Speaker, Sir, mine is just to congratulate the Minister for running her Ministry very efficiently. I pray that she continues doing the same good job.

Mr. Deputy Speaker, Sir, the Minister might also wish to consider the work of the traditional birth attendants. They do a wonderful job and they really need to be given gloves and a few other things.

Mr. Deputy Speaker: I had closed this debate, but I will be magnanimous to Mr. Manoti.

Mr. Manoti: Thank you, Mr. Deputy Speaker, Sir. I wish to congratulate the Minister for Health for doing a good job.

Most of our dispensaries do not have clean water. The Minister should make arrangements so that these dispensaries get clean water and electricity. Also, some of the facilities we have constructed using the CDF money have no staff.

Mr. Deputy Speaker: Alright. I now open the debate, but each Member should only contribute for one minute. The Minister is listening.

Mr. Khamasi: Thank you, Mr. Deputy Speaker, Sir. After successfully chairing the Committee, I would like to thank the Minister for a job well done in the Ministry. However, I would like to tell her that rural health centres need to be taken care of seriously.

Secondly, the bird flu problem is real and the Ministry must live up to it. The last time it was reported in our neighbouring countries, we got away with it. This time round we must really be alert and ensure that, in case it breaks out, we are ready to deal with it, otherwise it can be very disastrous.

Mr. Deputy Speaker: Lastly, Mr. Ogur!

Mr. Ogur: Thank you very much, Mr. Deputy Speaker, Sir. Madam Minister, let me tell you that you are a giant in Nyatike, who should be emulated by other women. Our children are getting vaccination, and women borrow three or four children from other women in order to get

mosquitoe nets.

Mr. Deputy Speaker, Sir, so, children get vaccinated three or four times in order for their mothers to get nets. This tells you that nets are required by everybody. Even those who do not have children need nets. Some women borrow other women's children in order to get nets. A child suffers by getting vaccinated three or four times so that women may get nets. So, please, give nets to even those without children.

(Question put and agreed to)

ADJOURNMENT

Mr. Deputy Speaker: Hon. Members it is now time for the interruption of Business. The House is, therefore, adjourned until tomorrow, Wednesday, 18th October, 2006 at 9.00 a.m.

The House rose at 6.15 p.m.