

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 31st July, 2007

The House met at 2.30 p.m.

[Mr. Deputy Speaker in the Chair]

PRAYERS

QUESTIONS BY PRIVATE NOTICE

LOSS OF TEA CONSIGNMENT FROM KIAMOKAMA TEA FACTORY

Dr. Manduku: Mr. Deputy Speaker, Sir, I beg to ask the Minister for Agriculture the following Question by Private Notice.

(a) Could the Minister confirm that a consignment of tea weighing 30 tonnes worth over Kshs10 million was collected from Kiamokama Tea Factory by Kotecha Transporters on 28th June, 2007, for delivery to Mombasa, but the tea never reached its destination?

(b) Could the Minister further confirm that the vehicle that collected the tea was later found abandoned and empty in Nakuru?

(c) What measures is the Minister taking to recover the tea, safeguard the interest of the affected farmers and bring the culprits of the loss to book?

The Assistant Minister for Agriculture (Mr. Kaindi): Mr. Deputy Speaker, Sir, I beg to reply.

(a) I wish to confirm that a consignment of tea weighing 30.84 tonnes worth Kshs3.4 million was collected from Kiamokama Tea Factory on 28th June, 2007, by Midland Emporium Limited, but never reached its destination.

(b) I wish to confirm further that the vehicle registration No. KAT 660B ZC0696, that collected the tea was found in Bahati, Nakuru, abandoned and empty on 30th June, 2007.

(c) The theft was reported to Nakuru Police Station by the transporter under OB No.79/30/7/07 and 48 paper sacks were recovered at Molo. Investigations are ongoing to bring the culprits to book.

The affected farmers will suffer no loss as the consignment on transit was fully insured. The KTDA has already lodged a claim to pay them.

Dr. Manduku: Mr. Deputy Speaker, Sir, I beg to thank the Assistant Minister for that good answer. However, the farmers are worried because this kind of theft has been happening now and again. Repayments from insurance takes quite a lot of time and this has made the farmers to have no confidence in the transport by the KTDA and its transporters.

Could the Assistant Minister tell us how and when he expects the farmers to be paid for the loss of their tea?

Mr. Kaindi: Mr. Deputy Speaker, Sir, since the claim has already been lodged with the British American Insurance Company, we expect the process to be expedited so that the farmers do not have to wait for long.

Mr. Ochilo-Ayacko: Mr. Deputy Speaker, Sir, the vehicle that was involved in this theft is known. The quantity of the tea is fairly huge. Why has it taken more than a month to arraign the suspects in court? Is there complicity on the part of known officials?

Mr. Kaindi: Mr. Deputy Speaker, Sir, I wish to tell this House that, to date, the driver and the loader of the vehicle have not been found. Police officers are still looking for them. Once they are found, they will be arraigned in court.

Capt. Nakitare: Mr. Deputy Speaker, Sir, could the Assistant Minister tell us if there is black-marketing of tea from farmers in this country like there was black-marketing of coffee during Chepkube time?

Mr. Kaindi: Mr. Deputy Speaker, Sir, I can assure the House that we have had several similar incidents. We have already directed the KTDA to ensure that it provides security for transit tea to the auction in Mombasa, so that these cases can be minimised.

Mr. Masanya: Mr. Deputy Speaker, Sir, for every kilogramme of tea leaves delivered to every factory, the Agency deducts 3 per cent of the earnings.

Mr. Deputy Speaker, Sir, could the Assistant Minister give us the breakdown of how this 3 per cent is spent? All the officials that are deployed in the various tea factories are paid by the farmers.

Mr. Kaindi: Mr. Deputy Speaker, Sir, although that particular question is not exactly related to this Question, I wish to confirm that, that breakdown can be made available.

Mr. Mwanicha: Mr. Deputy Speaker, Sir, first, fertilizer was stolen from the KTDA. Then continuous fermentation machines were stolen and the other week, tea worth Kshs60,000 was stolen. Today, we are talking about tea that was stolen while on transit to Mombasa for auction.

The litany of losses to the farmers cannot be counted. What is the Assistant Minister doing to ensure that the problems in the KTDA are solved once and for all?

Mr. Kaindi: Mr. Deputy Speaker, Sir, as the hon. Member knows, we instituted a task force to look into the problems and it has just completed its report. We have looked at the report and it is awaiting release. Some of the recommendations of that report are addressing the issues that the hon. Member has raised.

Mr. Deputy Speaker, Sir, like I have pointed out, we are equally concerned that if you look at the litany of cases that have been reported, nobody has been apprehended to date. I am also requesting the police to do their job. It is not possible that we have about ten cases and the loaders or the drivers have never been apprehended. However, I want to allay fears by assuring the House that we have requested the KTDA to ensure that there is security for onward consignments.

Dr. Manduku: Mr. Deputy Speaker, Sir, as I said earlier, this kinds of theft is rampant. We want farmers to be protected. We know that they are insured, but insurance companies take a long time to pay them.

What measures has the KTDA put in place to prevent these kind of thefts? They are affecting the farmers in the delivery of their produce.

Mr. Kaindi: Mr. Deputy Speaker, Sir, I have just confirmed that we will make a follow-up to ensure that this claim is paid. It affects close to 16,000 farmers. It is in our interest, as a Ministry and as a Government, to ensure that the farmers are compensated promptly against this loss. Like I said, we have requested the KTDA to institute measures to ensure that its consignments are secured.

DESTRUCTION OF SCHOOL DORMITORIES BY FIRE

Mr. Ojaamong: Mr. Deputy Speaker, Sir, I beg to ask the Minister for Education the following Question by Private Notice.

(a) Is the Minister aware that three dormitories and property belonging to students of St. Monica Chakol Girls High School in Teso District were destroyed by fire on Sunday, 22nd July,

2007?

(b) What urgent measures is the Minister taking to construct new dormitories?

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

(a) I am aware that three dormitories and property belonging to students at St. Monica Chakol Girls High School in Teso District were destroyed by fire on 22nd July, 2007. Investigations to establish the cause of the fire which destroyed property estimated at Kshs3,356,160 are not yet complete.

(b) The Ministry is awaiting the results of the investigations before deciding on the next course of action. Meanwhile, the students are being accommodated in classrooms and the library as a temporary measure as the relevant groups arrange to meet in order to chart a way forward.

Mr. Ojaamong: Mr. Deputy Speaker, Sir, the Assistant Minister has said that he is awaiting the stakeholders to sit down and chart a way forward whereas the Ministry is the major stakeholder.

Could the Assistant Minister consider allocating Kshs3 million to St. Monica Chakol Girls High School, being a Provincial School, from the money we are just debating in the Budget? This will enable the school to reconstruct some of the dormitories that were destroyed.

Dr. Mwiria: Mr. Deputy Speaker, Sir, when discussions take place, the Ministry will participate. If there is any way that the Ministry could put in some money to take care of that emergency, that would be done. But we cannot decide on that until the meeting of all the groups that have an interest in the school takes place.

Prof. Ojiambo: Mr. Deputy Speaker, Sir, in view of the fact that---

(Mr. Raila was applauded as he entered the Chamber)

Mr. Deputy Speaker: Order, hon. Members!

Prof. Ojiambo: Mr. Deputy Speaker, Sir, in view of the fact that fire breakages have become very common in schools and a lot of schools' properties are being damaged due to what is alluded to as faulty electrical wiring, what measures is the Ministry putting in place to ensure that schools and public facilities are wired with the proper specifications and they are inspected from time to time to ascertain that their electrical functioning does not pose danger to the children and the other occupants?

Dr. Mwiria: Mr. Deputy Speaker, Sir, in all the projects that are undertaken by the Ministry, there are measures to ensure that all the relevant procedures are followed before buildings are complete. However, there are other buildings that are constructed by the communities or through the CDF. It is also up to us, as the hon. Members or whoever puts money in those kinds of programmes, to ensure that the relevant building procedures are adhered to. We do our best to ensure that, that happens.

I must say that when Prof. Ojiambo will be President, I will remind her that she once asked me a question.

Mr. Ojaamong: Mr. Deputy Speaker, Sir, the Assistant Minister is just trying to evade his responsibility. Last year, we were with the Vice-President at the same school and we tried our level best to raise some money. We also put in some CDF funds. The Ministry gave us only Kshs200,000.

What is so difficult to this Government that out of all the billions it is budgeting for, it cannot give Kshs3 million to Teso District to put up two dormitories? **Dr. Mwiria:** Mr. Deputy Speaker, Sir, this particular school in Teso District is one of the many schools that require support

by the Government. As you know, resources are limited. That is why it is not so easy to say that we can be sure to give Kshs3.3 million to any one school. This is because this money has not been factored in the Budget. Whatever help can be obtained, we shall try to do better than providing the Kshs200,000 depending on the circumstances.

Mr. Deputy Speaker: Let us move on to Ordinary Questions!

ORAL ANSWERS TO QUESTIONS

Question No.232

CANCELLATION OF JUDGES' SWEARING-IN CEREMONY

Mr. Deputy Speaker: Hon. Members, my understanding is that this Question was stood over for further discussions to be held. I think a timeframe of two weeks was given. Mr. Osundwa will discuss with the Minister. We have agreed that the Question be deferred to next week.

(Question deferred)

Question No.111

COLLECTION/UTILIZATION OF SUGAR CESS BY MUHORONI TOWN COUNCIL

Prof. Olweny asked the Minister for Local Government:-

- (a) how much cess Muhoroni Town Council has collected from sugar-cane farmers within the last four years; and,
- (b) what projects the Town Council has undertaken with the money collected.

The Vice-President and Minister for Home Affairs (Mr. Awori): Mr. Deputy Speaker, Sir, on behalf of the Minister for Local Government, I beg to reply.

(a) The Town Council of Muhoroni has collected Kshs5,889,532 as cess from sugar-cane farmers for the last four years as follows:

2002/2003 - Kshs1.5 million; 2003/2004 - Kshs862,000; 2004/2005 - Kshs1.5 million; 2005/2006 - Kshs1.9 million. The total is Kshs5.8 million.

(b) The above amount has been utilised to grade the following roads within the Town: Koru Ward: grading at Kshs527,000; murraming and hardcore patching - Kshs40,000; drainage - Kshs66,000.

The total is Kshs634,000. Muhoroni Ward: grading - Kshs588,000; murraming and hardcore patching - Kshs270,000; drainage - Kshs205,000. The total is Kshs1.1 million. Owada Road: Grading Kshs430,000; murraming and hardcore patching - Kshs60,000. The total is Kshs490,000.

Got Nyathido Ward: Grading - Kshs476,000; murraming and hardcore patching - Kshs98,000. The total is Kshs575,000. Tana Ward: Grading - Kshs702,000; murraming and hardcore patching - Kshs122,000. The total is Kshs824,789.

The total personnel-related costs was Kshs1,624,000 while operations was Kshs147,000. The total was Kshs5,360,463.70.

Prof. Olweny: Mr. Deputy Speaker, Sir, I would like to thank the Vice-President and Minister for Home Affairs for that answer. I would like to go to part "b" of that answer. It says that

the "total of the following roads---" There is no single road indicated there. They have just indicated the work done in various wards. Not even a single road has been indicated. I am concerned about part "b" of the Question which is on Muhoroni Ward. Muhoroni Ward is a township and there are only two roads. There is a tarmac road which I do not deal with and a classified road which is handled by the District Roads Committee. That means that the Kshs1 million which has been indicated there as spent on roads has not been spent on a single road.

Mr. Deputy Speaker, Sir, I would like the Vice-President to verify to me which particular road was done in Muhoroni Town where there is no road under the local authority.

Mr. Awori: Mr. Deputy Speaker, Sir, while I appreciate that the Question now belongs to the House, because of the particular information that the hon. Member is requesting, I have to check and find out if the only road in Muhoroni Ward is tarmacked while the answer here is talking of grading and murraming. I will have to find out this information and give it to the hon. Member.

Mr. Deputy Speaker: So, your Excellency the Vice-President and Minister for Home Affairs, are you asking for deferment of the Question?

Mr. Awori: Mr. Deputy Speaker, Sir, I was saying that I would not mind getting the answer and passing it to him without necessarily bringing it here even though I know that the Question now belongs to the House. If the hon. Member would prefer that it is deferred so that the information is obtained then so be it.

Mr. Deputy Speaker: Prof. Olweny, what do you think?

Prof. Olweny: Mr. Deputy Speaker, Sir, I want this Question deferred if possible so that the information that I requested is brought to the House. This is public money.

Mr. Deputy Speaker: The Question is deferred to Thursday. Is that okay, your Excellency?

Mr. Awori: Tuesday is fine.

Mr. Deputy Speaker: The Question is deferred to Tuesday next week.

(Question deferred)

Question No.357

AMOUNT OF FUEL CONCESSION RECEIVED
FROM NIGERIAN GOVERNMENT

Mr. Weya asked the Minister for Energy:-

(a) how much in fuel concession the Government of Kenya receives from the Nigerian Government; and,

(b) which companies have been awarded lifting contracts of fuel in the past three years and how much revenue has been received on behalf of the Kenya Government.

Mr. Deputy Speaker: This Question was substantially answered two times. Now we just want to address the issue of the documents that were to be laid.

The Assistant Minister for Energy (Mr. Kiunjuri): Mr. Deputy Speaker, Sir, if I may jog your mind, we tabled the documents. The hon. Member said he had no time to peruse the document. The Chair gave him time to go and peruse the documents. Now it is for the hon. Member to ask supplementary questions, if any.

Mr. Deputy Speaker: You are right, Mr. Assistant Minister. Mr. Weya, what is your position?

Mr. Ochilo-Ayacko: Mr. Deputy Speaker, Sir, before this Question was deferred, the Assistant Minister dragged my name and that of Mr. Raila into this matter to the effect that some documents went missing in the Ministry during my tenure as Minister for Energy and that of Mr. Raila. Was the Assistant Minister in order to allege that those documents might have left their custody when Mr. Raila or I were the Ministers for Energy?

Mr. Deputy Speaker: Mr. Ochilo-Ayacko, I have heard you. Mr. Assistant Minister, did you say that some documents were missing? I do not remember!

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, we have the HANSARD. The proceedings are always recorded. I said clearly that the documents that are missing are those for the years between 1999 and 2002. The records from 2003 are there and intact. If you revisit the HANSARD, that is what I said.

Mr. Raila: Mr. Deputy Speaker, Sir, I was not in the House when the Assistant Minister supposedly mentioned my name in connection with those documents. I want to assure this House that not a single document was removed when I left the Ministry. This deal was negotiated very transparently. Indeed, there is a lot that is not being told to the House about this particular deal. The Assistant Minister knows more than he is willing to disclose to the House that; the tendering was not done in a transparent manner, the contract was not awarded to the lowest bidder and that less commission is being earned when the prices of crude oil have gone up. More money should have---

Mr. Deputy Speaker: Mr. Raila, I think you can ask a supplementary question. The most important part you said was about the documents. That is what the Chair is following. Did the Assistant Minister allege that those documents were missing during the time that Mr Raila and Mr. Ochilo-Ayacko were Ministers in the Ministry? Did you allege that?

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, I am the Assistant Minister in the Ministry of Energy. The only person who can give the correct version of the what occurred is the Assistant Minister or the Minister. I am telling this House that documents are missing and the only person who can tell us where the documents are, especially for the years 2001 and 2002, is Mr. Raila Odinga. We have tried to look for all these documents and we can only account for documents from 2002 onwards. Therefore, it is not an allegation. The documents are missing and he is in a position to tell us where they are.

Mr. Deputy Speaker: This is a very serious matter. You are imputing an improper motive on an hon. Member. Do you have evidence that Mr. Raila had the custody of these documents which are missing? I think you are really going out of your way!

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, I am speaking on behalf of the Ministry. The Ministry is giving its true account. I do not think this House can be able to interrogate the matter any further. If the documents are missing, we can call other arms of the Government to investigate what happened to those documents, including investigating the then Minister for Energy and the person who was in charge of the National Oil Corporation at that time. I am telling the House the whole truth. The only way this House can establish whether I am telling the truth or not is to allow other organs of law in this country to investigate the issue.

Mr. Deputy Speaker: It is not the responsibility of this House to direct institutions to investigate Ministries. So, you are asking the House to direct that the Ministry of Energy be investigated.

Mr. Kenyatta: Mr. Deputy Speaker, Sir, you have heard the Assistant Minister accuse an hon. Member of this House of knowing the whereabouts of official Government documents. The rules of this House are clear. If the hon. Assistant Minister has evidence that Mr. Raila has taken official Government documents and kept them in his private possession, he should table documentary evidence. If he has no such evidence he must withdraw that statement.

Mr. Deputy Speaker: Mr. Assistant Minister, could you take it easy because that point of

order was addressed to the Chair? So, if you would just be patient, I will direct the way forward.

As far as the Chair is concerned, you are making very serious allegation regarding hon. Members of this House. Documents could miss not only in your Ministry, but in other Ministries. For you to allege that they were missing during his time, it is like you are passing on the responsibility to him. I believe you are certainly making a very serious allegations against an hon. Member. You are imputing improper motive without bringing in a substantive Motion. Certainly, if you know that documents are missing and that he is responsible, then you should be able to come with a Motion and we will discuss it. I think you are making a very serious allegation against an hon. Member. I am sure that when you leave office, you would not like your successor to come and say that you went away with documents.

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, if you want to magnify an issue, it can be magnified. This is what I said: "Between 1999 and 2002, no records are available on the premiums paid, revenue received and the quantities of fuel lifted by M/s Vital. Mr. Raila Odinga, who served as the Minister for Energy in 2001/2002, is better placed to comment on why the records were not kept." What I am telling the House is that, if it requires to know where the documents are, all that it can do is to ask the relevant arm of the Government to investigate the matter, so that the truth can be unveiled. Otherwise, I have not said that he is keeping the documents, but we are saying that we cannot get the records and Mr. Raila can shed light on that. He has shed light: He has said that he is not aware of where the records are.

Mr. Deputy Speaker, Sir, now we only have one alternative, and we will ask the House to be patient with us, so that we can ask the relevant authorities to investigate.

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

Mr. Deputy Speaker: Let me allow the hon. Members, who are directly involved, to raise the point of order.

(Mr. Ochilo-Ayacko consulted loudly)

Why can you not be patient, Mr. Ochilo-Ayacko? I will allow Mr. Raila and then Mr. Ochilo-Ayacko!

Mr. Raila: On a point or order, Mr. Deputy Speaker, Sir. The Assistant Minister says that the records are missing for the years 1999 and 2000 when I was not in the Ministry. I was in the Ministry in 2001 and 2002 and those records are not missing.

Secondly, fortunately, you have been in the Government yourself. You know about the custody of Government documents. You know that the Minister is not in charge of the registry where the documents are kept.

(Applause)

This Assistant Minister is trivialising a very serious and important matter, by trying to divert the attention of the House to persons who are completely unconnected to this matter. He knows that if documents are missing, the Government can know how to look for them! Ministers are so far away from that. Am I in order to ask that this Assistant Minister be named for trying to mislead the House and treating it with contempt the way he is doing?

Hon. Members: Yes!

(Applause)

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, I have said clearly that the documents that are missing are for 1999 to 2002. The Minister in charge of the Ministry of Energy in 2001/2002 was Mr. Raila.

Secondly, all that I have said is the whole truth, that the documents are missing. Even if you call for the Assistant Minister to be named, I do not know for what, because that will not take away the truth. The truth of the matter is that the documents are missing and the only way we can establish the truth is by investigating how the documents got lost. We can only investigate this---

(Loud consultations)

Mr. Deputy Speaker: You are very right in saying that the documents are missing, and that you can cause investigations to be carried out to establish where they are, or how they went missing. The only area where you are going wrong is for you to say that they are missing and that we should ask Messrs. Raila and Ochilo-Ayacko because they were Ministers at that time. You cannot pass the responsibility! If the documents are missing - I have reason to believe they are - then you should tell the House that you are instituting investigations to establish where the documents are.

Maybe after you have got the results of these investigations is when you can tell the House what the investigations established. But you are making a correct statement, and instead of putting a fullstop, you are now involving hon. Members by making very serious allegations against them, because an ordinary person will believe that the Ministers went away with documents when they were leaving the Ministry, which, I believe, is unfair.

(Capt. Nakitare stood up in his place)

Hold on! Mr. Ochilo-Ayacko!

Mr. Ochilo-Ayacko: Mr. Deputy Speaker, Sir, I had occasion to discuss with the Assistant Minister, who is responding. This Question is very specific: "Which companies have been awarded lifting contracts of fuel in the last three years, 2004, 2005 and 2006." The first part of the Question is also talking about the present situation. However, the impression the Assistant Minister is creating, and that arose from our discussion, is an attempt at politicising the answer to this Question.

Mr. Deputy Speaker, Sir, is it in order for him to drag the names of former Ministers in respect of a period that is not covered? We are talking about the last three years!

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, on the first question, the Minister at any given time--- I have been very clear; I said that Mr. Raila is better placed to comment. The HANSARD is there and I would ask Mr. Deputy Speaker to call for it. That is exactly what I said! All that is being said here is an allegation because I never said that has the custody of those documents.

Mr. Deputy Speaker, Sir, it is very clear that he is in a better position to comment on why the records were missing, which he has done.

Mr. Deputy Speaker, Sir, on the other question, the Assistant Minister never asks Questions before this House. The Questions are asked by hon. Members and the Assistant Minister responds to them. So, the answers I give here are as a result of the Questions raised before this House. Mr. Ochilo-Ayacko should know that the answer I gave was as a result of a Question asked by another hon. Member. I will be very faithful to this House. Whenever a Question is asked, I will answer it. If it is meant to have any political meaning, then I will give it a political meaning.

(Mr. Raila stood up in his place)

Mr. Deputy Speaker: Just a minute, Mr. Raila! I think I have heard you. I have heard both sides! If my recollection is correct, it may be wrong, it is like I heard the Assistant Minister talk about documents missing during the period when these hon. Members were Ministers in that Ministry. Like I said last time, in parliamentary practice, we always confirm what the Chair heard or did not hear from the HANSARD. I want to say that, tomorrow afternoon, I will have studied what the Assistant Minister said, and I will give a ruling as to what he should do.

I want to assure you that the Chair will look at it very carefully. If the Assistant Minister is bound to have uttered the words to the effect that those documents were lost during that time, or to the effect that they could have been connected with the loss, then the Chair will have to recommend a certain action against him, which could be withdrawing or something else.

(Mr. Kiunjuri stood up in his place)

You want to argue but, in my own recollection, I heard you, Mr. Assistant Minister, say that the documents were missing and they are the ones who should know. When you say that an hon. Member should say where the documents are, what is the implication?

Mr. Assistant Minister, you are creating a lot of misunderstanding in the House unnecessarily.

Mr. Kiunjuri: Mr. Deputy Speaker, Sir, before you even go to that length, I have said clearly that the former Minister can comment. At no given time did I say that he has custody of those documents. So, it should be very clear! Go through the HANSARD and we shall wait for the ruling. I will not be in tomorrow; so, I would wish that you do it on Thursday.

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

Mr. Deputy Speaker: A point of order will not add any value. I have heard points of order from Messrs. Ochilo-Ayacko, Kenyatta, Raila and the Assistant Minister has responded. Therefore, we will look at the HANSARD from the time this Question came here, because this is the fourth time. If you recall, this Question took a whole half an hour the first time. I do not think it will take more than two minutes next time, because the Chair will make a ruling as to whether the Assistant Minister imputed any improper motive on the two hon. Members. That will only be the ruling!

Next Question!

(Mr. Weya stood up in his place)

Order, Mr. Weya! It is your Question and since we have already interrupted it with points of order and other interruptions, when the ruling is made, you will still be given an opportunity to ask a supplementary question!

Next Question by Mr. Mirugi!

Question No.165

NON-APPROVAL OF MR. GACHARA'S LOW-COST HOUSING TECHNOLOGY

Mr. Mirugi asked the Minister for Trade and Industry:-

(a) why he has not approved the low-cost housing technology invented by a

Kenyan, Mr. John Dumas Gachara;

(b) whether he is aware that, already, the African Regional Intellectual Property Organization (ARIPO) has approved that technology; and,

(c) how many inventions by Kenyans have been processed and approved by the Ministry since Independence.

The Assistant Minister for Trade and Industry (Mr. Miriti): Mr. Deputy Speaker, Sir, I beg to reply.

(a) The low-cost housing technology invented by a Kenyan, Mr. John Dumas Gachara, has not been approved since the process of evaluating its patentability has not been concluded.

(b) Yes, I am aware that the African Regional Intellectual Property Organization (ARIPO) has proposed to grant the patent representing the above technology on behalf of 11 member States.

(c) The Ministry has, excluding the period prior to Independence and up to 1989, registered a total of 442 inventions by Kenyans.

Mr. Mirugi: Mr. Deputy Speaker, Sir, I would like to thank the Assistant Minister for the answer. What reforms has the Ministry undertaken to encourage Kenyans, who are innovative, to apply for patents? That Kenyan applied for that patent in 2005. Three years have gone by. Regional organisations have granted him intellectual rights, while his country has not been able to approve the same. We are not encouraging our people. That is why we have brain-drain in this country. What has the Ministry done to encourage Kenyans, who are innovative, to apply for patents?

Mr. Deputy Speaker: Mr. Mirugi, we have heard you! Mr. Miriti, could you respond to that?

Mr. Miriti: Mr. Deputy Speaker, Sir, the Ministry has taken measures to encourage and make it easy for Kenyans to apply for patents through repealing the Intellectual Properties Act, Cap. 509, which was introduced during the colonial era. That was done in 2002. Mr. Gachara applied for that patent in 2002. The ARIPO replied in February, 2007. Kenya has not objected to it because, according to the regulations, until we object, the status remains that we have approved.

Eng. Nyamunga: Mr. Deputy Speaker, Sir, the cost of constructing houses in the normal way is fairly expensive. When will that low technology be made available to the majority of Kenyans so that we can build houses which are affordable?

*(Messrs. Kembi-Gitura and Gitau
stood up in their places)*

Mr. Deputy Speaker: Order, Messrs. Kembi-Gitura and Gitau! We want some order here! Proceed, Mr. Miriti!

Mr. Miriti: Mr. Deputy Speaker, Sir, the African Regional Intellectual Property Organization (ARIPO) granted permission for that technology in February, 2007. That is the time it recommended that technology to the 11 member States. The States are given six months to object. If they do not object, the technology stands approved. Six months from February, 2007 ends in August, 2007. That technology will be applied from August, 2007.

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

Mr. Mirugi: Mr. Deputy Speaker, Sir, I want the Assistant Minister to tell the House when he will approve that technology. That technology will lower building costs by one-third. It has a great economic potential for this country, and especially for the poor people. Mr. Deputy Speaker, Sir, could he approve that technology as soon as possible? We do not want a situation whereby other countries will take the right of that patent, while it is pending with the Kenya Government!

Mr. Miriti: Mr. Deputy Speaker, Sir, according to the law, if a country does not communicate its objections to ARIPO, it stands approved. So, unless we object, the technology stands approved.

(Loud consultations)

Mr. Owino: On a point of order, Mr. Deputy Speaker, Sir. We are unable to follow the proceedings because the consultations are too loud.

Mr. Deputy Speaker: I agree! Hon. Members, could you consult in lower tonnes?

Next Question, Mr. Bett!

Mr. Bett: Mr. Deputy Speaker, Sir, I agree that we are consulting very loudly!

Question No.383

KTDA'S LEVY OF ENGINEERING/
TECHNICAL SERVICES FEES
ON NEW FACTORIES

Mr. Bett asked the Minister for agriculture why the KTDA is charging fees for engineering and technical services rendered for the establishment of new factories, and yet KTDA still takes agency fees from tea farmers.

(Loud consultations)

Mr. Deputy Speaker: Order, hon. Members! Could hon. Members settle down?

Proceed, Mr. Kaindi!

The Assistant Minister for Agriculture (Mr. Kaindi): Mr. Deputy Speaker, Sir, I beg to reply.

The Kenya Tea Development Agency (KTDA) is charging fees for engineering and technical services for new factories because the current agency management fee of 2.5 per cent for day-to-day operations is not sufficient to enable it undertake those services.

It is cheaper to use engineering and technical services from KTDA, which are offered at 6.5 per cent of the total cost, as compared to charges of between 10 per cent to 13 per cent for the same services by the consultants.

Mr. Bett: Mr. Deputy Speaker, Sir, this is another Question on KTDA. Where there is smoke, there must be fire! The person being roasted in the fire is the poor tea farmer. Employees of KTDA are already being paid from the management fees, being charged on farmers. If they are already being paid salaries from farmers' money, why are they asking the farmers to pay a further amount of 6.5 per cent?

Mr. Kaindi: Mr. Deputy Speaker, Sir, the hon. Member will recall that those services were being offered by consultants. The KTDA found it cheaper to source those services internally, so that they could save the huge costs from external sources.

Yes, 6.5 per cent appears fairly high.

But when you compare it to 10 per cent or 13 per cent, it is fairly and reasonably priced. However, most of the money is used for day-to-day management within KTDA.

Mr. Mwanicha: Mr. Deputy Speaker, Sir, KTDA is a clear case of an organisation that wears a coat of a private firm and seriously loots farmers. KTDA charges management fees for the factories. The managers from KTDA are paid by individual factories. Could the Assistant Minister take this opportunity to enlighten the House on what the management fees that KTDA charges farmers is meant to do?

Mr. Kaindi: Mr. Deputy Speaker, Sir, there are two components of that question. One, the 6.5 per cent that is being charged today is for architectural, engineering, designs and drawings. It is also for preparation of tender specifications, bills of quantities and evaluation. Two, on the 2.5 per

cent, apart from using it to pay salaries, it is also used for administrative services, leaf logistics, sales and marketing, among other services.

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

Mr. Bett: Mr. Deputy Speaker, Sir, I would like the Assistant Minister to confirm to the House that a report that he has been talking about on the management of the tea sector was prepared, but it has never seen the light of day. Could he confirm that it will be given to the public before the end of the week?

Mr. Kaindi: Mr. Deputy Speaker, Sir, we need about two weeks to bring the report to the House. It will be the property of the stakeholders. We have looked at it and finalised it. I confirm that we will have the report in two weeks time.

(Loud consultations)

Mr. Deputy Speaker: Order! Order, hon. Members!

Next Question by Prof. Oniango!

Prof. Oniang'o: Mr. Deputy Speaker, Sir, I beg to ask my Question but I do not have a written answer.

Question No.367

NUMBER OF KENYANS EMPLOYED
BY PSC SINCE 2003

Prof. Oniang'o asked the Minister of State for Public Service:-

(a) how many Kenyans have been employed by the Public Service Commission (PSC) since January, 2003, to May, 2007;

(b) whether he could table a list indicating how they are distributed in terms of constituencies, where they come from and the percentage of the constituency; and,

(c) what measures he will take to ensure that recruitment by the Public Service Commission is done in a fair and transparent manner and distribution is based on

constituencies and not districts to ensure that all constituencies benefit.

The Minister of State for Public Service (Mr. Akaranga): Mr. Deputy Speaker, Sir, may I seek the indulgence of the House so that I can answer this Question on Thursday afternoon this week. I have already consulted with the hon. Member, and I could give her a satisfactory answer on Thursday.

Prof. Oniang'o: Mr. Deputy Speaker, Sir, I have no problem with that. However, I think he should respond to it tomorrow.

Mr. Deputy Speaker: Are you okay with that, Mr. Minister?

The Minister of State for Public Service (Mr. Akaranga): Mr. Deputy Speaker, Sir, that is okay. I can respond to it tomorrow afternoon.

Mr. Deputy Speaker: That Question is deferred to tomorrow afternoon.

(Question deferred)

*(Several Members stood up
in their places)*

Order! Order, hon. Members! The hon. Member for Khwisero has a matter to raise.

POINTS OF ORDER

INSECURITY IN KHWISERO CONSTITUENCY

Mr. Arungah: Mr. Deputy Speaker, Sir, I rise on a point of order to ask for a Ministerial Statement from the Minister of State for Administration and National Security on an incident that took place at Khushiku Sub-Location of Khwisero Constituency where a village was raided and ten people maimed. Out of the ten people, two are dead. I would like to know in what circumstances these people died and what the Government is doing to make sure that the perpetrators of the crime are brought to justice and what measures Government is putting in place to ensure security of the people.

The Assistant Minister, Office of the President (Mr. Munya): Mr. Deputy Speaker, Sir, I will deliver the Statement on Tuesday next week.

MURDER OF DEPUTY HEADMISTRESS IN KABURETWA

Capt. Nakitare: Mr. Deputy Speaker, Sir, two weeks ago, I asked for a Ministerial Statement from the Minister of State for Administration and National Security concerning the murder of a Deputy Headmistress in Kaburetwa in my constituency, Saboti.

The Assistant Minister promised to issue the Statement on Thursday last week. It is now two weeks since then and he has not issued the Statement.

Mr. Deputy Speaker: Order! I agree with the hon. Member but I know that was not possible on Thursday.

Mr. Assistant Minister, will you be able to give this Statement on Thursday this week?

The Assistant Minister, Office of the President (Mr. Munya): Mr. Deputy Speaker, Sir, I was ready with the Statement but the Chair did not give me time to deliver it. Even now, the Statement is ready and I can deliver it any time you give me a chance.

Mr. Deputy Speaker: There will be time on Thursday. So, immediately after Question Time, the Assistant Minister will issue the Statement.

Next Order!

COMMITTEE OF SUPPLY

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

MOTION

THAT MR. SPEAKER DO NOW
LEAVE THE CHAIR

Vote 11 - Ministry of Health

*(Mrs. Ngilu stood up in her place
while Dr. Machage moved to the*

Dispatch Box to take water)

Mr. Deputy Speaker: Order, hon. Members! There are loud consultations and we are now entering the real business of the House. Therefore, I would like to say that we expect you to consult in low tones so that the Minister can move her Vote. Those who do not wish to consult in low tones should withdraw. I am sorry, Madam Minister. Please, sit down!

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

Order, Mr. Mwanicha! Is that not Mr. Mwanicha? Mr. Mwanicha, you cannot listen even when the Chair is giving directions? You are still consulting loudly. Could you, please, lower your tone?

Proceed, Madam Minister!

Mr. Raila: On a point of order, Mr. Deputy Speaker, Sir. Did you notice that both the Minister for Health and her Assistant walked to the Table at the same time causing confusion in the House?

(Applause)

Mr. Deputy Speaker: Order! Order! Yes, I noticed, but both are Ministers by definition.

The Minister for Health (Mrs. Ngilu): Thank you, Mr. Deputy Speaker, Sir. There was nothing unusual. We are both Ministers from the Ministry of Health.

[Mr. Deputy Speaker left the Chair]

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

Mr. Temporary Deputy Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair to enable me initiate debate on Vote 11 of the Ministry of Health. Over the last three years, my Ministry has been implementing a programme to improve the quality of health services in the public health centres.

The main components of the programme include improvement of infrastructure, provision of equipment, strengthening supply of drugs and commodities, increasing and training health workers and improving referral systems.

Mr. Temporary Deputy Speaker, I am happy to note that we are already seeing the results of the investment in terms of increased utilisation of services and improved health outcome. The Government has over the four years increased funding to the health sector as stipulated in the Economic Recovery Strategy (ERS).

Mr. Temporary Deputy Speaker, Sir, in the 2007/2008 Financial Year, my Ministry will receive Kshs34.4 billion up from Kshs18.3 billion in 2002/2003; an increase of over 88 per cent.

Although these funds are still not adequate to address the many challenges facing the health sector, the resources have enabled us to reserve health care indicators which were on a declining trend.

Mr. Temporary Deputy Speaker, Sir, the immunisation coverage is now at 72 per cent up from 57 per cent in 2003, while the HIV/AIDS prevalence has come down to 5.9 per cent from 14 per cent and 6.7 per cent in the year 2000 and 2003 respectively.

The number of people on anti-retroviral drugs has increased from 2,000 in the year 2003 to close to 160,000 today. In addition, the increased funding has facilitated us to provide the following inputs in the 2006/2007 Financial Year, which are critical for service delivery. We have procured essential drugs for our health facilities worth Kshs1.8 billion. This has enabled us to have adequate drugs especially in our rural health facilities. We have procured equipment worth Kshs1 billion to replace obsolete ones. In January, 2007, each health centre and dispensary received a minimum set of diagnostic equipment which included, among others, blood pressure machines and delivery kits.

Mr. Temporary Deputy Speaker, Sir, hospitals have also received the most critical items such as X-Ray machines and theatre tables based on their priorities. We have provided, to each dispensary and health centre, Kshs40,000 to Kshs60,000 respectively, for refurbishment. I am sure, hon. Members have seen improvements on the look of these primary level units.

Mr. Temporary Deputy Speaker, Sir, malaria continues to be a major killer although preventable. To combat the disease, my Ministry has introduced a new treatment policy on malaria using arthemisinin combination therapy to address the problem of resistance to sulphur diaxon pyremethamin. We have also launched a malaria campaign whose focus will be to eradicate the disease. To this end, last year we issued more than 3.4 million bed nets targeting children and the pregnant mothers. Through this campaign, 68 per cent of children under five years received bed nets. It is estimated that 52 per cent of them, sleep under a bed net today. In addition, we have sprayed over 600,000 households in 16 malaria epidemic-prone districts and this efforts will be intensified to contain spectre.

Mr. Temporary Deputy Speaker, Sir, in recognising that health care expenditures continue to impoverish households and hence the need to reduce the household burden to seeking care, the Government continues to provide free drugs for malaria, HIV/AIDS and Tuberculosis (TB) in public and faith-based health facilities. We have also removed fees payable for delivery services in all dispensaries and health centres as a means of encouraging mothers to deliver at the nearest facility under the supervision of a skilled health worker. This will go a long way in reducing the high maternal mortality rates, especially among poor women.

Mr. Temporary Deputy Speaker, Sir, the above initiatives have brought back the consumers confidence to the public health care system. I am happy to note that we have observed 50 per cent increase in workload in public health facilities in the last one year. According to the Client Satisfaction Survey (CSS) undertaken by my Ministry, 76 per cent of the respondents reported that the services were friendlier, while 72 per cent reported improved availability of medical supplies in our health facilities. The increased utilisation of services in public health facilities have had a negative impact on services offered by other providers, especially the faith-based organisations.

Mr. Temporary Deputy Speaker, Sir, due to reduction in workload in the faith-based organisation facilities, their revenues has also declined. Most of them, are unable to stay afloat. The Government realises that faith-based organisations are a major provider of health care services, especially in the rural areas. In order to prevent the faith-based organisations from collapsing, the Government will continue extending support to these providers. To date, a total of 70 doctors and 379 nurses have been seconded to the faith-based organisations. I will extend support to faith-based organisations in the Financial Year 2007/2008 by providing a drug kit in every three months to all dispensaries.

Mr. Temporary Deputy Speaker, Sir, I am happy to note that hon. Members are allocating a big chunk of the Constituencies Development Fund (CDF) to the health sector. This will greatly assist in expanding the health sector network thereby increasing access to health services, especially in under-served parts of the country. I have already gazetted 294 facilities. A further 336 facilities will be gazetted this month. These 596 dispensaries will be operationalised by posting one

nurse and providing them with drug kits.

Mr. Temporary Deputy Speaker, Sir, the development of health infrastructure in the country will need to be undertaken in a rational approach to ensure equity. To date, there are areas where patients have to travel more than 50 kilometres to the nearest health facility compared to overall average of a distance of nine kilometres. To guide the health infrastructure development process, my Ministry will be undertaking a health facility mapping which will provide the necessary information for policy development. This information will also assist the hon. Members to target CDF funds appropriately.

Mr. Temporary Deputy Speaker, Sir, the Government is aware of the low absorption of budgetary resources attributed to bureaucracy in financial and other logistical management systems within the health sector. My Ministry, in consultation with the Ministry of Finance, intends to streamline and enhance community participation and ownership in the management of health resources at the local level through a review of the legal and administrative framework. I will soon be presenting amendments to the Public Health Act to facilitate disbursement of funds to the health institutions. In order to ensure accountability at the health facility level, I intend to train the health facility committees and the boards to empower them to become public watchdogs for funds and commodities issued to these institutions.

Mr. Temporary Deputy Speaker, Sir, to date, we continue to operate our health care systems with staffing norms below those recommended by the World Health Organisation (WHO). For example, there are 16 doctors, two dentists, 15 clinical officers and 88 nurses per 100,000 population each with considerable variation within and between provinces. There also exists regional disparities with North Eastern and Nyanza provinces falling below the national average while Central and Eastern provinces are significantly higher. In order to respond to the human resource strategy, my Ministry will embark on developing a human resource strategy which will identify the demand both in terms of numbers and skills and realign the training output to meet the demands. The human resource strategy will review the health sector in totality in line with the sector-wide approach.

Mr. Temporary Deputy Speaker, Sir, maternal mortality remains high, primarily due to lack of access and under-funding of the healthcare systems. In Kenya, maternal mortality stands at 414 per 100,000 deliveries. This means that every year we lose over 5,300 mothers during delivery. These are women who, today, would be contributing to economic development of our country. While there has been an increase in contraceptive uptake, it is estimated that 26 per cent of women in reproductive age group have no access to family planning services when needed. This is because of frequent shortages of these commodities in our healthcare systems.

In order to reduce the maternal mortality rates, I intend to scale up the provision of reproductive healthcare services targeting the youth. As indicated earlier, the provision of free delivery services at primary level facilities would go a long way in reduction of maternal mortality. My Ministry has over the past years invested substantial resources to upgrade equipment and infrastructure to enable our facilities provide emergency obstetric care services.

Mr. Temporary Deputy Speaker, Sir, my Ministry recognises the need to intensify preventive health programmes in order to reduce the disease burdens in our populations. It is against this background that I intend to implement community strategy as a means of reaching more people to take care of their own health. Through the strategy, communities will be encouraged to take care of their own health by adopting simple preventive actions to avert outbreaks of diseases such as cholera and other diseases. The public health officers will be used as a springboard to intensify community supervision and education as was the case in the 1970s.

It has been observed that where transport is available, the services utilisation, especially

maternity services increases since the patients are assured of immediate referral in case of any complication. As a result, the Government has continued to beef up the stock of available vehicles over the last three years. In 2006/2007, a total of 150 ambulances were procured and disbursed to our hospitals. As part of our commitment to support the faith-based organizations, the Ministry issued 15 ambulances to faith-based organization facilities. In 2007/2008, I intend to allocate Kshs50 million towards purchasing of additional ambulances.

Mr. Temporary Deputy Speaker, Sir, drugs and non-pharmaceuticals are a critical input to the overall patients management. To ensure availability of drugs in public health facilities, I intend to allocate Kshs2.5 billion or 11 per cent of the Recurrent Budget. As a minimum, each dispensary and a health centre will receive a drug kit every three months, while hospitals will order their requirements based on their drawing rights. In addition, Kshs274 million will be allocated to Kenya Medical Supplies Agency (KEMSA) to facilitate distribution of medical commodities to the doorstep of all health facilities. We have labelled our drugs "GOKMOH" for ease of identification.

My Ministry has supplied equipment worth Kshs1.7 billion in the last two years to health facilities. I would like to observe that the status of the equipment in most health facilities is still wanting and we will continue replacing them. I intend to allocate over Kshs600 million for the replacement of equipment this year. Emphasis will be given to procurement of basic equipment necessary to make our facilities operational.

Mr. Temporary Deputy Speaker, Sir, HIV/AIDS continues to be a major challenge to the health sector and to the economy. As you will recall, His Excellency the President announced provision of free Anti-Retroviral (ARV) treatment in public health facilities last year. To support this policy directive and reduce donor dependency, I will allocate Kshs325 million for procurement of ARVs. This will be in addition to what we will receive from the Global Fund and from PEPFAR.

Drug-resistant tuberculosis (TB) is emerging as a key health problem. Some of the drug-resistant TB cases have increased from zero in 1995 to about 0.86 per cent of smear positive cases. About 50 per cent of multi-drug-resistant TB cases in Kenya are from neighbouring countries where TB programmes have been weak or non-existent as a result of civil strife, for example, Somalia and Southern Sudan.

I intend to construct an isolation ward at Kenyatta National Hospital (KNH) to cater for these TB cases. It is estimated that over 74,000 people a year or 200 people a day, die of TB. All these deaths are preventable if people adhere to treatment protocols. I will allocate Kshs120 million for the procurement of TB drugs which will be provided free in all public facilities. My Ministry appreciates support provided by the Global Fund; Global Alliance for Vaccines and Immunization (GAVI) for the supply of vaccines which has enabled us to immunize over 70 per cent of 1.3 million children every year. However, the immunization programme is compromised by ageing cold-chain equipment. In order to replace this equipment, I will allocate Kshs234 million for purchasing of refrigerators. In addition, Kshs335 million will be allocated for the procurement of vaccines which includes Kshs110 million as our contribution to the GAVI Initiative.

Mr. Temporary Deputy Speaker, Sir, the availability of water is critical for maintaining cleanliness in health facilities. Most hospitals have no alternative water source and often request patients to bring water when the main source is broken down. Hon. Members will have observed pregnant mothers carrying five litre jerricans of water to the hospitals which is used during delivery. To assist the hospitals secure a second source of water, I will allocate Kshs150 million for water supply. This will be for the provision of electro-mechanical works for the boreholes drilled in 31 districts.

The demand for family planning services is on the increase and hence the need to ensure security of commodities. In the past, we have relied heavily on our partners to procure family

planning commodities. I would like to particularly thank the Germany Government and UNFPA for their support. In the year 2007/2008, my Ministry will allocate Kshs468 million for the procurement of family planning commodities.

Mr. Temporary Deputy Speaker, Sir, the state of bedding and linen in our hospitals needs to be improved. Although some funds have been allocated to procure linen, this has not been enough due to the high wear and tear. I intend to allocate Kshs243 million for purchasing of linen and patients' uniforms. This will go a long way to further improve the image of our facilities.

Mr. Temporary Deputy Speaker, Sir, one of the stalled projects in my Ministry is the staff houses at Kenya Medical Research Institute (KEMRI). These staff houses project which comprises a total of 126 houses stalled in 1994. The project which has been a subject of discussion by Public Investment Committee (PIC) requires approximately, Kshs270 million to complete. The project is expected to take ten months to complete. I intend to allocate Kshs150 million this Financial Year with the balance to be provided in 2008/2007.

Mr. Temporary Deputy Speaker, Sir, the National Hospital Insurance Fund (NHIF) continues to mobilise funding for the health sector with members contributing approximately Kshs3.7 billion every year. The fund offers the cheapest family based in-patient cover to Kenyans based on social health insurance principles. The Fund has remarkably improved its benefits and has started financing a comprehensive healthcare package in over 222 contracted Government, faith-based and private hospitals.

Mr. Temporary Deputy Speaker, Sir, a total of 145 hospitals are, so far, recognized by the National Health Insurance Fund (NHIF), and they provide services on a non-discriminatory system to members and their dependants.

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

[Mr. Deputy Speaker resumed the Chair]

Mr. Deputy Speaker, Sir, in the Development Vote, Kshs180 million has been earmarked for the refurbishment of the existing infrastructure. That amount will be allocated to complete ongoing works started in the 2006/2007 Financial Year.

I would like to request hon. Members to give priority to rehabilitating existing health facilities, so that we can maximize their utilisation.

Mr. Deputy Speaker, Sir, I would like to recognize the contribution of our development partners, who contribute 75 per cent of our Development Vote. Allow me to acknowledge the support from the Global Fund of Kshs5.6 billion, which will go towards fighting HIV/AIDS, Tuberculosis (TB) and malaria.

In conclusion, I wish to request this House to approve a gross total of Kshs34,353,927,612 for Vote 11 of the Ministry of Health. Of the amount requested, Kshs22,745,333,500 will go toward supporting the Recurrent Expenditure, and Kshs11,608,894,112 to the Development Expenditure. I wish to thank you, Mr. Deputy Speaker, Sir.

With those few remarks, I beg to move.

(Applause)

Mr. Deputy Speaker, Sir, I would like to ask hon. Obwocha to second my Vote.
Thank you.

The Minister for Planning and National Development (Mr. Obwocha): Thank you, Mr.

Deputy Speaker, Sir. I would like to congratulate the Minister for ably moving this Vote.

Mr. Deputy Speaker, Sir, this is a very important Vote to everybody. Kenyans, from our clarion call in 1963, vowed to fight poverty and disease. We have not successfully eradicated all the diseases.

Mr. Deputy Speaker, Sir, at the outset, I want to join the Minister by saying that we need health facilities that are accessible and affordable to Kenyans. I believe that is a noble goal to which everybody should be committed.

Mr. Deputy Speaker, Sir, we are extremely grateful and happy that the funding to the health sector has moved from Kshs18 billion in the year 2003 to Kshs34 billion. But that is not enough because, as you know, the United Nations (UN) and African Union (AU) are committed that we should move from that 10 per cent to a maximum figure of 15 per cent, so that we can be on the road to achieving the Millennium Development Goals (MDGs). What we have allocated is just 10 per cent of our Budget.

Mr. Deputy Speaker, Sir, this is the area where I should come in. Of the eight MDGs, three are in the health sector. The first one is aimed at combating HIV/AIDS. As you know, this is a big problem not only in Kenya, but in Africa and the world. But I want to commend the Ministry of Health for moving fairly fast to tackle that problem. I am happy that the Minister has said that the prevalence rate has moved down from 14 per cent, 6.7 per cent and now, 5.9 per cent. I believe that is commendable. But we should still insist that the Ministry - our doctors and people who are handling that issue - to move to preventive measures. We know that the Global Fund has been providing money to tackle that scourge. But the issue of prevention should be key in our fight against HIV/AIDS, malaria and TB.

Mr. Deputy Speaker, Sir, the other day, when I was in Zambia for the AU Summit, I was shocked that the head of the Malaria Section in Zambia is a Kenyan. Of course, that is a credit to this country about manpower development. But more emphasis should be given to that issue.

Mr. Deputy Speaker, Sir, I want to make a comment about malaria. In the earlier days, when we used DDT, we had virtually eliminated malaria. I would like doctors to tell us whether that is not an issue that we could still tackle on those lines.

Mr. Deputy Speaker, Sir, the other two MDGs are maternal healthcare and child mortality. I want to commend the Minister for her recent announcement about the maternal healthcare that is now being provided to Kenyan mothers. The overall position is that we should strive, as a country, to achieve those three MDGs by the year 2015, alongside others like gender, which is fairly easy if Kenyans could agree on how to tackle gender issues.

Mr. Deputy Speaker, Sir, I have a comment to make on the management of health facilities. We must make sure that our provincial and district hospitals, sub-district hospitals and other health facilities are well managed. To this end, I want to say that first, we need to encourage our doctors. We need to look at their pay package. They spend long hours working. I will be one of those people supporting that doctors should receive better pay and facilities.

Mr. Deputy Speaker, Sir, the Minister is here. I want to inform her that Nyamira District Hospital needs equipment. For example, the X-Ray machine has broken down. They need a new one. From Nyamira to Kisii, patients have a problem of accessing X-Ray services. Now, they need an ultra-sound machine and an aesthetic machine with a patient monitor. Those are some of the things they require. They need a gynaecologist. There are not even five doctors in Nyamira. I think they are now four.

Mr. Deputy Speaker, Sir, the other issue is the Rural Drug Fund (RDF). Nyamira District was a pilot project. It succeeded very well, but since when the Belgians handed it over to our people and left, it has been very poorly run. The drugs are now very expensive - something we had taken care of - and accessibility to those drugs has become difficult. So, I want to plead with the

Minister that this is one area I would like her, or the Permanent Secretary, to tackle about the RDF in Nyamira, so that my people can get cheap drugs as in other districts in the country.

Training of doctors should be encouraged. I would like to assure the Ministry and other Kenyans that we are tackling the issue of emerging health facilities in the country in Vision 2030. Right now, many of the Permanent Secretaries are in the field to take views of Kenyans, so that they can be involved in the formulation of Vision 2030. We started with the provinces. We have now gone to the districts. You cannot have a national vision that Kenyans are not involved in its formulation. So, when we have known what Kenyans want, at that stage, we will launch the vision. For now, we have a mid-term to close the gap between the ERS and the vision. As you know, the ERS has succeeded, and that is a big credit to my predecessor, Prof. Anyang'-Nyong'o.

Mr. Deputy Speaker, Sir, on the funding of health facilities, I would like to say - on the money that we receive from our development partners - that most of the funds are managed on behalf of the Government. We need more transparency. Sometimes we do not know what kind of programmes they have. Even where we give them the programmes, we do not know about the accountability of those funds. So, the Government would like to be closely involved, so that those funds are used for the intended purposes to ensure that it reaches the people on the ground. After all, Kenyans are going to pay those funds in the final analysis, if they are not donations.

On the Immunization Programme, which has moved on very well, I would like to commend the Minister. The announcement that there will be new refrigeration equipment to the tune of Kshs234 million will go a long way in tackling the issue of child mortality. I want to plead with Members of Parliament. The Minister said that there is no water in some of their hospitals, or the water systems in those hospitals have broken down. I want to plead with our colleagues that some of the water projects should go to the hospitals, so that we can tackle the problem of water supply to hospitals, because that is extremely important.

Mr. Deputy Speaker, Sir, finally, about the National Hospital Insurance Fund (NHIF), I hope that as we travel this road, we will come together and have an insurance scheme for Kenyans. We are saying that health facilities should be affordable, or that what we offer to Kenyans should be affordable. Health services cannot be affordable unless we have an insurance scheme in place to take care of the concerns of many of the poor Kenyans. We have now moved from the 56 per cent mark of Kenyans living below the poverty line to the 46 per cent mark. Today, I announced that we are on the economic path to growth. From 6.1 per cent growth last year, we were, in the first quarter of this year, at 6.3 per cent economic growth.

With those remarks, I beg to second.

(Question proposed)

Mr. Deputy Speaker: Hon. Members, I have been informed that the Official Opposition Responder is Mr. Muturi. Therefore, he will have the Floor.

Mr. Muturi: Thank you, Mr. Deputy Speaker, Sir. Indeed, it is from an unlikely quarter.

Let me begin by saying that I support the Vote of this Ministry. I want to laud the Ministry for the strides it has made in the last few years. One cannot deny the fact that there is, within our various health facilities, noticeable improvement in the provision of services. I will touch on a few areas. I want to acknowledge the Immunization Programme. Indeed, as the Minister spoke about the funding level for that programme, I was still wondering whether it will, really, be enough, or sufficient, to address the challenge that it faces within itself. In my view, the Kshs234 million talked about is still inadequate. However, I appreciate that one has to cut one's suit according to one's size. Therefore, perhaps, that is the only amount of money that the Ministry could get for that programme.

Mr. Deputy Speaker, Sir, I also want to appreciate the Ministry's concern about the various health facilities that have come up within the constituencies, courtesy of the Constituencies Development Fund (CDF) facility. I would like to urge the Ministry headquarters to direct its officers in the districts to closely get involved with the various CDF committees, so that they can know from the inception what facilities are coming up.

The Ministry's officials at the district-level should stop this habit of waiting until you go to a public *baraza*, or a District Development Committee meeting, to ask to be told what facilities are coming where. I am, indeed, aware that CDF committees invite line Ministry officials to attend their meetings, but I appreciate that those officials are always not available due to exigencies of duty. It is, however, imperative that they get involved in the planning of those facilities, so that they do not end up falling into disuse, or start getting wasted. We do not want them to become white elephant projects.

Mr. Deputy Speaker, Sir, we have asked Questions here about those health facilities, and we have been assured by the Ministry that several of them will be registered. Indeed, while moving debate on this Vote, the Minister indicated the number of those facilities she is going to register in the course of this year, but I believe it is important that the Ministry knows how many are at what stages of construction and/or completion, so that, as the Minister spoke about giving every health facility - more so the dispensaries - drug kits, the Ministry can begin planning for those facilities, so that as soon as they get completed, nurses can be posted there and the necessary drug kits are made available to those facilities.

Another area of concern to me is that of training of health personnel, and more so the nurses. If you travel outside this country, particularly in South Africa, Europe and America, you will find very many Kenyans who trained in several courses as nurses - some are called "Enrolled Community Health Nurses" and others "Registered Community Health Nurses" - working in all manner of facilities out there. As they do so, our own health facilities in Kenya are wanting in personnel services, the same services those people working out there are trained in. But in the majority of cases, you will find that those nurses were not able to find placements within our own health facilities. This must, therefore, beg the question; whether we are really serious. Even as we speak, I know that there are quite a number of trained nurses who do not have jobs. There are also various health facilities either without, or with inadequate staff. Therefore, I think there is need for the Ministry, without necessarily being burdened by conditions imposed- we use to hear them some years back. I do not know whether it is still there by development partners. I think it is important that this Ministry be allowed to hire sufficient personnel to man our various health facilities, both those which are established and those that will be established.

Mr. Deputy Speaker, Sir, as the Minister concluded moving her Vote, she talked about the critical role played by the National Hospital Insurance Fund (NHIF). The Minister indicated that currently - and I am aware--- Those figures were given to me in the Public Investments Committee (PIC) meetings. The NHIF is now able to raise in excess of Kshs3.7 billion. I believe that it is important that the larger part of that money be used to benefit the contributors by increasing their benefits. That is because as we stand today, most of that money goes to administrative costs. That is the indication that I was given about three weeks ago. I speak from a point of knowledge. I wish to urge NHIF to reverse those trends. We appreciate the history. The bad past! Very dirty past where they would start putting up a building at Kshs1.843 billion, and whose cost today is well beyond Kshs5 billion! I think we want to appreciate and forget that very bad past. It is really something that this country and that particular institution must never go back to.

It is worrying that as you go to NHIF - it is called Medicare Centre - you will see a building that is coming up there. It is a multi-storey car park. Of course, development of car parks has never

been the mandate or role of NHIF. It is nowhere in the mandate and role of NHIF, even within the Act establishing it. So, you ask them: "How many years would you think it will take for you to recover the sums of money that you have spent on the construction of this multi storey car park?" The cost of that project, as we speak today, is beyond Kshs1.5 billion. It is more than that. So, you ask them: "How many car park spaces will be there?" They say it is about 800 car park spaces. At the current rate, it will take, I think well over 100 years for them to recover the amount of money that they have spent developing that multi storey car park. It is that kind of bad history that we would want never to be repeated within NHIF. We would want to encourage - and I am happy to report that I have noticed that the Ministry has been paying very keen attention to ensuring that NHIF does not revisit those kind of investments--- They should, indeed, move away from investing what they call "surplus". That is because NHIF should not even be talking about "surplus", when Kenyans are going without medical services. What surplus to do what? This policy of pretending that they are going to invest "surplus funds" in various places such as buying of plots - useless plots in the forests where they will never even get the plots because the plots have not been hived off or degazetted as forests should stop. They are still forests and yet, NHIF invested contributors' funds there. It is not their money! I want to commend the Ministry. They have done well to discourage NHIF from following that bad history.

Mr. Deputy Speaker, Sir, I want to laud the Minister herself for the bold move that she took recently, in waiving the maternity or delivery fees. As you can appreciate, this is not an area that I can claim expertise. I wondered, and I think it was last week that a Question was asked in this very house, about the waiving of mortuary fees. There is an adage that goes, "there is no property in a dead body" I have seen cases where Kenyans come to me, and plead with me to pay their mortuary fees. That is because the friends and relatives of the dead are unable to pay the mortuary fees demanded. You find a body staying in a mortuary for one month. Sometimes, Kenyatta National Hospital (KNH) gives varied explanations for that. They will tell you that, that person died while admitted in the private wing. But, of course, a sick person or a relative of a very sick person will not choose. When they are told that you can only take your patient to the private wing because that is where you will get the necessary treatment, they will take them there. Even in the sad event that they pass on---

Mr. Deputy Speaker, Sir, of course, you can imagine the miseries visited on the family. I do not know how the Ministry will address it, but I think it is an issue that really requires some attention.

I know that yourself and several of us have passionately addressed the issue of---

Mr. M.Y. Haji: On a point of information, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker: Do you want to be informed by Mr. M.Y. Haji, Mr. Muturi?

Mr. Muturi: Okay, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker: Go on, Mr. M.Y. Haji!

Mr. M.Y. Haji: Mr. Deputy Speaker, Sir, I want to advise the hon. Member that they should not keep dead people in the mortuaries. They should bury them immediately like Muslims.

Mr. Muturi: Mr. Deputy Speaker, Sir, you will appreciate that it was not a point of information. I think Mr. M. Y. Haji wanted to make his contribution. I think he will be telling us that we should bury our dead people immediately like the Muslims do. But I believe that even Muslims who lose their loved ones and incur debts would still find themselves in similar problems like the rest of Kenyans. That is because mortuary fees or other hospital fees are matters that are tenant to sickness resulting in admission in health facilities.

Even regarding hospital fees, I have seen Kenyans who come to plead with me, especially now during the registration of voters, telling me: "I cannot register as a voter because my identity card is held in this and this hospital!" That is incredible. How would a hospital hold an ID card of a

patient? You are holding an ID card to do what? I have advised them to report to the police that it is lost and to take another one. Those people got new ID cards and registered as voters. But do we need to go to that length? If you find a fellow who is not able to give you even a title deed or another valuable item--- But they are able to surrender to you their national ID cards. You know very well that you are dealing with extremely desperate cases. As we address the issue of fees chargeable in various health facilities, I would wish to appeal that, perhaps, some policy guidelines need to be issued. We are not saying that they should not charge some little fees.

Mr. Deputy Speaker, Sir, however, I think that in appropriate cases, there is need for some policy guideline to be issued that will result into less suffering to those who have lost their loved ones and friends or those who have been treated and discharged, but cannot leave hospital without paying the fees. It actually surprises me, when you hold a person who was sick in hospital, say, for instance, a mother who had been admitted to a hospital with a sick child. After treatment, the mother is not able to pay the fees and you cannot release them. So, as a hospital, they must feed both the mother and the child thereby incurring more costs. It is a dire situation and I would want to urge the Minister to look at it from a policy position and issue some guidelines.

Mr. Deputy Speaker, Sir, sometimes I get a bit surprised when I deal with the issue of Hospital Management Boards (HMBs), both at the district level and with regard to various hospital facilities. When we ask Questions in this House, we are always given the answers that we, hon. Members, are involved. However, in most cases, I have heard hon. Members complain that they were not aware that the Boards were ever constituted. This is a worrying trend. I think if those Boards are meant to have some semblance of representation within their areas of jurisdiction, it is important that the leadership of those districts be involved in their appointments and/or nomination.

Once the names have been forwarded, it takes another long period before they are gazetted. We want the Ministry to pull up its socks. We do not want to come here to ask Questions about when the Boards will be gazetted. It should be a matter of routine because if they were properly vetted, then they should be gazetted immediately so that they begin the work for which they were appointed or nominated to those Boards.

Mr. Deputy Speaker, Sir, I also noticed that sometime back some guidelines were issued on how HMBs are supposed to be run. In a number of cases that I have witnessed, those guidelines are sometimes not always adhered to, particularly by the health personnel manning various hospitals. Indeed, I think there is an area---

Some of the monies that go to health facilities, doctors do not want the HMBs or committees to know how much it is. They would rather that the HMBs only deal with the cost-sharing money. When you read through those guidelines, you will find that the HMBs are supposed to know about every expenditure or receipts to the hospitals that they are appointed to run. So, there is need that the doctors and others are made to understand that they are supposed to complement each other and not to fight amongst themselves.

[Mr. Deputy Speaker left the Chair]

*[The Temporary Deputy Speaker
(Mr. M'Mukindia) took the Chair]*

Mr. Temporary Deputy Speaker, Sir, I want to thank the Minister for having acceded to our recommendation, as the Public Investments Committee (PIC), to allocate the Kenya Medical Research Institute (KEMRI) Kshs150 million to complete their long stalled housing project. That project started way back in 1991 and it has had a very bad history. It is good now that the Ministry has agreed to revive it and see it completed within the shortest time possible. We hope that those

charged with the responsibility of ensuring that the project is completed will ensure that it is done in good time.

The Minister talked about drug kits to dispensaries being given after every three months. I think there is need that it should not be cast in stone. If a particular health facility exhausts its drug kit, and there is evidence that they have done so, they should not be held hostage to the period of three months because then people will have to run away to other health facilities. Three months is good time, but we should be flexible in the way we administer it so that, indeed, upon presentation and receipt of evidence that the expended drug kit has been administered to the satisfaction of those responsible at the dispensary and the Ministry headquarters, then an appropriate replacement be provided. In any event, I believe it is one of the ways that would help the Ministry to appreciate the needs of a particular health facility, be it a health centre or dispensary.

I would like to speak about my own district, Mbeere. Our health centre was elevated to the level of a district hospital. Unfortunately, the Ministry appears to have forgotten that a district hospital must have certain facilities, for instance, an operating theatre with equipment. We cannot keep calling ourselves a district hospital and yet we do not have some of these facilities. Through the Constituencies Development Fund (CDF), I am being forced to construct a huge maternity wing, at least, just to give this district hospital some semblance of the status that it was accorded 11 years ago. Therefore, I would like to plead with the Ministry to see to it that Mbeere District Hospital at Siakago is given the necessary equipment in order to operate as a district hospital. In any event, we have quite a number of civil servants who require treatment at the same facility. It will only be fair that they are not forced to drive long distances .

Mr. Temporary Deputy Speaker, Sir, I put it to the Ministry that the allocation of Kshs150 million to provide water in health facilities, which lack water, is really peanuts. It is too little money. I want to agree with hon. Obwocha that we, as Members of Parliament, must really supplement what the Ministry is giving where we can within our CDF kitty. This is because it will not be a healthy situation where you have a dispensary or health centre which does not have water. It cannot really qualify to be a health facility. Without water, it is likely to degenerate either into a food store or some kiosk.

I am happy about what goes to this Ministry from the Global Fund. However, I am a bit concerned that close to three-quarters of the Development Vote for this Ministry appears to be donor-funded. I think this is a critical Ministry. In as much as we may not have all that we ask for, there is need for the Government, as a whole, and, indeed, looking at the surplus funds in some of the institutions, like the National Hospital Insurance Fund (NHIF), to channel in some of those funds towards supplementing the development kitty. We cannot keep relying on donors to finance our Development Budget within such a key and critical Ministry.

Mr. Temporary Deputy Speaker, Sir, I am also concerned because even though the Minister said that there is an improvement in the doctor to patient ratio, there is still room for improvement. Indeed, granted what I said earlier on, we have very many well-trained medical personnel looking for jobs outside this country. It is either a question of incentives or packages. I wonder whether the Ministry has considered putting doctors on performance contracts. I do not know whether it would serve any useful purpose.

Mr. Temporary Deputy Speaker, Sir, I note that doctors are in a unique profession. Perhaps, that is why the Ministry, and the Government as a whole, allow them to work both for the Government and do private consultancies. As some colleagues said in the past, that we should not allow doctors to do their private consultancies, by so doing, I think we will be running the risk of having our best qualified personnel not giving service to our public health institutions. Therefore, I appreciate that they are not like lawyers. They are not like me. It would be untenable for a lawyer to work for the Government and still do private work. I think the uniqueness of the medical

profession allows, understandably, that they practice privately and still offer valuable service to public health institutions. This is something that we cannot complain so much about. However, even as that is appreciated, I think there is need for more and more personnel to be hired for the public institutions.

Mr. Temporary Deputy Speaker, Sir, in a number of situations we are not able to tell whether a doctor is actually giving the best of himself or herself at the public health facility. We are actually told that if you go to their private clinics, you would get better attention. It is a very delicate situation. I know the Ministry must be struggling with how to deal with this situation. It is a very difficult thing to handle. The Ministry needs them yet we do not have enough to remain in public hospitals without allowing them the latitude for private practice.

Mr. Temporary Deputy Speaker, Sir, I was just wondering whether the nine-kilometre radius for availability of primary health care provision centres, that the Minister talked about, is the internationally recognised or recommended distance. Kenya is interesting. You can visualise that in some places a mother is in pain and for her to travel a distance of nine kilometres would be like going to heaven or hell because there are no roads or vehicles. I have travelled quite extensively and I know that in as much we talk about the nine kilometres, there are some places that it is impossible to travel because of bad roads. I want to commend the Ministry because they are trying. However, I think there is need that as we, hon. Members of Parliament, administer the Constituencies Development Fund (CDF) kitty, we complement the Ministry. I find it a little difficult to accept this given the distances and some of the terrain in some parts of this country.

With those few remarks, I beg to support.

Prof. Maathai: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to support this very important Vote of the Ministry of Health.

First of all, I would like to commend the Minister and her team for the excellent work that they have been doing in this Ministry. As other hon. Members have said, in almost every constituency, one can see the improvements effected by this Ministry in terms of health centres, availability of drugs, new equipment, immunization and awareness on HIV/AIDS.

Mr. Temporary Deputy Speaker, Sir, I am not surprised that the rate of HIV/AIDS infection is coming down. There has been a very keen interest among members of the Provincial Administration, the Ministry of Health and the network of Constituency Aids Control Committees (CACCs). There has been a very intensive campaign to take awareness to the people. Therefore, I want to commend the Minister and hope that this support will continue.

Mr. Temporary Deputy Speaker, Sir, I also know that many hon. Members of Parliament have spent money from the CDF. In my own constituency, I have spent quite a bit of money to support health centres. This has been very much appreciated by the public. In fact, many of them have requested that some of these health centres be upgraded to the level of sub-district hospitals. This is, especially the case with the health centres in Gichira and Unjiru. These are two of our best health centres. I know they would serve the constituency and surrounding areas, including Mukurweini and Nyeri Municipality if they were upgraded to the level of sub-district hospitals.

Mr. Temporary Deputy Speaker, Sir, I want to emphasize on the preventive medicine as mentioned by the Minister. I think we are still not paying enough attention to preventive medicine. Many countries which have good healthcare and whose citizens live long, have a very keen department of preventive medicine. There is also a very deep awareness about preventive medicine that is taught in schools. It starts in schools, for example, along the lines of personal hygiene. Children learn at a very early age how to keep themselves clean, take care of their bodies and ensure that they wash their hands. These are simple things, but very important to them. Our children ought to learn these things very early in schools. Some of these issues are very important and should be part of our primary curriculum.

Mr. Temporary Deputy Speaker Sir, one of the issues that has surprised me in my constituency is the fact that simple issues such as building of latrines are given very little attention, especially in schools. You go to schools and find dilapidated latrines without doors. Some of them look like they would collapse any time. Why does the Ministry of Health not condemn these latrines and force schools to build good ones for the children? Sometimes you find that the latrines are not adequate for

the number of children in school. As I said, unless there is no water, children should be taught early enough that they should wash their hands after using latrines.

So, this very simple but effective primary healthcare initiatives should form part of our personal hygiene and behaviour.

The other issue that I think is very important, as part of preventive medicine, is the food we eat. So many times, we do not pay attention to the food that we eat. Again, we should learn very early what to eat, especially, in our societies where people have tended to associate certain food types with affluence, for example, eating a lot of meat and taking a lot of salt and sugar. When there is no education on how to use some of these very refined foodstuffs, eventually, we end up with diseases that are very uncommon in our societies. They include diseases such as high blood pressure and kidney diseases, which are closely associated with what we eat.

I think, again, these are some of the instructions that should be given to parents and our children. For example, the Kenya Broadcasting Corporation (KBC) should come up with a programme which encourages people to eat healthy and practise healthy living, so that we can cut down on many diseases that are associated with malnutrition and the kind of lifestyles that we adopt. Especially, when we think that we are wealthy, we tend to eat, for example, foodstuffs that eventually destroy our health as we grow older. Sometimes, we do not discover that, indeed, we are suffering from diseases that are due to the kind of lives that we have led, until we are 40, 50 or 60 years old.

Mr. Temporary Deputy Speaker, Sir, I want to speak about plastics, because the Minister mentioned about malaria and the fact that it is still a big killer. I do not want to be quoted as having said that plastics is the reason why we have malaria. That would be wrong. What I would like to say is that when we have these flimsy plastics, which, fortunately, have now been banned by the Minister for Finance - and which I hope we shall continue to avoid in our lives - that are used once and then thrown into the environment, what happens is that when it rains, they become excellent habitats for water to collect and mosquitoes to breed in. So, one way in which we can fight malaria is by destroying habitats where mosquitoes breed. I remember, one of the lessons that I learnt when I was in primary school was that we should remove empty cans and anything empty that will retain water, because mosquitoes breed in stagnant water. So, one of the reasons we should get rid of plastics is that when they are thrown into the environment, they do encourage the creation of those habitats where mosquitoes breed.

Again, going back to our primary education, I think learning how to live healthy lives should also be learning how to manage and keep our environment clean. One way of doing this is by getting rid of any stagnant water, including empty cans and plastics in which water collects when it rains.

It is very encouraging to know that the Ministry has given so many mosquito nets, especially, for the kids. I know that this makes a lot of difference. I hope that more mosquito nets will be made available. But much more important, as a long-term measure to control malaria, we need to improve the cleanliness of our environment. I know that we do not give enough attention to that aspect, as a people. This is because we can live next to a dump site with many plastics, and nobody thinks about it. But we are prepared to spend money to buy mosquito nets, Dichloro-Diphenyl-Trichloroethane (DDT) and other pesticides. We do not make the linkage between these

plastics and the possibility that they are going to provide breeding habitats for mosquitoes. So, I would like the Ministry to focus on these measures, that are part of preventive medicine.

With those few remarks, I beg to support.

Mr. Syongo: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me a chance to contribute to this Motion.

Health is a very important part of human resource management. I want to congratulate the Minister for her courage in doing a number of fairly dramatic things during her tenure as the Minister for Health. Recently, she did cancel maternity fees. But even more significant, I think we appreciate that, in fact, the distribution of medicine to various health centres and hospitals, has considerably improved. Madam Minister, I just want to thank you and your team in the Ministry for this wonderful job.

Mr. Temporary Deputy Speaker, Sir, I just wish that, in fact, we could also have distributed the ambulances much more equitably. This is because if you look at the districts which are far from the Ministry headquarters, you will find that, in fact, they do lack ambulances. Even when they do have them, they do not have sufficient funds to operate them. I also want to say that motor vehicles are not used universally. There are certain areas, such as, Suba District, where we do need marine vessels as ambulances, to supplement the work of motor vehicles.

Mr. Temporary Deputy Speaker, Sir, the issue of direct funding or disbursements to hospitals and health centres, is extremely important. I know that the Minister, in moving the Motion did, in fact, undertake that she will propose amendments to the Act, in order to enable her to disburse funds directly to hospitals and health centres. But I do recall that, in fact, she did make a similar promise last year, when she was moving the Motion on the Vote for her Ministry. It has now taken 12 months and, yet, she is making a similar promise. There is nothing that could be more urgent.

It is a fact that the AIE holders are the Medical Officers of Health (MOHs) and that there is a serious problem in terms of transferring the much-needed funds from their desks to the various institutions which are supposed to use the funds.

I am aware that, recently, cheques were sent directly to district hospitals. I do not know if this is now a matter of routine, or it is just one of those sporadic initiatives which cannot be sustained, given that the necessary legislation has not been put in place. The rules and regulations from the Treasury, to the best of my knowledge, have not been prepared.

Mr. Temporary Deputy Speaker, Sir, I want to congratulate the Ministry for promising to gazette the various health facilities that have been put up using the Constituencies Development Fund (CDF); especially, if this can also be followed with the institutionalising of the distribution of drugs to those facilities and their being staffed adequately with competent personnel. If this were to be done, there is no question about that, in fact, the medical services delivery will significantly be improved. This is because the number of health care facilities that have been put up through the CDF are very many and, thank God, are distributed quite widely throughout the country.

So, I urge the Minister that once gazetted, let them be provided with staff and medicine - the standard kits - so that they are not idle, yet, the public have spent so much money to put them up.

In this respect, Mr. Temporary Deputy Speaker, Sir, issues of water being made available in these facilities--- I do not believe that you can actually deliver health services without water. It is impossible! There are also cheap and available energy sources such as solar systems which can be used to power these facilities. So, solar-powered boreholes can be used and solar power can also be used to provide lighting, so that the place looks neat and is hospitable. Obviously, with water, you are guaranteed better sanitation in the health facilities and cross-infection is limited.

On the question of training, I know Mr. Muturi mentioned it, it is so important that I would like to encourage the Minister, and her team, to take it very seriously for a number of reasons. First,

we have definitely a serious problem with the ratio of medical officers to patients, or population. So, we need more staff to provide services to our people. However, we also have an enormous opportunity in this country to be the hub of training medical personnel for export. I know it for sure, because all of us in our various committees travel a lot, and this issue has come up several times in our dialogue with our colleagues in other countries, especially in America and Europe. The willingness of these countries to bring in money in exchange for our personnel who are going to work in their countries gives us enormous opportunities. So, why can we not attract more investments in the training of personnel? We should improve the standards and train better and let Kenya be the leading nation in exporting personnel in this particular sector. Not only are we going to have more foreign exchange, but we will be solving the serious unemployment which we have. We have good young men and women who can provide these services across the countries. Nobody beats the hospitality of Kenyans, whether you are talking about the hotel or medical industries. I, personally, believe that the Kenyan girl and young man are a first class material who can be trained to conquer the world in this particular sector.

Mr. Temporary Deputy Speaker, Sir, now that we have the East African Community (EAC) expanded to include Rwanda and Burundi, there is opportunity for a training facility in tropical medicine, specifically that which is most prevalent in our surrounding areas of the EAC. I would like to offer to the Minister 40 acres of land in Suba District, free of charge, to set up this facility in addition to, of course, providing medical services to citizens of the EAC, who live around Lake Victoria. As you know, there is now considerable traffic across the Lake. Tanzanians, Ugandans and Kenyans; the borders of these three countries meet in Suba District, and so it will be an ideal place. I like the way the Minister and the Permanent Secretary are keen on the idea. I can see they are taking notes. I am glad and thankful that they have taken note of this particular offer, because it is a serious one. I will give you the LR number, if you so wish, within one week.

I would like to also encourage the Ministry to take the issue of public health seriously. Prof. Maathai has just talked about preventative medicine. The sanitary and phytosanitary conditions in which our people live, especially in urban areas, are pathetic. If you go to high density areas, I do not want to call them slums, Kibera and Korogocho, for example, we have diseases breeding in our midst. We really ought to bring the Ministry of Local Government to account, so that they play an important role in preventative medicine by improving sanitary conditions in which our people live. I know that where there is a will there is a way. The Ministry of Roads and Public Works has a lot of earth-moving equipment which can be used to clean up these places. We have many youth who are waiting to be employed, and we can employ them to work on drainage works, so that we have no stagnant water and filth all over the place. I do not see why we cannot have running water, even if it means it being shared between five families. This will ensure that there is better water and sanitation for our people.

Mr. Temporary Deputy Speaker, Sir, finally, I will address the question of paying attention to the pharmaceutical industry. I know a lot of medicine is being imported, and we are losing a lot of foreign exchange. However, there is also an opportunity for herbal medicine. India, Pakistan and China are now leading exporters of botanical medicine. Let us have a clear policy to encourage investment in this sector, not only in terms of conventional medicine but also in terms of bringing in and commercialising botanical medicine, which we have in plenty, provided we can take care of the Intellectual Property Act as well as the indigenous knowledge so that we do not have people taking away our knowledge, and commercialising it to their own benefits.

With those few remarks, I beg to support.

The Temporary Deputy Speaker (Mr. M'Mukindia): Hon. Members, since we have more hon. Members on one side, the next person to speak will also come from that side.

Mr. Musila: Thank you, Mr. Temporary Deputy Speaker, Sir. At least, hon. Members can, for once, allow me to represent my people of Mwingi South. I stand here to support this Motion.

Let me start by commending the Minister and her staff for the work that they have done, and that they continue to do in many areas. We know where we are coming from. We know that not too long ago, we had run-down health facilities. We know that we had health facilities without drugs and, I want, particularly, to commend the Ministry for the improvement that has been made in this area. Whenever I go round my constituency and visit health centres and dispensaries, the first place I want to go is to the drug store. I am sure the Minister would like to hear that I have never seen so many drugs in my lifetime as I see today in these facilities. So, I want to thank the Minister and congratulate her and her staff.

One hon. Member talked about the provision of new dispensaries, courtesy of the Constituencies Development Fund (CDF). This is one area in which, I think, the Ministry has also done well, though not sufficiently well. Many new facilities have been opened but I would like to request that this financial year, the Minister makes some more effort in ensuring that those facilities which are lying idle in the rural areas are opened. I know as I speak that there are constraints, particularly in relation to staff, but I am sure that with the efforts that she made in the past financial year, some improvement can be made.

Mr. Temporary Deputy Speaker, Sir, I want to particularly talk about some facilities that are lying idle in my constituency. I have in mind a new modern operation theatre constructed by some donors at Migwani Sub-District Hospital. This is a facility that the Ministry should take advantage of. It has been lying idle for over one year, with no equipment. I urge the Minister to see to it that this facility is put into use.

The Minister has also done very well in the provision of ambulances and I know, also, that there are constraints. However, I want the Minister and the Ministry, as a matter of policy, to ensure that there is an ambulance at every health centre. I am saying this because we have a number of health centres, some of them in distant areas from district hospitals, that have no ambulances. That means that people have to use *matatus* and other unsuitable means to reach hospitals. I know the Minister is very concerned, particularly about women and expectant mothers. In my constituency, for example, there is a health centre that the Minister knows very well. It is called Nuu Health Centre. It is very far from the district headquarters. There are many instances where mothers have given birth by the roadsides, *matatus* and even when they are being given lifts by good samaritans. I know the Minister would not like that to happen. I appeal to her to see to it that Nuu Health Centre, which has some of the most modern facilities, and which has been recommended by the District Development Committee (DDC) to be a sub-district hospital, that a provision of an ambulance be given as a matter of urgency. It is very far from Mwingi District Hospital.

Mr. Temporary Deputy Speaker, Sir, I talked about the issue of improvement of drugs. I want to particularly talk about Anti-Retroviral drugs (ARVs). Up to some months ago, all of us have been purchasing ARVs from private pharmacies. We know how much they cost. I want to thank the Ministry for making ARVs available in district hospitals. I have seen, with my own eyes, relatives and friends whose health has drastically improved as a result of availability of those drugs. But I want to go further and appeal to the Minister to supply those drugs to sub-district hospitals and, eventually, to health centres. Some of the district hospitals are very far. Those poor victims of HIV/AIDS have to travel many miles to get those drugs. The Ministry has done well in that area. I am just asking that we decentralize a little bit by taking those drugs to sub-district hospitals and, eventually, to health centres.

Mr. Temporary Deputy Speaker, Sir, I want to talk about the unfair distribution of doctors. We have district hospitals with one or two doctors. In my own case, I have a sub-district hospital which had no doctor for the last one and a half years. There used to be one. But she was posted away and there has been no replacement. That is very serious. I am requesting for doctors not only for Migwani Sub-district hospital, but for other sub-district hospitals all over the country. We must

appear to be giving services equitably and ensure that all sub-district hospitals, as a policy throughout the country, are supplied with, at least, one doctor. I have already said that the Minister has done well. I know she is able to do that. I hope that, this financial year, we can see that happening.

Mr. Temporary Deputy Speaker, Sir, I have talked about facilities that have not been opened, operation theatres that are not functional and dispensaries that are still not opened. I hope that this financial year, they will be opened.

I have been told that many ambulances that the Ministry has sent to district hospitals have no drivers. What is the point of sending an ambulance to an institution and there is no driver? What is happening in our case is that we have to ask the DO's driver or a police driver to drive the ambulance when there is a patient being taken somewhere. That is not right. As a matter of urgency, when the Minister goes round giving out ambulances, she should ensure that they have drivers. Otherwise, there is no point of having an ambulance.

Mr. Temporary Deputy Speaker, Sir, I want to commend the staff and management of Kenyatta National Hospital (KNH). We all know where that hospital has come from. But I also want to suggest to the Minister, and I know she knows that, that the facility is overstretched. It is high time we ensured that KNH remains strictly a referral hospital, so that in Nairobi, we have district hospitals like everywhere else. If you visit KNH now, you will find the services are overstretched. That is because everyone is going to that facility for treatment. We can do better.

Mr. Temporary Deputy Speaker, Sir, finally, I want to address issues regarding the Pharmacy and Poisons Board (PPB). This country is awash with substandard drugs. The pharmacists tell us: "This is the original! Do you want this one? It costs this much. But there is another one." Obviously, the *mwananchi* will say: "I want the cheaper one." Yet, that is the substandard one. I want to ask that Board to ensure that all the drugs that are imported into this country are genuine and proper.

There is also the issue of herbal drugs. We have companies that have sprung up in this country selling herbal drugs. There are some from China, others from Korea and South Africa. The public is being cheated that those are drugs that can cure everything, including HIV/AIDS. Could the Minister instruct that Board to ensure that anything that is being sold in this country, alleged to be curing a certain disease, even if it is herbal, is proper?

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

The Assistant Minister for Education (Mrs. Mugo): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to support this Motion. Let me start by congratulating the Minister and her team for a job really well done. We have seen how far we have travelled during the last four years, when the Minister took over. Our health services in this country had more or less collapsed. The services were in "Intensive Care Unit". But now, we have health systems worth talking about. We have health systems where other regions come to seek health assistance, instead of going to Europe and other places. That makes us very proud, especially now that we have very few Ministries headed by women. The female gender can perform. That is true. We are very proud of this Minister. I hope that, that serves as an example to the rest of the Government and the country. I am sure that will also go a long way in empowering the quest for 50 extra seats for women in this House. The more women we have, it seems, the better services we can get in this country.

Mr. Temporary Deputy Speaker, Sir, let me also commend the staff of the Ministry because we have seen the expansion and improvement of services. I cannot say that we have employed more staff. They have devoted their time and skills to serve the people of this country. Indeed, we cannot be a working nation unless we have a healthy nation. As a result of that health improvement, we have seen growth. That is because Kenyans are able to work better.

Mr. Temporary Deputy Speaker, Sir, having said that, let me also congratulate the Minister

for her recent announcement of scrapping all the fees to do with maternity or delivery. We will see more women accessing safe motherhood or having their children in a healthier way. That will also save the lives of children and lower child mortality.

Mr. Temporary Deputy Speaker, Sir, I think next to the Ministry of Education, this is the only other most important Ministry. The Ministry of Education is important because it covers everything. We must ask for more money to cater for this Ministry. We are happy that the Ministry got an increment in its Budget. However, we hope that in the next Budget, the Treasury will increase even more money to the Ministry so that more poor people can access health services.

I want to say a word about health facilities which were put up through CDF money. We are glad that the Ministry has taken over these facilities, but there are still more which have not been taken over. I want, in particular, to say something about Nairobi. We support the fact that Kenyatta National Hospital should only be a referral hospital. However, this is not possible because many Nairobi residents still depend on the Kenyatta National Hospital even for simple ailments. I would like to encourage the Minister and the Ministry to give us district hospitals in Nairobi. We now have three districts in Nairobi and these three districts deserve, not only one district hospital, but two hospitals per district because of the population. The population is extremely high and only then can we realise Kenyatta National Hospital purely as a referral hospital. Nairobi residents waste a lot of time queuing to get served in such a busy hospital.

I want to thank the Ministry for taking over the Dagoretti Sub-District Hospital, which was put up through CDF money, and opened its doors about two weeks ago. This facility serves more than 300 people per day, who go for treatment. That shows the need that was there. There are still several items which are missing. We are turning away expectant mothers who come to deliver, because we still do not have a delivery bed. We are still waiting for a delivery bed which we were promised by the Ministry. Although we have a maternity wing, we do not have a delivery bed and women are getting very disappointed. I hope that such issues will now be sorted out very quickly and we can have a delivery bed for the expectant mothers.

Mr. Temporary Deputy Speaker, Sir, I am happy that the Minister has also told me that she will soon send a team of medical officers to work in the theatre. That way, we will be able to alleviate the long queues at the Kenyatta National Hospital.

I would also like to say something about the public health officers. If our health officers in Nairobi would work the way they are supposed to, we would reduce the illness affecting people in this area by half. If you walk in the streets of Kawangware, Kibera or any other centre, you will see raw sewage and open manholes. There is absolutely no planning of the sewerage systems. The clean water mixes with the sewage. The people who built the systems got away scot-free. We have complained again and again but nothing is done to those people. I do not know why they are not taken to court by health officers and charged so that the others can learn. The Ministry should pay more attention in that area and prevent more diseases from spreading.

Another issue which affects this Ministry is that, at times, we have many patients who are detained in hospitals because they cannot pay their bills. When they are detained, they incur even more expenses which they will not pay at the end. I am requesting the Minister to formulate a policy of finding out exactly who cannot pay their bills so that he or she is not detained in hospital. When these people are detained, everybody loses. The hospital keeps on feeding them, but at the end, they are still not able to pay. That way, we also get a very bad name from those people who feel as if they are poor and they are not able to pay. I believe that from the funds, we could have a Sub-Vote to cater for that. I think there is such a Sub-Vote. We should give more money to it to enable the hospitals to waive such bills.

I want to say just one word about school health. It is time now that we, in the Ministry of Education, worked in partnership with the Ministry of Health so that we can extent clinics to schools. That way, we could monitor the health of children and detect illnesses, which could result

to something big, if not detected early. We have a programme on school health--- If medical students, who are on their internship, are supported by a hospital, like Kenyatta, they could deliver those services to schools. We used to have slum clinic days where one of the former directors of the Kenyatta National Hospital used to send a mobile clinic to the slums, and many people would be treated that way. This would keep those people away from queuing at the Kenyatta National Hospital. This would also keep more people healthy. I request the Minister to see if we could go back to that programme, which I believe was initiated by Prof. Meme. I used it at one time and it was very useful.

With those few words, I beg to support.

Eng. Okundi: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to contribute to this very important Motion concerning the health of our people. I want to begin by congratulating the Minister and her Ministry for doing a good job. This Minister is extremely visible. She has been visiting people at their places of work. I have also seen her, in several parts of the country, talking about health matters with women who are participating in water and sanitation projects. This is what one needs to do at the level of a Minister.

(Applause)

You need to be politically visible and tell your people what your Ministry is doing, and then her staff can follow her example. I think this must be said. Many times, as Members of Parliament, when we are commenting on a major budget like this one, we do not try see that the success of such an allocation depends very much on the person at the top; how that person dispenses the duties vested on that work. With regard to that, I wish to congratulate the Minister.

The Government has done a good thing. The Minister and her people have done a good thing. The budgetary allocation for the Ministry has been increased from last financial year figure of Kshs16 billion to Kshs34.4 billion this financial year. This is an increase of nearly 90 per cent. It is a bold step in the area where we have shortage of resources; that they have seen the importance of the health sector to consume all that money.

Mr. Temporary Deputy Speaker, Sir, this is consistent with the Millennium Development Goals (MDGs) which have eight key goals. Of these eight key goals, three are addressing the health sector. It really means that for us, as a Government to survive, we need to do something on the health sector. No healthy nation will fail. If we are healthy, we will do a lot for this nation. So, I think this is consistent and it will even help other partners to help contribute to the effort of this major allocation. Again, I thank the Ministry for addressing some of the MDGs in her Ministry.

Mr. Temporary Deputy Speaker, Sir, the Minister has mentioned a number of areas in which money has been distributed. One of them is the gazettement of rural health facilities. Here, the Minister is actually encouraging what we have been doing using the Constituencies Development Fund (CDF) in our various constituencies. In my own constituency, we started with almost no facilities. There were only five health facilities, but we have now doubled them. These facilities need the legal framework backing. They need to be gazetted. Once they are gazetted, they should be catered for in terms of provision of medicines and personnel officers. Medicine should come from the Kenya Medical Supplies Agency (KEMSA) directly to them. I am glad that some of these facilities are being gazetted. I hope their gazettement will be accompanied with regular medical supplies. The Minister has said, in her speech, that almost every three months, there will be new allocations of additional drugs to the health facilities which have been gazetted. I hope this promise is kept and that it really works.

Mr. Temporary Deputy Speaker, Sir, the Minister distributed quite a number of ambulances to the various district and rural health facilities. I wrote to her about my own constituency. Her reply was that when they get the next lot, they would think of the rural health facilities. I plead with

her to provide us with an ambulance when they receive the next lot. This is something we also require because in my constituency, we also have rural-based sub-district health facilities, which require to be gazetted. Therefore, we should have ambulances serving the rural areas, so that they can move from one place to the other. As we all know, the road infrastructure in many areas in this country had really collapsed before the Ninth Parliament. I am talking about them with a lot of bitterness, because it has taken time for some of them to be repaired. Under these circumstances, the health facilities so created do not get proper attention because the patients cannot reach them in good time for health administration and drug prescription. So, under these circumstances, we need rural ambulances which can move from place to another ferrying patients and also distributing drugs.

Mr. Temporary Deputy Speaker, Sir, the Minister has talked about allocating some Kshs250 million in order to provide water in the health facilities.

QUORUM

Capt. Nakitare: On a point of order, Mr. Temporary Deputy Speaker, Sir. The House has no quorum. Even the Minister in charge of the Ministry of Health herself is not in the House. It is terrible! We are not talking to ourselves, but to the Minister and yet she is not in the House.

The Temporary Deputy Speaker (Mr. M'Mukindia): Yes, there is no quorum in the House. Ring the Division Bell.

(The Division Bell was rung)

The Temporary Deputy Speaker (Mr. M'Mukindia): Order! Order, hon. Members! We now have a quorum. Who was on the Floor?

Eng. Okundi: Mr. Temporary Deputy Speaker, Sir, I was talking about water and sanitation. The Minister has allocated Kshs150 million in this Budget for water and boreholes in the various health facilities.

(Loud consultations)

Please, protect me; there is a lot of noise from that corner.

The Temporary Deputy Speaker (Mr. M'Mukindia): Order, hon. Members!

Eng. Okundi: Mr. Temporary Deputy Speaker, Sir, I urge that these funds be used as much as possible, particularly, in areas where water is badly required. In each health facility which has been put up by the Constituencies Development Fund (CDF), you find that water, fencing and other facilities are essential in order to operate those health facilities. So, this is a good budget and I hope that it could be increased as we go along.

Mr. Temporary Deputy Speaker, Sir, regarding the medical training centres, hon. Members from South Nyanza agreed to contribute from each constituency Kshs500,000 per year, to help renovate, expand and improve these facilities. We are doing that and it is costing about Kshs5 million per year to assist each medical training centre. In Homa Bay, class rooms have expanded substantially and more facilities are being put in place. I would like to say that this is an effort which hon. Members have seen that they should do to give service to their people. What is required now is for the Government to counter-fund this initiative. I urge the Minister to look at this special initiative that we are undertaking down in South Nyanza in order to improve those training facilities as much as possible. I would be very happy if there was an allocation to this effect for the medical training centre in Homa Bay.

Mr. Temporary Deputy Speaker, Sir, Prof. Maathai talked about latrines in schools but I

would also like to say that such facilities also exist in such places like bus parks where many people use them. I would urge the Minister to ensure that the public health officers supervise and standardize health facilities in those public places. They should be maintained, supervised, respected and in operation.

With those few remarks, I beg to support this important Vote.

Mr. Wambora: Mr. Temporary Deputy Speaker, Sir, thank you for giving me an opportunity to contribute to a very critical Vote that caters for the basic needs. Both cure and prevention of diseases are basic needs. The Ministry has performed very well. It is one of the top performers. We have seen plenty of medical supplies even in CDF dispensaries. To us, that is very commendable. The Ministry continues to attract a lot of donor support which shows that they are doing well. However, the devil is in the details. There are several challenges which face the health sector. I want to look at them very fast. One of them is the health personnel.

We have seen a situation whereby the CDF has been used to facilitate the construction of health facilities like dispensaries, health centres and maternity wards. On the other hand, we have also seen trained paramedics in plenty. There is something very ironical about that. We have many trained paramedics and there is high demand for them and on the other hand they are unemployed. That is very ironical. We are told that, that was an International Monetary Fund (IMF) conditionality. So, when we had a chance to tour the IMF headquarters last year, we were able to meet Kenya's representative, who is very senior. Mr. Gakono is the Executive Director of IMF. He told us that, that is not true. There is nothing like IMF conditionalities in as far as employment of health personnel is concerned.

Mr. Temporary Deputy Speaker, Sir, I am still startled to see a situation where we have many trained people required in dispensaries, health centres and district hospitals but we cannot employ them. To me, that beats logic.

Mr. Temporary Deputy Speaker, Sir, we need more health personnel in our health facilities. Personally, I have used 24 per cent of CDF money for the last four years, in health, yet I am not capable of getting some nurses. I only need three nurses. That is, one nurse per health centre because already five have nurses. The truth is that I am going to get nurses this month but I need three more to cater for Nyagari, Kathari and Njeruri Dispensaries, built and equipped with the CDF money.

Another issue is the operationalisation of these primary health facilities like dispensaries. It is taking too long to gazette them. Very few of them have been gazetted. I do not know what the problem is. We need some action in this field. I have eight dispensaries completed, furnished and equipped with CDF money. They are operational but only two have been gazetted. I cannot put up any more facilities because of personnel problems. I have now stopped. I am now channelling my money to education and provision of water. But if I can be given personnel for the ones I have put up, I will be very grateful.

Mr. Temporary Deputy Speaker, Sir, the other challenge is in the field of equipment. Whereas we are able to fund equipment for dispensaries, we are not able to fund major health facilities like mortuaries. Runyenjes Sub-district Hospital has no mortuary. We have spent Kshs4 million to put up a modern beautiful mortuary but it has no equipment.

I am grateful to you, Madam Minister, because I understand mine is one of the nine which will be given equipment before September. I am happily waiting for you to hand over that equipment, as well as an ambulance for a very critical facility called Kanja Health Centre. It is the health centre where we have received funds for equipping that maternity wing from the European Union (EU). We have already spent Kshs1 million. I will allocate another Kshs500,000 next month to fund the maternity wing. All we need now is just an ambulance, because it is 30 kilometres from Embu Provincial General Hospital.

Mr. Temporary Deputy Speaker, Sir, I do not like crying all the time. Therefore, may I take

this opportunity to thank the Minister for posting a medical doctor to Runyenjes Sub-district Hospital. I wish to thank the Minister for allocating Kshs2 million for the completion of the theatre, and a further Kshs1.1 million for equipping it.

One of my first Questions when I was very new in Parliament in 2003, and the HANSARD will show, I asked the Minister: "What is required to upgrade Runyenjes Sub-district Hospital to a district hospital?" The answer was very candid and clear: What you need for Runyenjes Sub-district Hospital to be a full hospital is a doctor" I have one now. A theatre, which will be completed next month because there are funds. A mortuary, which the Constituencies Development Fund (CDF) has built. An MCH, which the Ministry has built. Now, all the conditions that the Minister had put have been complied with. The best thing the Minister can do is to now give Embu residents a gift in October, by upgrading that sub-district hospital to a district hospital.

With those few remarks, I beg to support.

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Speaker, Sir, I want to contribute to this Motion and congratulate my friend and her team in the Ministry. But, Mr. Temporary Deputy Speaker, Sir, I

before I say anything, let me make four concrete recommendations to the Ministry, following what we have been listening to this afternoon in the House. One, we need an extra hospital in Nairobi - an extra provincial or district hospital in Eastlands, somewhere near Dandora. That is where Kenya's population is in Nairobi - in Eastlands! That way, we will not punish those poor and low-income people by forcing them to travel all the way to Kenyatta National Hospital (KNH) and queue for two days, before they get services. We need an extra provincial or district hospital in Nairobi, somewhere near Dandora. In any case, land was already there, and some construction started in 1980s. But like all other *Nyayo* initiatives, it stalled. It is high time that, that hospital is built. That is my first recommendation.

My second recommendation is: We do not need to apologise for a comprehensive social health insurance law. A lot of things that have been said here today could be sorted out if that comprehensive social health insurance Bill, which has been passed by this House and taken to the President for assent became law. The President was put under pressure by private health providers and he did not sign that law. The Minister knows very well that when we had our discussions with the President, he was for the law. But those tycoons who run all those private health care institutions were against it, because they are big! They do not care about the small person!

Mr. Temporary Deputy Speaker, Sir, I would like to urge the Minister not to be faint-hearted. Let us have the comprehensive social health insurance law in this country and it will deal with a lot of problems that you are listening to. For example, somebody goes to hospital, he is treated and cannot pay the bill. He is detained in the hospital. If we had that comprehensive social health insurance law, that would be taken care of. People say that the poor cannot manage to pay Kshs10 a month to contribute to that Fund. Let us go back to colonial times. When people could not pay the hut tax, the colonialists made them do two, three or four days labour, *in lieu* of tax. That way, the money they would have earned from working is then paid as the tax. We can do that in this country! For one, a poor person in the rural area only needs to pay Kshs120 a year to contribute to that Fund. You know that Kshs120 today is one day's labour in Kenya. So, everybody would contribute to that Fund and then, the comprehensive social health insurance scheme will work!

Mr. Temporary Deputy Speaker, Sir, you know that all of us in this House contribute to NHIF. But we never make use of it. Why? Because it is our commitment to support the less fortunate Kenyans, because we can afford other forms of insurance. Now, if this kind of thing is done logically and sensibly, we shall deal with a lot of health problems in this country. That is my second recommendation.

Mr. Temporary Deputy Speaker, Sir, my third recommendation is: If you read the current issue of *The Economist*, you will realize that the idea of retiring people at 55 or 60 years is going out of date. It is now recommended that we should let somebody work until those he or she works for finds out that they are no longer productive. Age should not be the determinant of productivity! We know that there are many people at 25 years who cease to be productive, because they are on drugs! An old man of 70 years, who is health and exercising, can be very productive!

Therefore, Mr. Temporary Deputy Speaker, Sir, one of the things that the Minister should do - and that is my third recommendation - is re-hire retired nurses to work in the health facilities that have been established through CDF in the rural areas. Those nurses are very experienced. They are well trained. They are not in a hurry to loot anybody any more. They will work! For example, in my constituency, we have built 12 new health facilities through CDF. My policy was that nobody should be further than two or four kilometres from the nearest health facility. We have achieved it in Kisumu Rural Constituency! That is a World Health Organization (WHO) standard. Now, I am grateful that the Ministry has agreed to furnish and post nurses in those 12 health facilities. That is what I have been assured. By Christmas, we shall have all those facilities working! That is a partnership between CDF and the Ministry. Very soon, the Minister is going to get a letter from me requesting her to come over and open those health facilities to the glory of the Ministry and the Kenyan people. *Halelluya!*

Hon. Members: Amen!

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Speaker, Sir, my fourth point and recommendation, which is very important, is that in order to use NHIF, it must be seen as a source of domestic savings. If that Fund is seen as a source of domestic savings, this idea of getting the so-called "surplus" to invest in those buildings will not arise! Domestic savings, in a healthy economy, should be used for capital formation. If somebody, in his mind, thought that, that was capital formation, but did not do his internal rate of returns well, and we have an economist as the Permanent Secretary in the Ministry, my dear Hezron Nyangito, then, of course, they did not consult the Permanent Secretary. If you want to use that fund as a source of domestic savings, you will not foolishly invest it in land which is not going to be productive for ten years. You will put it into something that is going to earn interest with sound internal rates of return!

So, Mr. Temporary Deputy Speaker, Sir, I do believe that if we had that perspective of how to use both NHIF and National Social Security Fund (NSSF)--- When I was the Chairman of Public Investments Committee (PIC) in 1994/1994, we recommended that! So, it is something that should be in the knowledge computer chip of the Government. In this day and age, to hear something like that being done by NHIF is extremely unfortunate!

Mr. Temporary Deputy Speaker, Sir, the other issue which I wanted to raise with the Ministry, and this is my fifth point, is why the Government of Kenya does not control the price of drugs in private pharmacies. I lived in Addis-Ababa in the 80s - between 1984 and 1986. If you go there even today--- You better fall sick in Addis-Ababa and not in Nairobi because drugs are very cheap there. The Government has a policy. Pharmacists and drug stores are not allowed to charge above a certain threshold for drugs because generics are available!

They should substitute if those other drugs are too expensive. It is becoming too expensive for people to buy drugs in this country. There must be a policy. You cannot allow the area of health to the so-called "free market". A free market is a very poor allocation of resources if it is left untamed. This is known even in developed countries. In this country, pharmacists are getting away with murder. Definitely! Now the Government has done a good thing of providing basic drugs like anti-malaria drugs and so on, for free, but we should review our whole drugs policy in this country and make sure that when Kenyans fall sick and go to a drugs store, by all means, they afford the drugs.

Mr. Temporary Deputy Speaker, Sir, my last point, which I want to recommend to the Ministry, is that we have universities. Thank God, we have many universities now, but we need more. As an hon. Member said this afternoon, these universities should, really, help us train preventive health care personnel. These are people who do not require too long of a training. These could be former teachers or former civil servants who can be taken in for a six-month course in public health care or preventive health care, and then be used in our dispensaries and so on, because if we got it right in terms of preventive health care, we would not be needing so many drugs in our economy. The basic thing is to get preventive health care right, and personnel. Fortunately, it is not very difficult to train people to help us get our preventive health care system right. We had better partner with universities in this county to get the personnel we need. It is cheap, it is doable.

With those remarks, I beg to support.

The Assistant Minister for Housing (Mrs. Tett): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to this debate.

One of the most important investments of any Government in any country is good health care. When one is sick, one cannot attend to any activity. One's productivity is nil. Students miss school. Civil servants fail to report to work. If a country has sickly people, it cannot progress. Even when mothers are sick they cannot fend for their children. That is why we should commend the Minister and her team. They have, really, come a long way. We can remember those days when health services were nil in this country. In those days, there were no medicines in this country. I am glad that we have a Minister who is mindful of the welfare of the people of this country. I am also very happy because the Minister happens to be a woman.

Mr. Temporary Deputy Speaker, Sir, I would also like to commend her for the recent waiver of maternity fees in public health centres. Unfortunately, she did not touch hospitals like Pumwani Maternity Hospital. I know that, that hospital falls under the management of the Nairobi City Council. Some mothers are detained for non-payment of hospital bills for a long time. A case in point is a woman by the name of Immaculate Wanjiru, who has been there since 12th June, 2007. Her bill has accumulated to Kshs23,000. She is there even today. I do not see the logic of retaining that woman there, given that the amount payable to the hospital in respect of her bill increases every day.

We need to have a subsidy for such very poor patients. It is not their wish that they stay in hospitals with their babies. It is because of the reigning poverty level. We should touch the "heart" of this Ministry, so that it can provide some little money to those institutions which deal with very poor people, and make sure that they do not detain mothers. Previously, the World Health Organisation placed Kenya among the countries with the poorest access to health services record in sub-Saharan Africa. That organisation is now thinking twice. I do not think it will ever again place us as far down as that.

Mr. Temporary Deputy Speaker, Sir, the marked decline in HIV/AIDS infection rate is very commendable. Previously, ARVs were unaffordable. People used to die early, because ARVs were very expensive. The Government has now made it possible for people infected with HIV/AIDS to access ARVs. That is why people are happy with this Ministry.

The Government has rehabilitated all the clinics that were run down. I remember a lot of clinics in Nairobi, which were vandalised. They have now been rehabilitated and are providing medicines and health care to our people. We never used to have ambulances before but we now have a few ambulances. I know that in Nairobi, we have about four ambulances. We need more ambulances, especially in the rural areas.

In her speech, the Minister mentioned that she is going to make sure that we have medical equipment such as X-Ray machines, *et cetera*. Previously, patients used to be referred to

Nairobi from the rural areas for services like X-Ray. Today, if you go to your district hospital or the local dispensary, you will find that there are X-Ray facilities, and other such facilities.

The malaria index has also gone down. It used to kill a lot of our people, especially children. Our hospitals are now equipped. People are not dying as much as they used to. That is what we are saying is so important. Health comes before anything else. You can lie on a golden bed but if you are sick, it is nothing because you cannot continue with your daily routine. Health is so important to both children and adults.

Mr. Temporary Deputy Speaker, Sir, it is now 20 years since the discovery of HIV/AIDS, and life has not been flowery. I would, therefore, like to ask the Ministry to put more money into research, so that we may come up with a vaccine against HIV/AIDS infection. Imagine that Kenya discovered such a vaccine! Some of the researchers involved in such programmes are home-grown. I know that they have carried out four HIV/AIDS vaccine trials. I think we should put a lot of money into research. You know that we have the anti-Polio and the anti-Small Pox vaccines. Why can we not have an anti-HIV/AIDS vaccine? If Kenya finds her own anti-HIV/AIDS vaccine, it will be fantastic.

We should also create a fund for a campaign to sensitise women on diseases like cervical cancer. At the moment, there is a vaccine against cervical cancer. Almost 500,000 women suffer from cervical cancer, and 1,500 of them die of the disease every year, yet a vaccine to prevent the disease is available. We need to launch an awareness campaign, so that our women can know about this disease and the vaccine. Even I learnt of the existence of such a vaccine when we had a *kamukunji* here only the other day, during which people talked about it. I never knew of its existence previously. So, we need to alert our people on what is available.

Mr. Temporary Deputy Speaker, Sir, I am happy because the Minister for Finance has waived duties on medical equipment. That is a laudable move. That will serve as an incentive to hospitals to buy equipment. It will be very good to get the equipment, even if it is the private companies that bring them duty free. We need to bring medical services closer to the people. I am talking about rural areas where we need more mobile clinics. Many times, we see men and women being carried on wheelbarrows to medical centres. If it is possible, mobile clinics should be stationed in villages once a week. That would be a very good move. That way, we can prevent diseases at the very early stages, for example, papsmear for women. In the villages, they hardly get those things. They do not even know how to feel their breasts if they have cancer. If we bring those facilities next to the people, we can prevent many diseases.

Mr. Temporary Deputy Speaker, Sir, when politicians take medical camps to villages, very many people flock there. That is because they do not have those facilities. I think if we do that, we will save a lot of money. We will cure those diseases at their earlier stages.

Mr. Temporary Deputy Speaker, Sir, I would like to say again that this Ministry have done very well. But it has a long way to go because there is a lot to be done. It needs a lot of money.

With those few remarks, I beg to support.

The Minister for Justice and Constitutional Affairs (Ms. Karua): Thank you, Mr. Temporary Deputy Speaker, Sir. I rise in support of this Motion. I want to begin by congratulating the Minister and her team for a job well done.

Mr. Temporary Deputy Speaker, Sir, looking back at the last four and half years, this Ministry has covered a lot of ground in terms of making health services accessible to Kenyans. At this moment, we know that every Kenyan can avail themselves malaria drugs, drugs for tuberculosis (TB), anti-retroviral drugs (ARVs) and now, maternity fees have been waived in health centres and dispensaries, which is the level that most people are able to reach health services. The availability of drugs and access to health services through the many dispensaries that have been taken over by this Ministry and built by Constituencies Development Fund (CDF) have

all contributed to making health services more commendable.

We need to appreciate the fact that, we are a country that has suffered from self neglect for many years. It is not possible to cover all the lost ground in four and half years. If we do remember that, then we will appreciate more the steps that this Ministry has been able to accomplish. I want to suggest to the Ministry to consider abolishing the many levies that are in district hospitals. We appreciate that in the dispensaries and health centres, people pay Kshs10 and Kshs20, respectively, which is not so much a bad thing to access health services. But in the district hospitals, there is a levy of Kshs50. Thereafter, when drugs are prescribed, according to how many types have been prescribed, one may end up having to pay another Kshs300. That is because for each drug prescribed, for instance, at the Kerugoya District Hospital, one has to pay Kshs100. Therefore, it means that if you have three types of drugs, you pay a total of Kshs300, and the Kshs50 before prescription. An amount of Kshs350 is a bar to access to many people. Since there are certain services not available at the dispensaries and health centres, that militates against access to health. I would request the technocrats at the Ministry to quickly calculate how much money, by way of Appropriations-In-Aid, is made by the Ministry through those levies. If you find that it is negligible, kindly recommend the abolishing of those levies except, maybe, the access fees, which should not be much. That way, people can avail themselves those services.

Mr. Temporary Deputy Speaker, Sir, in my view, private hospitals have become very expensive because there is no universal access to health. If access is availed to every Kenyan, private hospitals will have no option but to bring their charges down.

I also believe, like other Members who have contributed, that it is very vital that this Ministry, and my colleague the Minister, brings back the National Health Insurance Bill, so that we can discuss the Presidential Memorandum. That way, we can have a phased out implementation of that law. Otherwise, if we let this year go before parliament discusses it, we will be killing a very noble initiative of this Ministry. We appreciate the reasons that caused the Bill to be returned to the House. It is not the lobbying by big medical firms. Anybody who is saying that is just being sensational and relying on propaganda. We all know that it was the state of our economy which was found not to be strong enough to have the universal application at once. Now that our economy is picking up, it is possible for the Minister to recommend to the House a phased out implementation of that very good law. We could start with the clause that already compulsorily subscribes to national health insurance, and make it optional for other categories, or give a phased out implementation. That is one Bill that when it becomes law, will help every Kenyan to access health services. I know that it is not necessary to even harass anyone to pay for that. Once people see that they can get health services by paying a paltry sum of money, we know that most people will find it easier to save. When we go to our constituency offices, the bulk of the people we see, half of them have health problems and the other half lacks money for such small basic services like X-Rays and prescription drugs, when they are over Kshs1,000. We urgently need that Bill to come back to Parliament, Madam Minister, and we will give it all the support. We think that even the Treasury will be more supportive, now that our economy is picking up. I notice that the health budget has almost doubled, which truly indicates that the economy is not doing badly.

Mr. Temporary Deputy Speaker, Sir, I want to draw the attention of the Minister and the Ministry to what happens in Cuba. I visited Cuba last year. Cuba, in my view, has the best universal health service where each cluster of 100,000 people has a doctor, several clinical officers and health nurses. The records of each person are maintained by that doctor from life to death. Cuba is one of the countries with the highest life expectancy of 87 years. Its life expectation is higher than that of America. It is a country with very many smokers because it produces cigars. Yet, they are able to have long life because of advanced health services.

Mr. Temporary Deputy Speaker, Sir, with the amount of money that we are committing to

health services, with increased efficiency in the use of our finances, we can equip our dispensaries and sub-district hospitals to the level that people do not have to troop all the way to Nairobi or Eldoret to referral hospitals for services that can be availed at the constituency level. Cuba's health centres are called poly-clinics. Poly-clinics have every imaginable machine. They also have theatres. They emphasize more on preventive health services than curative. You use less money to buy equipment to help you in the preventive stage, more than the curative stage.

I am inviting the Minister and the Ministry to consider having the necessary equipment to help our constituents with preventive health services, especially of the reproductive system. We know that many women are dying of cervical cancer and breast cancer where early screening could have helped them. Men are also afflicted by prostate cancer, among others, and yet early screening and detection would help them to have a healthier and long life. We are asking that these facilities be provided at the district level. It may appear to be a lot of money, but in the long run, we will save money by emphasising on preventive rather than curative.

Mr. Temporary Deputy Speaker, Sir, I want, once again, to commend the Ministry and ask them to look into the issue of absorbing more of the trained health personnel, who are currently not on the job. I am sure they will be doing that because of the many health centres that they have taken over. I want to encourage them to continue, but to remember that we must complete the National Health Insurance Bill. We must discuss the Presidential Memorandum before the end of this Parliament.

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

The Assistant Minister for Local Government (Mr. Muchiri): Mr. Temporary Deputy Speaker, Sir, I beg to support this Motion. Right from the onset, I would like to underscore that health facilities, or health, generally, is a very important aspect in any society. I perceive health to be even more important than any other sector that we, perhaps, vote money for in this House. Fair enough, education is as important, but in my own mind, health is very important. I want to urge that the Ministry of Health, from now on, be treated as a very essential Ministry. I believe that if you are not in good health, you cannot go to school or work. You cannot even eat if you are not in good health. I, therefore, want to take this early opportunity to underscore the importance of health in this country. It is incumbent upon this Government, which I am part of, to ensure that in future enough money is voted to this Ministry because there is quite a bit in the Budget now.

Mr. Temporary Deputy Speaker, Sir, I come from an area where health facilities are dotted here and there. To access a district hospital in my constituency, people have to go about more than 35 kilometres. I would like to add my voice to the suggestion made by hon. Betty Tett that there be mobile clinics. I would like to say that we should have visiting doctors. It will be a very good idea if a trained doctor would be able to visit several clinics in a week. Some of those dispensaries are being manned by nurses and clinical officers. If a fully trained doctor would visit some of these clinics, maybe, on a weekly basis, we would add value to the health services in the countryside.

Mr. Temporary Deputy Speaker, Sir, I know that the Ministry is in charge of the Public Health Act. I am the Assistant Minister for Local Government, and I know that public health officers have relaxed too much. We want to make sure that our towns are clean. We want to make sure that the drainage systems, including trenches are clean. However, I think that Public Health Officers are relaxing. They are in slumber. I visited an upcoming township called Wanguru in Kirinyaga District. That township is so big and yet there is no order there in terms of drainage and so on. We would ensure that refuse and water from the kitchen and toilet waste are directed to the right place. That is very important because if some of these things are not done or enforced, then we will not be dealing with preventive, but curative health care.

I would like to underscore the provision of toilets in schools. This is one area that we have

really forgotten. We need clean toilets in schools. Since I am from the Ministry of Local Government, I would like to urge that local authorities to provide toilets along the highways. I get a bit perplexed when I find people from a bus running to the bush to relieve themselves because there is no toilet nearby. It may sound very simple, but this is a very important attitude that we need to cultivate in our society. So, I would like to urge local authorities to start thinking about building toilets along the highways so that people are not inconvenienced wherever they pass through.

Mr. Temporary Deputy Speaker, Sir, I am glad that the attitude of nurses in our hospitals is changing. It used to be very bad to the extent that some of the staff were not serving the society, but that attitude is changing and it is an achievement for the Ministry. I hope that there will be that revival, that is, the nursing care, attitude and language should keep on changing so that our people can feel good. Anybody who is sick must be treated with a lot of care. I want to congratulate the Ministry for changing that kind of attitude.

Mr. Temporary Deputy Speaker, Sir, I would like to underscore the importance of specialised machines in our district hospitals. I come from Nyandarua North District where we use Ol Kalou District Hospital and Nyahururu District Hospital. However, our people keep on running to Kijabe Hospital or North Kinangop Private Hospital because certain machines are not available in Nyahururu or Ol Kalou. I noticed that the Ministry, this year, is providing Kshs1.1 million in each of our hospitals. That may not be enough. Our people go to Kijabe Hospital and North Kinangop Private Hospital because of lack of specialised machines in Nyahururu District Hospital and Ol Kalou District Hospital. If that was done, we would not have to spend a lot of money in some of these private hospitals, which are very expensive to our people.

Mr. Temporary Deputy Speaker, Sir, coming back home, we have Ndaragwa Health Centre. We would wish that it be upgraded to a sub-district hospital because we now have a maternity wing and through the Constituencies Development Fund (CDF), we are building a ward. That particular hospital can relieve Nyahururu District Hospital of the many patients that it has. Nyahururu District Hospital serves Ndaragwa, Ol Kalou and Laikipia West constituencies. If we could upgrade Ndaragwa Health Centre, we will be able to off-load the patients that go to Nyahururu District Hospital.

Mr. Temporary Deputy Speaker, Sir, as I support this particular Vote, I would like to thank those who have set up private hospitals, but they should not charge exorbitant fees. I think the Ministry has that responsibility to ensure that we have value for our money in the private hospitals. I know that they are coming up. For instance, we have Nyahururu Private Hospital and many others. They are doing a good job, but I do not want to see the private hospitals getting even more crowded because we do not have facilities in the Government hospitals. Whereas we supplement what the Government is doing, the whole question of good health and availability of facilities is not the preserve of the rich only. We, in Government, must now see the whole reason that if we improve the state of our hospitals, the poor will be able to access health facilities just like the rich who access them in private hospitals.

Mr. Temporary Deputy Speaker, Sir, the whole question of bringing health facilities nearer to people is very important. The fact that we have built dispensaries and health centres using our CDF money, is even something that has created the need for more facilities. However, we want those particular dispensaries and health centres to be given personnel. For example, we have just completed building a maternity wing in a health centre called Shamata in my constituency. We now need to open it. Soon or later, I will be asking the Minister to visit that particular area so that she can open that particular health centre.

Mr. Temporary Deputy Speaker, Sir, as much as we want administration and local government services to be nearer to the people, we would like also to see health services nearer to them. At least, each sub-location should have a well-manned dispensary. That is the minimum we

should go for.

Mr. Temporary Deputy Speaker, Sir, I thank the Ministry because there are drugs in our hospitals, clinics and health centres. This is because of the good management by the Ministry and the Government. This is something that should continue, so that our people can feel that they are in a different era where drugs are available in our health facilities. However, there are some drugs that some people in this country buy everyday. We need to make them cheaper for our people.

Mr. Temporary Deputy Speaker, Sir, the Government is now giving free HIV/AIDS drugs to our people. It is fairly cheap now because the Government is subsidising them. We must now go on and subsidise other drugs that are used regularly by our people. For example, there is need for us to subsidise diabetes and hypertension drugs. We do not want to hear that in a particular hospital there is no insulin. If there is no insulin in a hospital, patients will come to us to buy for them. I am glad that the Minister for Justice and Constitutional Affairs said that those are some of the cases we receive in our constituency offices. They are cases regarding people who cannot access good facilities in hospitals and those requiring theatre services and the rest of it.

Mr. Temporary Deputy Speaker, Sir, generally, we, as a country, have done well in this regard. However, there is still room for improvement. If we provide enough money to this Ministry, all will be well.

With those few remarks, I beg to support.

Maj-Gen. Nkaiserry: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Vote.

Mr. Temporary Deputy Speaker, Sir, I would, first of all, like to congratulate the Minister for putting a ban on smoking in public places.

Mr. Temporary Deputy Speaker, Sir, I would like to ask the Ministry to tell us what they are doing with the Kshs5 billion that has been set aside by the Global Fund in relation to health services. As we realise, Constituency Aids Control Committees (CACCs) are dead. The Ministry is no longer supporting them. I want to know why. This is an initiative that was started by this Government when it came to power. However, now it is no longer there.

Mr. Temporary Deputy Speaker, Sir, I would like to be told what the role of Kenya Medical Research Institute (KEMRI) is. KEMRI has been in existence for so many years. What has it done in terms of innovation and production of vaccines? We remember the KEMRON issue. What happened to KEMRON? We still have the HIV/AIDS pandemic in this country. Was it not the issue of consuming money?

Mr. Temporary Deputy Speaker, Sir, I am contributing in form of questions. I would like the Ministry to tell us the ratio of doctor to patient. What is the Ministry doing to alleviate or mitigate this ratio? These are the issues which the Government must address. We did not come here just to talk and praise people. I mean, people are here, congratulating the Minister. Why do you congratulate someone who is earning a salary? That is her job! You cannot congratulate somebody who is working. We do not want to bring sycophancy in this system.

Mr. Temporary Deputy Speaker, Sir, I would like to be told the issue of---

*(Messrs. Wamwere and Wambora went
to consult Ministry officials)*

The Temporary Deputy Speaker (Mr. M'Mukindia): Order, hon. Members! I would like to draw the attention of Messrs. Wamwere and Wambora, that staff members of the Ministry of Health are here to listen to contributions of by Members on the Floor. They are not here for private consultations! If you wish to consult them, you know where their offices are! But for the purpose of the debate, it is important for them to listen. So, please, desist from taking their attention from what

hon. Members are saying!

Maj-Gen. Nkaisserry, please, proceed!

Maj-Gen. Nkaisserry: Mr. Temporary Deputy Speaker, Sir, the other question that I would like to put to the Minister and the Ministry is: What is the purpose of hospitals retaining dead bodies when, maybe, the families of the dead are not able to pay the outstanding medical bills? Equally, what is the point of retaining patients in hospitals because they cannot pay medical fees? I think this is an issue which we need to address.

Mr. Temporary Deputy Speaker, Sir, I would also like the Minister to address the issue of the National Hospital Insurance Fund (NHIF). I am sure she did her best to draft a Bill concerning the NHIF, but it is the Government which killed it. However, what action is she taking to ensure that Kenyans benefit from this Fund?

Mr. Temporary Deputy, Sir, I understand that Kenyans consume 12 million condoms on monthly basis. However, what is the Ministry doing to also help people living in rural areas, so that they do not continue to contract this dreadful disease? I would like the Ministry to go down to the rural areas, in order to find out whether these condoms are reaching the people there.

Mr. Temporary Deputy Speaker, Sir, I would like to commend the Ministry for supplying the Anti-Retro Viral drugs. However, I would like it to support the district hospitals. They should be independent. They should have equipment which can test deadly diseases, so that we reduce the congestion at Kenyatta National Hospital.

I would like to recommend to the Ministry that each division should have a sub-district hospital. It is possible to set up these district hospitals, since the Government is collecting so much revenue. This will alleviate the congestion at the Kenyatta National Hospital.

Mr. Temporary Deputy Speaker, Sir, the other thing that I would like the Ministry to look into is the exorbitant fees charged by doctors. This is killing Kenyans! It is important that a law is put in place to govern this aspect.

The other issue that I would like the Ministry to address is mortuaries. It should set up mortuaries in all hospitals and dispensaries. Equally, the local councils should, actually, set aside plots for cemeteries, so that we do not have to take the bodies of dead people to homes. I think we should now encourage a culture where people are buried as soon as they die. So, the issue of cemeteries is very critical.

Mr. Temporary Deputy Speaker, Sir, the other issue which is critical is water in our medical facilities. There is no point in having a hospital without water. This is an issue which must be addressed. If we do not have water in our hospitals, we will continue creating conditions where diseases are passed on from one patient to the other.

We have put up so many hospitals and dispensaries. When this Government came to power, it promised to employ 500,000 people every year. Now, we have a shortage of less than 10,000 members of staff in the Ministry. I would like the Minister to ensure that, at least, all the medical facilities have enough staff.

Mr. Temporary Deputy Speaker, Sir, finally, in my constituency, I have put up 14 dispensaries using the Constituencies Development Fund (CDF). I would like to request the Minister to ensure that all the 14 dispensaries are staffed. If she does that, that is when I can congratulate the Ministry for doing a good job.

With those few remarks, I beg to support.

ADJOURNMENT

The Temporary Deputy Speaker (Mr. M'Mukindia): Hon. Members, for the convenience of the House, since there is only one minute left, it is now time for the interruption of business. The

House is, therefore, adjourned until tomorrow, Wednesday 1st August, 2007, at 9.00 a.m.

The House rose at 6.30 p.m.