

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 28th July, 2009

The House met at 2.30 p.m.

[Mr. Speaker in the Chair]

PRAYERS

PAPERS LAID

The following Papers were laid on the Table:-

Report of the Departmental Committee on Education, Research and Technology on the examination of the Printed Estimates for the year 2009/2010 for the Ministry of Education, Vote 31 and the Ministry of Higher Education, Science and Technology, Vote 43.

(By Mr. Koech)

Report of the Departmental Committee on Lands and Natural Resources on the scrutiny of the Annual Estimates for the Financial Year 2009/2010 for Vote 20 – Ministry of Water and Irrigation, Vote 21 – Ministry of Environment and Mineral Resources, Vote 36 – Ministry of Lands and Vote 55 – Ministry of Forestry and Wildlife.

(By Mr. Musyimi)

QUESTIONS BY PRIVATE NOTICE

COST OF PATCHING UP MAILI TATU-LAARE-MUTUATI ROAD

Mr. M'Mithiaru: Mr. Speaker, Sir, I beg to ask the Minister for Roads the following Question by Private Notice.

(a) What is the total cost of the contract for the on-going patching up of potholes on the Maili Tatu-Laare-Mutuati Road?

(b) What is the identity of the contractors as well as the amount they have been paid to date?

(c) Could the Minister table the contract documents as well as the certificate of registration of the contractors?

(d) In view of the shoddy work done, could the Minister undertake to withhold payment until the contractors have done the job satisfactorily?

The Assistant Minister for Roads (Dr. Machage): Mr. Speaker, Sir, I beg to reply.

(a) The total cost of the three contracts for the patching up of potholes on the Maili Tatu-Laare-Mutuati Road is Kshs8,600,480.

(b) I wish to identify the three contractors on that project and the amounts paid to them to date as follows:-

(i) Capren Investment Company Limited – Kshs5,994,980.

(ii) Sivad Enterprises Limited – Kshs1 million.

(iii) Maua Works Construction Limited – Kshs1,605,500.

(c) I wish to table the extracts of the minutes of the District tender Committee held on 8th and 21st April, 2009, as well as the Local Service Orders and the letters from the Chief Engineer, Roads, confirming registration of each of the contractors.

(Dr. Machage laid the documents on the Table)

(d) The project involved limited patching works to address the deteriorating condition of the road. However, new potholes have since developed on some sections of the road. The contractors have been instructed to patch up the additional potholes. Payments cannot be withheld because the contractors have already been paid.

Mr. M'Mithiaru: Mr. Speaker, Sir, the Assistant Minister has tried to answer the Question. However, that is an 18-kilometer road with three contractors on site. The contract was split up to defeat the threshold of competitive bidding and, hence, the shoddy work that was done. The Assistant Minister has not answered Part (d) of the Question. The payments were made upfront, even before the works started.

The Assistant Minister has never been on the ground to know what is happening. But that is exactly what happened. How can potholes start developing on a road even before the construction work is completed?

Dr. Machage: Mr. Speaker, Sir, the hon. Member is correct. The three contractors were awarded a contract to do a very short stretch of road. However, that decision was taken by the District Roads Committee (DRC), where he is a Member. So, he should be able to tell us why his Committee did that.

Mr. Bahari: On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead the House that the DRC, where the hon. Members sits, awards contracts? Members do not do that. It is the Executive arm of the Government that does that.

Dr. Machage: Mr. Speaker, Sir, the DRCs have a lot of powers. I wish to inform Members of this House that DRCs actually award contracts on specified roads. That is an example where the contracts were awarded on the powers of the minutes of the DRC. Secondly, I also note that potholes started forming immediately the contractors finished patching the road. That raises concern, not only to the hon. Member, but to me as the Assistant Minister. I intend to visit that road very soon.

Mr. Lekuton: Mr. Speaker, Sir, potholes on our roads have caused many accidents and deaths in the country. Is the Assistant Minister in a position to supervise the quality of the work done by the contractors and their track records before they are awarded the contracts? He seems to be going round in circles.

Dr. Machage: Mr. Speaker, Sir, it is true that a few companies have confirmed their inability to construct roads in this country. Any company that has been given some

work and has either done a shoddy job or has not completed the work in good time will not be awarded any other contract. We are concerned, especially so because, most of those companies are locally owned. My concern is that we are losing a lot of business to multinationals. I wish the local companies could pull up their socks.

Mr. Njuguna: Mr. Speaker, Sir, time and again, Members have talked about the quality of the work being carried out on our roads. The Assistant Minister has admitted that the contractors did a shoddy job on that road. What measures will he take against those contractors?

Dr. Machage: Mr. Speaker, Sir, as an Assistant Minister, I rely on the technical information from the engineers. I may not be able to take any action against those contractors because they did the work they had been told to do. They were contracted to patch an already dilapidated road. Just because new potholes have formed after they patched the old potholes does not make them inefficient.

Mr. Mungatana: Mr. Speaker, Sir, there is a tendency in this country, particularly in remote areas like Laisamis and Garsen constituencies, the contractors tend to do extremely poor quality jobs. That is not something that the Assistant Minister can solve by merely visiting those areas. In the Hola-Garsen Road, you will find that it is being constructed and yet, other things are going wrong along the same road. What measures, particularly in the remote areas, is the Assistant Minister putting in place to ensure that those roads are constructed to the required standards?

Dr. Machage: Mr. Speaker, Sir, we have noted that anomaly, especially in the far flung areas of this country. We are more diligent and we have focused more on those roads. We have put more strict supervision and inspection measures and I believe that shoddy works will be a thing of the past.

Mr. M'Mithiaru: Mr. Speaker, Sir, the Assistant Minister has admitted that the contractors have fully been paid. He has said that he will approach the contractors to re-do the work. At the same time, he has said that there is nothing he can do about the contractors because the work has been done. Is he incapable? Is he a hostage of the contractors? Public money has gone to waste, a shoddy job has been done and the Assistant Minister cannot do anything to the contractors.

Dr. Machage: Mr. Speaker, Sir, no, I can never be a hostage to the contractors. I can only be a hostage of the contract that they signed. If they have completed doing what they specifically signed to do, then I am a hostage of that.

SHOOTING OF MR. JOB BAGETO ONG'ERA
BY POLICE OFFICERS

Mr. Nyambati: Mr. Speaker, Sir, I beg to ask the Minister of State for Provincial Administration and Internal Security the following Question by Private Notice.

(a) What are the circumstances surrounding the shooting and subsequent death of Mr. Job Bageto Ong'era of Gesima Location, Kitutu Masaba on 22nd May, 2009, at Ikonge in Nyamira District?

(b) What specific action has the Government taken to ensure that the police officers responsible for his death are arraigned in court?

(c) Could the Minister give an update of the investigations and indicate when the Government will compensate the family of the deceased?

(d) How many persons have lost their lives in the country as a result of shooting of passengers by police officers in the last 12 months?

The Assistant Minister, Ministry of State for Provincial Administration and Internal Security (Mr. Ojode): Mr. Speaker, Sir, I beg to reply.

(a) The deceased, Job Bageto Ong'era of Gesima Location, Kitutu Masaba District, could have been shot by the police while attempting to deflate the tyres of a fleeing suspected vehicle, registration No.KBH 189J, Toyota *Matatu*, in which he was a passenger therein. Upon an intelligence report, the police officers had been informed that the vehicle registration No.KBH 189J, a Toyota *Matatu*, was being used to transit illegal bhang prohibited under the Narcotic Drugs and Psychotropic Substances Control Act No.4 of 1994, Laws of Kenya.

(b) Investigations into the incident to establish the cause of death commenced immediately and an Inquest File No.13/2009 was opened by the District Criminal Investigation Officer (DCIO), Nyamira. The ballistic evidence will indicate the exact gun that exited the fatal bullet. The specific officer will be arraigned in court immediately.

(c) The inquest file was forwarded to the Attorney-General for advice vide DCIO, Nyamira, letter, reference No.CID/C/CRI/7/7 Vol.5/172 dated 26th June, 2009. The file was returned to the DCIO vide Attorney-General's letter reference No.AG/KSI/CR/12/2009/510 dated 30th June, 2009, for further investigations and later resubmitted to the Attorney-General vide DCIO, Nyamira letter reference No.CID/C/CRI/7/7/Vol.5/183 dated 7th July, 2009, after the points raised by the Attorney General were covered. The file is awaited from the Attorney-General for action.

The issue of compensation is upon the court's discretion after having considered facts and evidence before it.

(d) No innocent passengers have lost their lives as a result of shooting by the Kenya Police in the last 12 months.

Mr. Nyambati: Mr. Speaker, Sir, I thank the Assistant Minister for the detailed answer. However, I would like to know from him when we will get the ballistic results so that we can know whether the bullet was from the police or another quarter. This is because it is my concerted believe that the gunshot must have come from the police.

Secondly---

Mr. Speaker: Order, Mr. Nyambati! It is Question Time. You should ask one question at a time for supplementary questions!

Mr. Ojode: Mr. Speaker, Sir, we are also concerned with this incident. We asked the police to fast-track investigations in order for us to know the gun that fired the bullet that killed this person. We will relay the information to Mr. Nyambati within a week or three weeks after the ballistic expert identifies the gun that was used in this case.

Mr. Olago: Mr. Speaker, Sir, the number of times that the Assistant Minister has told this House that files have been forwarded to the Attorney-General's Chambers for advice are becoming too many. The procedure for holding public inquest is being misused by the police. Every time there is a shooting incident and Kenyans die, the police do not conduct full investigations. Files are forwarded to the Attorney-General's Chambers with incomplete statements and the result is that the Attorney-General orders that the files be closed. What is the Ministry doing to ensure that before files are submitted to the Attorney-General's Chambers, full and proper investigations are conducted and evidence is adduced?

Mr. Ojode: Mr. Speaker, Sir, that is a very good question. Mr. Olago is a lawyer by profession and he knows that there is no way we can act without getting advice from the Attorney-General. In any case, if Mr. Olago wants to fast-track this case, he should amend the law so that we can take action without necessarily referring to the Attorney-General.

Mr. Mungatana: Mr. Speaker, Sir, whenever there is suspicion of police involvement in the shooting of innocent citizens, we are always given amazing answers that the same police station is investigating the same police officer. What is the Assistant Minister doing to establish a special unit that will investigate this police officer? It is wrong and will never yield any results to send the same---

Mr. Speaker: Order, Mr. Mungatana!

Mr. Mungatana: Mr. Speaker, Sir, what is the Assistant Minister doing to correct that anomaly?

Mr. Ojode: Mr. Speaker, Sir, it is, indeed, true that it will not be possible for us to get something concrete from the same police officer who was involved in such an incident. That is why we established a task force to look into reforms in the police force. Who knows? We might include that proposal so that the same policeman should not be an investigating officer.

Mr. Mwangi: Mr. Speaker, Sir, I think I am astonished by the answer given by the Assistant Minister. The issue is very clear; that the police cannot investigate themselves. Does the Assistant Minister require a new law to get an independent body to investigate these cases all over the country?

Mr. Ojode: Mr. Speaker, Sir, I have accepted the anomaly. I have said that we have made some of those proposals to the task forces.

Mr. Speaker: Order, Mr. Assistant Minister! The question is straight forward. Do you require a new law?

Mr. Ojode: Mr. Speaker, Sir, we do not require a new law on this case. We will allow police officers from other divisions to be assisted by those who are on the ground in order for us to know where the truth lies.

Mr. Ochieng: Mr. Speaker, Sir, could the Assistant Minister confirm or deny that there is a go-slow in the police force and that is why they delay investigations?

Mr. Ojode: Mr. Speaker, Sir, there is no go-slow that I am aware of. In any case, the police officers are doing a wonderful job. As I speak here, criminal activities have gone down even in towns. I would like to inform my colleagues that, as a department, we will release even the General Service Unit (GSU) officers to patrol the streets of Nairobi and the estates in order to bring down criminal activities. So, as I speak here, there is no go-slow and my officers are doing a wonderful job.

Mr. Speaker: Last question, Mr. Nyambati!

Mr. Nyambati: Mr. Speaker, Sir, whenever there are incidences of shooting by the police, they normally come up with flimsy excuses. There have been a lot of shootings in my constituency and people have died. Could the Assistant Minister table in this House evidence showing that the vehicle was carrying bhang as he has said?

Mr. Ojode: Mr. Speaker, Sir, that appears like a different Question. However, the information we have is that the vehicle was impounded together with the occupants. That vehicle is still at Nyamira police station. The rolls of bhang which were found in the vehicle and are at Nyamira Police Station will be used as exhibits. Once the officer who

shot this fellow is arrested, that will be adduced in court as evidence. That is the time the hon. Member will know that it is, indeed, true that the vehicle was carrying rolls of bhang.

ORAL ANSWERS TO QUESTIONS

Question No.150

BOUNDARY DISPUTE BETWEEN POKOT AND TURKANA COMMUNITIES

Mr. Ethuro asked the Minister of State for Provincial Administration and Internal Security:-

- (a) if he could confirm that there is a boundary dispute between the Pokot and Turkana communities living along the common boundaries of Lorogon, Kainu and Kapedo which has caused increased insecurity and frequent cattle raids;
- (b) what the outcome of the various Government initiatives is, including peace meetings by the Provincial Commissioner, the Minister and the Boundary Review Committee which were launched in 2002; and,
- (c) the concrete steps the Government is taking to resolve the boundary disputes once and for all.

The Assistant Minister, Ministry of State for Provincial Administration and Internal Security (Mr. Lesrima): Mr. Speaker, Sir, I beg to reply.

- (a) I am aware.
- (b) The Districts peace committees for Turkana South, West Pokot, Central Pokot and East Pokot have been and continue to hold joint peace meetings to encourage harmony between the two communities along the common border. Although the meetings have been held at the Ministerial, Provincial and political level, there is need to cascade these meetings to grassroots level.
- (c) The Government, together with the communities concerned, will ensure that the boundaries as established by the District and Provinces Act No.5 of 1992 are respected.

Thank you.

Mr. Ethuro: Mr. Speaker, Sir, the Assistant Minister in answering part “a” of my Question says he is aware. However, part “a” of the Question further asks him to confirm whether there is boundary dispute or not. When he says he is aware, I believe he is confirming that there is a boundary dispute. The Question also asks him to confirm whether this dispute has caused increased insecurity and frequent cattle raids. So, when he says he is aware, I assume he is also aware that it has caused insecurity and frequent cattle raids.

On parts “b” and “c” of the Question, he is not offering any solution that I requested him to respond to. I feel I cannot proceed with a supplementary question when he confirms what is happening and the specific requests are not met.

Mr. Speaker, Sir, I need your guidance.

Mr. Speaker: Fair enough! This is Question Time. Are you saying that you have no further questions?

Mr. Ethuro: Quite to the contrary, Mr. Speaker, Sir. I am saying that the response by the Assistant Minister in terms of peace meetings is not offering any solution to what I requested him. What is the outcome of the peace meetings?

Mr. Speaker: Order, Mr. Ethuro! Let us use our time properly. You have asked a Question in three parts. The Assistant Minister has endeavoured to give you an answer. It will appear that you are not satisfied with his answer. Could you ask supplementary questions that will cause him to give you the answers that you are looking for? Begin with one question.

Mr. Ethuro: Mr. Speaker, Sir, my question is basically asking the same Question on the Order Paper because it has not been answered. What is the outcome of the various Government initiatives, including peace meetings? The Assistant Minister says they will continue with peace meetings. Those peace meetings are not yielding any returns. In part "c" of the Question, I am asking what concrete steps the Government is taking to resolve the boundary dispute. He says that the Government will ensure that boundaries are established.

Mr. Speaker, Sir, my question, for purposes of your directive, is that the Districts and Provinces Act No.5 of 1992 has been there since 1992. We are now in 2009. These communities have not observed these boundaries resulting in about 100 people dead, including his own policemen. When will he make sure that every community will abide by their respective boundaries? That is what we are asking. When will he stop people from killing each other?

Mr. Speaker: Mr. Assistant Minister, you have two questions there, which are clear. Answer them!

Mr. Lesrima: Mr. Speaker, Sir, I appreciate where hon. Ethuro is coming from on these issues. The outcome has not been very fruitful since 1992. I think when the Act was passed, not sufficient education was carried out to sensitize communities where the boundaries are. There have been several meetings. In these meetings, each party turns up with their maps. I want to recommend that we have a meeting with Members of Parliament from the region, so that we discuss the way forward because this is a very sensitive matter. The cause of cattle rustling is not just as a result of quarrels over boundaries. Even where boundaries are very clear we still have cattle rustling going on. So, I would appeal to my colleague to attend a meeting the Minister intends to call. In fact, we have called two meetings over the last three weeks and we did not achieve quorum.

Mr. Speaker: Order, Assistant Minister! So far, you have not given any direct answer. What concrete steps are you taking to resolve the boundary disputes once and for all? If you are calling a meeting, say so to the House. I have convened a meeting on whatever date it is.

Mr. Lesrima: Mr. Speaker, Sir, there is already established a Boundaries Review Commission which will finalise these matters. But as of now, we intend to have a meeting on the ground.

Mr. Speaker: When?

Mr. Lesrima: Mr. Speaker, Sir, I would want this matter done after the census.

Mr. Ethuro: On a point of order, Mr. Speaker, Sir. Is it in order for the Assistant Minister to continue misleading this House? My problem is we have had meetings. I have cited that. We have had peace meetings by the Provincial Commissioner and the Minister

himself. There was even a boundaries committee in 2002. Last year, I brought a Motion of Adjournment for us to discuss insecurity in this country. The Minister called for a meeting on 16th August, 2008, where we discussed this issue again. We are not prepared for more meetings. The Government must act now. That is what we are asking of him.

Mr. Speaker: Mr. Assistant Minister, are you able to put on record any intended action?

Mr. Lesrima: Mr. Speaker, Sir, an intended action will be to take the surveyors and show the community where the boundaries are in accordance with the Act of 1992, but it will not help the people represented by the hon. Member. It will only escalate conflicts in the area. This is why I want to appeal to---

Mr. Abdirahman: On a point of order, Mr. Speaker, Sir. The Assistant Minister is actually helping the Government to abdicate its responsibility in the manner in which he speaks. Is he in order to say that, that action will fuel more conflict when, in essence, it is their primary role to ensure that they resolve boundary disputes? This is a national problem. It is not actually a problem in Turkana alone. Is he in order not to be very clear in taking up his responsibility and help Kenyans resolve conflicts amicably?

Mr. Lesrima: Mr. Speaker, Sir, there is a Boundaries Review Commission which will go through this exercise much more in detail and solve this problem amicably. That is why I was going for the route of Members of Parliament from Pokot and Turkana districts meeting together, so that we cool down our people. There is already a lot of tension there. Whatever side we determine the border is at this time, is likely to create problems. So, we want to go down and talk to our people. That is the appeal I want to make.

Mr. Bahari: Mr. Speaker, Sir, could the Assistant Minister confirm that there is a silent policy on the part of the provincial administration to perpetuate boundary disputes by burying their head in the sand? I think that is what he is doing in this House!

Mr. Lesrima: Mr. Speaker, Sir, I cannot confirm hearsay. I totally deny that the Provincial Administration is perpetuating boundary disputes.

Mr. Kioni: Mr. Speaker, Sir, the Assistant Minister, up to this point has not given this House the concrete steps the Government is taking. He is still running away from this question. Could he do so?

Mr. Speaker: A quick answer, Assistant Minister!

Mr. Lesrima: Mr. Speaker, Sir, I think a boundaries review Commission has been established.

Mr. Litole: Mr. Speaker, Sir, what I know is that between the Pokots and Turkanas, there is a boundary dispute. But what I want the Assistant Minister to confirm is that the Turkanas are keen on being expansionists and creating territories. There is now a dispute between Turkanas and Samburus in Isiolo District, which is 1000 kilometres away from Turkana. Could he put in place measures that will stop these trends of *unyakuzi*?

Mr. Lesrima: Mr. Speaker, Sir, we are in a live transmission and that is why I was appealing to have a meeting with hon. Members because it is not proper for me to take sides and say whether it is the Pokots or Turkanas. So, I deny that there is an expansionist agenda being held by any of those parties. Those communities have the capacity to live peacefully, especially now when there is drought. You need to cross the borders and look for grass but you need to negotiate the grazing and water rights. So, let

us not make inflammatory statements which are likely to reach the ground and make things very difficult. I suggest that we take the route that I gave earlier on, of meeting at various levels as a way forward, as we wait for the Boundaries Review Commission to finish its work.

Mr. Murgor: Mr. Speaker, Sir, could the Assistant Minister tell us what measures he is going to take so that there is no intrusion that leads to the same struggle again? The trend is that pastoralists move left and right, north and south and when it rains or there is good grass, they settle there. That is what happened in Lorogon and Kapedo. The Turkanas settled there after some calamity struck the other side. So, what measures is the Ministry taking so that this trend does not take us through the circle, again and again?

Mr. Lesrima: Mr. Speaker, Sir, I stated that the Provincial Administration, through the peace committees, will arrange for those movements so that there are no permanent settlements. With regard to the problem of the Kapedo boundary which has also been raised by Mr. Ethuro, I leave that matter to the Boundaries Review Commission.

Mr. Speaker: Last question, Mr. Ethuro!

Mr. Ethuro: Mr. Speaker, Sir, as you have noticed, the Assistant Minister and the Government are not treating this matter very seriously. We had a meeting with the Provincial Commission (PC) on 29th June, 2009. Since then, there have been killings on a daily basis. That is why I am not asking for more meetings. Meetings have taken place and reports have been written. What we expect is the Government to act and act decisively. When is the Government going to ensure that these boundaries are clearly demarcated and that they put up sufficient security operations on the corridor between the two communities to ensure no more killings take place? We want concrete steps and action!

Mr. Lesrima: Mr. Speaker, Sir, we intend to add more security in that area although we already have 130 security personnel there. So, we will definitely push this matter within the month of August.

Question No.195

CREATION OF KRA OFFICES IN
NEW DISTRICTS

Mr. Wamalwa asked the Deputy Prime Minister and Minister for Finance:-

(a) why, given the Government policy of bringing services closer to the people by creating new districts, the Government has not extended the same policy to KRA by creating offices in towns like Kitale, Kapenguria and Lodwar in order to avoid the inconvenience for the residents who have to travel up to Eldoret for the services; and,

(b) when the Government will open such offices.

Mr. Speaker: Is the Deputy Prime Minister and Minister for Finance here? Is there a Minister that will hold brief for him?

The Minister of State for Planning, National Development and Vision 2030
(Mr. Oparanya): Mr. Speaker, Sir, the Minister for Finance and the Assistant Minister are out of the country. However, I will pass the message to them.

Mr. Speaker: What about a Cabinet Minister? There is collective responsibility. You are the Minister for Planning, National Development and Vision 2030, so you can answer this Question on behalf of your colleague.

The Minister of State for Planning, National Development and Vision 2030
(Mr. Oparanya): Mr. Speaker, Sir, unfortunately, I do not have an answer but I can answer it tomorrow.

Mr. Speaker: Fair enough! That Question is deferred to tomorrow.

(Question deferred)

Question No.236

BREAKDOWN OF SALARIES OF KRA
DIRECTOR-GENERAL/KACC DIRECTOR

Mr. Chanzu asked the Minister of State for State for Public Service:-

- (a) whether he could provide a breakdown of the respective total earnings of the Director-General of the Kenya Revenue Authority (KRA) and the Director of the Kenya Anti-Corruption Commission (KACC); and,
- (b) the steps the Government is taking to harmonize salaries in the Public Service to ensure fairness.

The Assistant Minister, Ministry of State for Public Service (Maj. Sugow):
Mr. Speaker, Sir, I beg to reply.

(a) The Kenya Revenue Authority pays a consolidated package of Kshs1, 500,000 to the Director-General. The package has been negotiated. The Director-General of KACC's total earnings are as follows: Basic salary, Kshs1, 500,000; allowances, Kshs1 million and the total is Kshs2.5 million.

(b)The Government has taken the following steps to harmonize remuneration in the public service:-

- (i) Setting up of a permanent Public Service Remuneration Review Board.
- (ii) The development of a Pay-Policy for the Public Service, 2006.
- (iii)Adoption of the banding system.
- (iv)Development and adoption of a harmonization instrument which is a prototype salary structure reflecting the respective bands so that staff performing comparable jobs across the Public Service are paid comparable remuneration.
- (v) Development of a policy paper providing for a framework for salary reviews in the Public Service.
- (vi)The State Corporations Advisory Committee has also issued remuneration guidelines on terms and conditions of service for State corporations.

Mr. Chanzu: Mr. Speaker, Sir, my Question was very specific. In part (a) I was asking for a breakdown of the respective total earnings. But you can see that in part (a) (i) there is no breakdown and even in allowances. Could he provide that to the House?

Mr. Speaker: Mr. Assistant Minister, the hon. Member is asking for the breakdown in part (a) of the Question.

Maj. Sugow: Mr. Speaker, Sir, I am sorry I did not come with the details of the breakdown of the first part but I could still provide that tomorrow if required. I will bring it in the House.

Mr. Speaker: That is what the Question asked you to do. So, if you prepared to answer this Question, then you should have had that information as the bare minimum.

I will, therefore, defer this Question to tomorrow at 2.30 p.m.

Maj. Sugow: Most obliged, Mr. Speaker, Sir. I will bring the breakdown.

(Question deferred)

Question No.213

PROJECTS IMPLEMENTED DURING
PHASE I OF LVEMP

Dr. Otichilo asked the Minister for Environment and Mineral Resources:-

(a) whether he could table the details of projects and programmes that were implemented during Phase I of the Lake Victoria Environmental Management Programme (LVEMP), indicating their respective locations and cost;

(b) whether he could list the projects to be implemented during Phase II of the programme, indicating those targeted for Emuhaya District; and,

(c) what management mechanisms are in place to ensure that Phase II of the programme achieves the set goals and objectives.

The Assistant Minister for Environment and Mineral Resources (Mr. Kajembe): Mr. Speaker, Sir, I beg to reply.

(a) The Phase I of Lake Victoria Environmental Management Project was initiated in 1996 while an agreement on the same was signed by the three Member States of the East African Community namely; Kenya, Uganda and Tanzania. The implementation of the programme began in 1997. It was later transferred to Kenya Agricultural Research Institute (KARI), Ministry of Agriculture in 2003. Before reverting to the Ministry in 2005, the project was implemented through the following nine main components whose output, objectives, costs and goals are also indicated. I have been requested to lay the report on the Table of the House; I would like to do so now.

*(Mr. Kajembe laid the document
on the Table)*

Dr. Otichilo: Mr. Speaker, Sir, I want to take this opportunity to thank the Ministry for giving a very comprehensive answer on what happened on Phase I of this World Bank project. I appreciate what was done. In Phase II of this World Bank project, we were supposed to get implementation of the project because Phase I was mainly

research but in Phase II, we want to know what specific projects are going to be implemented by the Ministry and what modalities will be used to identify the projects.

Mr. Kajembe: Mr. Speaker, Sir, component No.2, points also to pollution control and prevention. This component aims at reducing environmental stresses within the lake and its littoral zones through the rehabilitation of priority waste water treatment facilities, promotion of industrial cleaner production technologies. With regard to installation of navigation equipment and the implementation of a contingency plan for oil spills and hazardous waste management in the lake Victoria Basin, the component has three sub-components; namely, rehabilitation of waste water treatment facilities, promotion of cleaner production technologies and pollution risk management and safety of navigation.

The main activities under this component include development of pollution control plans, designing and construction of official wetlands to treat the municipal effluent nutrients of Kisumu City and Homa Bay; rehabilitation of the sewerage treatment facilities and designing a special sewer line for off-loading sewerage from vessels in Lake Victoria at Kisumu and Homa Bay. Others include training of targeted industries on cost effective measures of reducing waste and installation of navigation equipment in Lake Victoria.

Mr. Namwamba: Mr. Speaker, Sir, looking at the answer given by the Assistant Minister, with due respect, it is clear that the first phase of this project involved surveys and research on a number of components mentioned here. This project extends to my constituency, Budalang'i, and many other constituencies bordering Lake Victoria. Following the research, the survey already conducted under Phase I of this project, what specific projects can we look forward to in terms of development of our fisheries, environmental management, rehabilitation and reclamation of swamp lands and wetlands in this region? Could the Assistant Minister give us some specific projects that are anticipated under this project beyond the general survey outlines that he has provided?

Mr. Kajembe: Mr. Speaker, Sir, in the report which I have just laid on the Table, there are nine components and what the hon. Member is asking is covered in the report. I would ask him to go through that report because it is covered.

Mr. Olago: Mr. Speaker, Sir, from the answer given by the Assistant Minister, a sum of nearly Kshs250 million was assigned for the control of hyacinth and it is reported that hyacinth is under control. Hyacinth in the Winam Gulf, particularly on the shores of Kisumu Town are back in full swing. Is it possible for part of this money to be utilized to engage the youth to remove the hyacinth physically?

Mr. Kajembe: Mr. Speaker, Sir, the hon. Member is very right. Everybody knows that with the introduction of *Kazi kwa Vijana*, we will support that move.

Dr. Otichilo: Mr. Speaker, Sir, I would like to know how much money we are receiving from the World Bank under Phase II. From the answer, the Assistant Minister has indicated that we shall have district co-ordination committees. I want to know which districts will be involved in forming up committees for the implementation of this project. I want to know whether Emuhaya is going to be one of the districts.

Mr. Kajembe: Mr. Speaker, Sir, my report is very clear and I know that the hon. Member went through it. I have said very clearly that what we are doing is for all the areas bordering the lake and not specifically for Emuhaya but by doing this, Emuhaya is covered. So, it includes so many constituencies, districts and so on. With regard to the issue of money, it is also mentioned in my report. This report is very comprehensive and

although it is long, when the Ministry of Environment and Mineral Resources comes to this House, we want to come here with the truth and everything to satisfy the House.

Mr. Speaker: Fair enough! Next Order!

POINT OF ORDER

POLIO OUTBREAK IN TURKANA

Mr. Ethuro: Mr. Speaker, Sir, last week, I sought a Ministerial Statement from the Minister for Public Health and Sanitation on polio outbreak in Turkana. It was supposed to have been issued today.

Mr. Speaker: Minister for Public Health, are you ready with the Statement? The Minister is not here! Could the Minister's counterpart in Medical Services indicate when this Statement can be issued?

The Minister for Medical Services (Prof. Anyang-Nyong'o): Mr. Speaker, Sir, let me give an undertaking that the Statement will be ready on Tuesday next week.

Mr. Speaker: Fair enough!

Mr. Ethuro: Mr. Speaker, Sir, indeed, last week there was a debate on when it can come. The issue is about polio outbreak and we know that polio is a contagious disease. We need to know what action the Government is taking. One week from now is too long.

Mr. Speaker: Mr. Minister, is it possible that this can come earlier?

The Minister for Medical Services (Prof. Anyang-Nyong'o): Mr. Speaker, Sir, if the hon. Member is impatient, then Thursday this week.

Mr. Speaker: Fair enough, it is so ordered!

Mr. Outa: On a point of order, Mr. Speaker, Sir. I rise to seek a Statement from the Minister for Environment and Mineral Resources---

Mr. Speaker: Order, Mr. Outa! I have no notice that you are going to make this request.

Mr. Outa: Mr. Speaker, Sir, it is more of an urgent matter to this House.

Mr. Speaker: Order, Mr. Outa! It does not matter that it is urgent. What you should have done is draw the attention of the Chair to the request, not later than the convention of the House.

Mr. Outa: I apologise, Mr. Speaker, Sir.

Mr. Speaker: I am afraid you are out of order!

Mr. Outa: Thank you, Mr. Speaker, Sir.

Mr. Speaker: We have rules which you, yourselves, passed and we must live within those rules. The least that you would have done, hon. Outa, is really to approach the Chair before this Session started.

Order, hon. Members! Before we move to Order No.8, I have two communications to make.

COMMUNICATIONS FROM THE CHAIR

MEMBERS' KAMKUNJI ON ECONOMIC STIMULUS IMPLEMENTATION FRAMEWORK

Hon. Members, you will recall that the Deputy Prime Minister and Minister for Finance presented the Financial Statement for the Year 2009/2010 on Thursday, 11th June, 2009, which among other things contained measures intended to spur economic growth under the “Economic Stimulus Package Program”. The Treasury has since been consulting with relevant Ministries and departments responsible for the implementation of various economic stimulus projects proposed in the 2009/2010 Budget. Those consultations have culminated into the development of the “Economic Stimulus Implementation Framework” for purposes of ensuring that the commitments made are implemented so as to achieve desired goals. The framework outlines procurements and flow of funds guidelines as well as modalities of monitoring progress in implementation.

In order to appraise hon. Members on the program and sensitize them on their role in the implementation of programs at the constituency level, the Deputy Prime Minister and Minister for Finance has scheduled a *Kamukunji* on Thursday, 30th July, 2009, in the Old Chambers, Parliament Buildings at 9.00 a.m.

Hon. Members, this is, therefore, to invite you to the briefing session and appeal that you not only attend, but participate in the discussions, which will go a long way in assisting the Deputy Prime Minister and Minister for Finance to contextualize and improve the proposed program for the benefit of our country.

(Applause)

PROCEDURAL CHANGES DURING SUPPLY PROCEDURE

Hon. Members, you will have noticed from today’s Order Paper that the Committee of Supply will commence this afternoon. Pursuant to Standing Order No.155, a maximum of 14 days are allotted for consideration in Committee of Supply of proposals in respect of the Annual Estimates. The House Business Committee, in consultation with the Liaison Committee, considered and approved the order in which the House will consider the individual Votes of the various Ministries as provided for under Standing Order No.153. Each Vote will be allotted not more than three hours for debate in accordance with the provisions of Standing Order No.155 Paragraph 2.

Hon. Members, taking into consideration that the Votes have been scrutinized by the relevant Departmental Committees, there is a possibility of debate taking less than the three hours. It is in this regard that two or more votes will be placed on the Order Paper on any Supply Day. The Minister responsible for the first Vote will move the Vote and, upon conclusion of debate and reply by the Mover, the second Minister will move his or her Vote. The Question “The Speaker do now leave the Chair” will be put at the end and if agreed to, the Speaker will leave the Chair and the House will dissolve into Committee. The Committee of Supply will then consider the first Vote by going through the Sub-Votes and Heads and then consider the other Votes similarly. When the House resumes, the resolutions will be reported, starting with the first Vote, for adoption. The Minister will be limited to twenty minutes in moving and ten minutes in replying to the debate while the Chairman of the relevant Departmental Committee will be limited to 15

minutes. All other hon. Members will be limited to five minutes. This time limitation is contained in the Order Paper.

As regards to Reports of Departmental Committees on the Annual Estimates of Ministries under their mandate, the Provisions of Standing Order No.152 paragraph 2 are very clear. Departmental Committees are supposed to submit their reports to the House within 21 days after they were first laid before the House.

Hon. Members, I, therefore, order that any Chairperson of a Departmental Committee who has not tabled their Report should do so within the next seven days. It is important that you note that. Any Chairperson of a Departmental Committee who has not tabled their Report should do so within the next seven days.

Finally, hon. Members, you resolved on Thursday, last week, to extend the sitting time of the House by two hours to 8.30 p.m. However, in order to comply with the provisions of Standing Order No.146, which defines a day as “any period of not less than three hours”, it will be necessary to extend the sitting by an extra hour. The House will, therefore, sit until 9.30 p.m. on Supply Days.

I thank you.

COMMITTEE OF SUPPLY

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

MOTION

THAT THE SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 – Ministry of Medical Services

The Minister for Medical Services (Prof. Anyang'-Nyong'o): Mr. Speaker, Sir, I beg to initiate debate on Vote No.11 - Ministry of Medical Services.

Mr. Speaker, Sir, the vision of my Ministry is to be an efficient and cost effective medical care system for a healthy nation. Further, the Ministry's mission is to promote and participate in provision of integrated quality curative and rehabilitative services. The goal of the Ministry is to contribute in the reduction of health inequalities and improve the health impact and outcome indicators. The Ministry's vision, mission and goal translate into strategic objectives which are the following---

Mr. Speaker: Order! First, you have to move the Motion and then present your arguments. You are supposed to beg to move. You are now moving!

The Minister for Medical Services (Prof. Anyang'-Nyong'o): Mr. Speaker, Sir, I beg to move.

Mr. Speaker: You are supposed to say: “I wish to move the Motion that Mr. Speaker do now leave the Chair”, and then proceed!

The Minister for Medical Services (Prof. Anyang'-Nyong'o): But I thought you said that comes at the end. But, anyway---

Mr. Speaker: Order, Prof. Anyang'-Nyong'o! You have been in this Parliament long enough! I think this is your fourth term! When you move a Motion, you actually move it!

The Minister for Medical Services (Prof. Anyang'-Nyong'o): Mr. Speaker, Sir, I got a little bit confused by your Communication from the Chair.

Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair to enable me to initiate debate on Vote No.11 – Ministry of Medical Services.

Mr. Speaker: Fair enough. Proceed!

The Minister for Medical Services (Prof. Anyang'-Nyong'o): Mr. Speaker, Sir, the vision of my Ministry is to be an efficient and cost effective medical care system for a healthy nation.

Further, the Ministry's mission is to promote and participate in the provision of integrated quality curative and rehabilitative services. The goal of the Ministry is to contribute to the reduction of health inequalities and improve the health impact and outcome indicators. The Ministry's vision, mission and goal translate into strategic objectives which are as follows:-

1. Increase equitable access to health services particularly by establishing a universal social health insurance scheme guaranteeing access to health care to all Kenyans, particularly the poor.
2. To improve the quality and responsiveness of services in this sector.
3. To improve the efficiency and effectiveness of service delivery.
4. Enhance the regulatory capacity of the Ministry.
5. Foster partnerships in improving health and delivering services.
6. Improve the financing of the health sector.
7. Build capacity to achieve the Ministry's mandate.

Among the functions of the Ministry of Medical Services, as outlined in the Presidential Circular No.1 of 2008, include medical services policy, curative services, maternity services, hospitals, registration of doctors and paramedics, parastatals like Kenyatta National Hospital and Moi Teaching Referral Hospital, Kenya Medical Training College (KEMTC), National Hospital Insurance Fund (NHIF) and the Kenya Medical Supplies Agency (KEMSA).

According to the national health accounts study of 2005/2006, 36 per cent of the total health expenditure was borne by households. The high level of household expenditure leads to impoverishment and deprivation of households in light of the fact that 46 per cent of the population live in absolute poverty. In recognition of this fact, the Government will continue to provide free drugs for Malaria, Tuberculosis and HIV/AIDS in public and faith-based health facilities.

A healthy population is critical for promoting economic development. This is in recognition of the fact that good health boosts the human capacity to be productive. Subsequently, this will enhance economic growth, contribute to poverty reduction and the realisation of the Kenya Vision2030's social pillar goals.

My Ministry is implementing reforms and flagship projects to meet the objectives of the Vision 2030 as well as the sector objectives which include management and accountability of health systems, improving hospital infrastructure, improving use of ICT and e-health in health delivery systems and strengthening the referral system and quality of care including giving provincial and high workload district hospitals namely Coast,

Nyeri, Embu, Garissa, Nakuru, Kakamega and Nyanza Provincial General Hospitals and Kisii, Thika, Meru and Machakos District General Hospitals more powers to manage their affairs as referral facilities. This list may be added to as time goes on.

My Ministry, together with the Ministry of Public Health and Sanitation and other stakeholders, have initiated the process of reviewing the health policy framework of 1994 and the various health-related Acts so as to address emerging issues and strengthen regulations and standards in the health sector. My Ministry will also train faith health facilities committees and boards to empower them to become the public watchdogs for funds and commodities issued to these institutions, once they are gazetted.

In addition, my Ministry is also working with other arms of the Government and other stakeholders to strengthen the management of human resources in health, including the recruitment of additional staff and reviewing the terms and conditions of the existing staff to improve their retention.

Mr. Speaker, Sir, in order to address the challenges of the commodity management in the country, the Ministry of Medical Services will implement the recommendations of a recent task force on the KEMSA. Already, all procurement of drugs is being done by the KEMSA. However, in order to implement these recommendations, it is necessary to build the capacity of the KEMSA and its management systems, including providing adequate funding. It is vital, therefore, that the capitalization of the KEMSA be undertaken as an urgent matter. It is, therefore, very unfortunate that this has not been catered for in the current financial year, although it was a prominent recommendation in the task force report. Further, the KEMSA does not currently have the resources to employ and retain qualified manpower to ensure commercialization. Capacity will also be built in hospitals to facilitate a smooth distribution network.

The health financing system in Kenya is characterized by the following:-

1. high out of pocket expenditure by households;
2. wide inequality in access to services with major geographic and income-based variations in access to and utilization of services;
3. shortages in equitable distribution of human resources;
4. low levels of public spending, that is, US\$13 per capita against World Health Organisation (WHO) standard of US\$34 per capita; and,
5. low levels of predictability of donor funds.

The Ministry of Medical Services, the Ministry of Public Health and Sanitation and other stakeholders are working together to develop a healthcare financing strategy that ensures access to affordable and quality healthcare for all Kenyans. Reforms are already underway to turn the National Hospital Insurance Fund (NHIF) into a National Health Insurance Fund. This will guarantee an increased number of people access healthcare through health insurance, not just in the formal sector, but in the informal sector as well. It will also guarantee access to healthcare by the poor. A Cabinet Memorandum to this effect is currently being discussed in Government and it will come to Parliament once the Government passes it. I hope Members of Parliament will give us support in reforming the NHIF Act so that we establish a National Health Insurance Fund.

Mr. Speaker, Sir, a memorandum of understanding has already been concluded between the Ministry and the faith-based organizations. My Ministry will continue

extending support to the faith-based organizations. To date, a number of doctors and nurses have been seconded to the faith-based organization facilities. This is in addition to the provision of ambulances.

My Ministry is also working very closely with the private sector to encourage the sector to play its role in the strengthening of a national health system that is caring and humane to all Kenyans. That will make it possible for all Kenyans to have access to affordable and good quality healthcare. Given the shortage of funds in the Government and the increasing demand for healthcare facilities in Kenya and within the region, the partnership between the Government and the private sector is necessary in putting up and managing these facilities.

Mr. Speaker, Sir, the above reforms have been designed around eight tasks that capture the key deliverables in the Ministry's strategic plan of 2008 to 2012. The reforms will also contribute to the achievement of the Kenya Vision 2030 and the Millennium Development Goals (MDGs). The achievement of the MDGs calls for a reduction in poverty and marked improvement in the health of the population. I expect to direct resources to these interventions.

Mr. Speaker, Sir, the health sector, and my Ministry in particular, is faced with a number of challenges, which include, among others, the following:-

(i) inadequate funding of the sector; about 5.3 per cent of the total Government Budget is given to the sector, while the Abuja Declaration, to which our Government is a signatory, requires a 14 per cent health sector expenditure in the Budget;

(ii) we are faced with the HIV/AIDS pandemic, which exerts extreme pressure on health facilities, in terms of in-patient and other expenses;

(iii) increasing cases of multi-drug resistance, particularly in Tuberculosis (TB);

(iv) poverty, which is estimated at 46 per cent nationally, remains a major factor affecting ability to maintain health or seek health services;

(v) inadequate health personnel as well as uneven distribution of the existing staff; and,

(vi) inadequate and dilapidated physical infrastructure.

Mr. Speaker, Sir, the Government has allocated my Ministry Kshs27.539 billion in the current financial year, of which Kshs23.381 billion is from the Government and Kshs4.158 billion from development partners, against a resource requirement of Kshs36.47 billion, as follows:

(i) personnel-related Items will require Kshs13.5 billion, but we were only given Kshs11.7 billion, leaving us with a shortage of close to Kshs1.8 billion;

(ii) our resource requirement for other operational costs is Kshs6,395,000,000, but in the Budget we have been allocated Kshs3,657,000, leaving us with a shortage of Kshs2,738,000,000;

(iii) grants to our parastatals, which I have enumerated, will require Kshs9,796,000,000 but we have only been granted Kshs5,793,000,000, leaving us with a shortage of Kshs4,003,000,000;

(iii) our requirement for GoK component to development projects is Kshs6,736,000,000 but the Budget guarantees us only Kshs2,169,000,000, leaving out a staggering figure Kshs4,566,000,000.

Mr. Speaker, Sir, in all, in the current Budget, we have a shortfall of Kshs13,089,000,000. You realise that we are going to operate under very difficult

conditions and extreme financial constraints. We are, therefore, pleading with the National Assembly to ensure that in the next Budget, the health sector gets a better allocation, so that we can meet the health needs of Kenyans.

The allocated funds are not adequate to address the many challenges facing my Ministry. However, the available resources will be used effectively for the intended purposes.

Mr. Speaker, Sir, drugs and non-pharmaceuticals are critical inputs to the overall patient management to ensure availability of drugs in public health facilities. We have allocated Kshs905 million for the procurement of drugs, which is well below the requirement of Kshs1.3 billion. My Ministry is in negotiations with the Ministry of Finance to provide the shortfall. Public hospitals will be expected to order their requirements based on drawing rights from the Kenya Medical Supplies Agency (KEMSA), which will be dictated by available resources.

The demand for non-pharmaceuticals is on the increase, hence the need to ensure security of commodities. During the 2009/2010 financial year, my Ministry will allocate Kshs397 million for the procurement of non-pharmaceutical commodities. A further Kshs224 million will be allocated to KEMSA to facilitate distribution of medical commodities.

Mr. Speaker, Sir, to date, we continue to operate our healthcare system with staffing norms below those recommended by the World Health Organisation (WHO). For example, there are 17 doctors and 210 nurses for a population of 100,000. In order that my Ministry delivers health services effectively, we require an additional 20,000 nurses, 2,500 doctors, 3,800 clinical officers, 2,400 medical laboratory technologists, 2,500 medical records officers, 1,200 plastic technicians and 300 radiographers.

To respond to the human resource challenges, my Ministry and the Ministry of Public Health and Sanitation intend to recruit 1,500 health workers annually in the next three financial years. Further, my Ministry will be absorbing a total of 1,915 staff who have been working under a Government/development partners arrangement, and whose contracts have now expired.

I am happy to report to the House that the Prime Minister has effectively intervened in the process of hiring health personal, so that we do it directly in the Ministry rather than through the Public Service Commission (PSC), which takes an unnecessarily long time.

Mr. Speaker, Sir, drug resistant TB is emerging as a key health problem. The Multi-Drug Resistant (MDR) TB cases are on the increase. My Ministry intends to construct isolation wards at Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital and Homa Bay District Hospital to cater for these TB cases on a regional basis.

Availability of water and electricity in critical health facilities is also an important factor. Most hospitals have no alternative sources of water and electricity. In order to address this problem, I have allocated Kshs646 million towards the settlement of outstanding pending bills and consumption this financial year. My Ministry has decentralised the payment of utility bills to health facilities in an effort to make our field officers more responsible.

Mr. Speaker, Sir, in the Development Vote, Kshs1 billion has been earmarked for construction and rehabilitation of the existing infrastructure. This amount will cover

Government contribution to counterpart funding, construction of new buildings, completion of on-going works and refurbishment of the existing facilities. If we are to fully modernise our health facilities, so as to bring diagnostic and curative services to levels that will ensure speed, accuracy and cost effectiveness, we need much more than that sum of money.

The National Hospital Insurance Fund (NHIF) continues to mobilise funding for the health sector, with members contributing in excess of Kshs4 billion annually. The Fund offers the cheapest family-based inpatient cover to Kenyans based on insurance principles. The Fund has, in recent years, remarkably improved its benefits. Over 400 health facilities are accredited by the NHIF.

The Fund is currently developing a mechanism to pilot an out-patient cover for its members, which will later be rolled out to all members. The Government will need to provide the cover for those who will not afford to pay under the proposed Social Health Insurance Fund (SHIF). As I said, we expect this House to support the Ministry when that proposal comes to the House.

Mr. Speaker, Sir, I am happy to note that hon. Members have, in the past, allocated part of the funds in the Constituency Development Fund (CDF) to the health sector. This has, no doubt, assisted in expanding the health facility network, thereby increasing access to health services, especially in under-served parts of the nation. However, I request hon. Members to allocate some of the funding to improve the existing hospitals, so as to improve equipment and physical structures such as buildings as we prepare these hospitals to become referral facilities.

Development of health infrastructure in the country will need to be undertaken in a rational approach to ensure equity; in order to improve the referral system, my Ministry is committed to have a referral district-level hospital in every constituency. To date, 49 constituencies do not have a Government hospital which, if built, will cost an estimated Kshs35 billion. I would like to recognize the contribution of our development partners who have contributed 65 per cent towards the Ministry's Development Vote.

Mr. Speaker, Sir, in conclusion, I wish to request this House to approve a gross total of Kshs27,538,985,000 for Vote 11, Ministry of Medical Services. Of that amount requested, Kshs21,212,578,713 will go towards supporting Recurrent Expenditure and Kshs6,326,407,000 towards the Development Expenditure.

Mr. Speaker, Sir, I beg to move.

Mr. Speaker: Fair enough. You did well professor. Who is seconding?

The Minister for Medical Services (Prof. Anyang'-Nyong'o): Mr. Speaker, Sir, I was to be seconded by the Chairman of the Health Committee, Dr. Monda, but I cannot see him here. He was sitting here. Is he in the House?

Mr. Speaker: Mr. Duale.

The Assistant Minister for Livestock Development (Mr. Duale): Mr. Speaker, Sir, I second the Motion on the Vote of the Ministry of Medical Services. This is a very crucial Ministry. We are talking about a sum of Kshs27 billion that will have a major impact on the social, economic and health status of the Kenyan nation.

Mr. Speaker, Sir, the Minister has elaborated on the number of the provincial general hospitals that are set to be referral hospitals. Having said that, we all know the health of the people has a major fundamental bearing on all sectors of the economy. A healthy nation will have a major impact on livestock keepers, farmers and the

professional sector of this country. That is why we are saying that the funding of this Ministry might not be very adequate. However, if utilized well and transparently then a greater percentage of this nation will receive proper healthcare.

The healthcare delivery varies according to different regions in this country. It varies on the basis of the socio-economic development of different parts of this country. For example, Garissa General Hospital which is in my constituency, 15 years ago, there was hardly one medical doctor there. It is good to note that today it has more than 15 medical doctors. It has a number of experts and consultants. If you look at the infrastructure in that hospital; whether through Government funding or donor assistance, you can see how the health sector has grown.

Mr. Speaker, Sir, I know, through donors, that the Government has signed close to Kshs700 million to upgrade Wajir General Hospital. This has been done in a number of districts and provincial general hospitals, mainly through donors. I want to single out leaders for funding a number of health facilities across this country.

The challenge that this Ministry is facing is huge and enormous. We should invest in the medical staff in this country, just like the way we have invested in the education sector. We need to employ more nurses, doctors and teachers.

Through the CDF, a number of health centres and dispensaries have been built over the last six years. If you go round the country, you will see that there are more than 6,000 dispensaries and health centres. The major issue facing these health centres in terms of health delivery is staff. There are no nurses and medical practitioners. It will be futile for us to build health facilities using the CDF money if the Ministry of Medical Services cannot post the required health personnel.

[Mr. Speaker left the Chair]

*[The Temporary Deputy Speaker
(Prof. Kamar) took the Chair]*

Madam Temporary Deputy Speaker, coming back to North Eastern Province, the Ministry of Medical Services must focus on introducing health delivery systems that are friendly to the pastoral community.

With those few remarks I beg to support and second this Motion.

(Question proposed)

The Temporary Deputy Speaker (Prof. Kamar): Dr. Monda, as the Chair of the Committee you have 15 minutes. We had called your name.

Dr. Monda: Madam Temporary Deputy Speaker, as Chairman of the departmental Committee on Health, I rise to support the Motion that, the Speaker Do Now leave the Chair to enable the House to resolve into the Committee of Supply.

The hon. Members of the departmental Committee on Health include myself as the Chairman, Dr. Nuh Nassir, Vice-Chairman; Mr. Sheikh Mohammed Dor, Mr. C. Omolo, Mr. Fredrick Outa, Mr. Joseph Magwanga, Mr. Thomas Mwadeghu, Mr. Victor Munyaka, Dr. David Eseli, Dr. Bonny Khalwale and Mr. Joseph Lekuton.

Madam Temporary Deputy Speaker, the policy and budget documents used included the Vision 2030 and the medium term plan. The MDG Status Report, the budget for 2009, printed estimates for Financial Year 2009/10, budget outlook paper for 2009, 2011 and 2012; the Budget Strategy Paper 2009, 2010, 2011 and 2012. The Economic Survey for 2009 and other relevant documents were also used.

Madam Temporary Deputy Speaker, the examination of the Estimates by the Committee was preceded by comprehensive briefing by the National Assembly Budget Office on the crucial areas of the Estimates. Thereafter, the Committee held meetings with the hon. Ministers for the two Ministries in the health sector. During the meetings, the Ministers were accompanied by the Permanent Secretaries and other technical officers in their respective Ministries.

The examination mainly dealt with areas with increased allocations, new projects, areas with deficits, absorption capacities by the Ministries and criteria for allocation in each Head.

Madam Temporary Deputy Speaker, the World Health Organisation (WHO) recommendation is a per capita health spending of US\$34 to finance an essential package of health services. Further, the 2009/2010 allocation to the entire sector is about 5.43 per cent of the total Government Budget compared to the Abuja Declaration of 15 per cent and the Economic Recovery Strategy of 12 per cent.

The health sector has been allocated Kshs47.011 billion, which is 25.58 per cent of the Human Resource Development Sector. The health budget represents 5.43 per cent of the entire national Budget with most resources, which is 58.58 per cent earmarked for the Ministry of Medical Services while 41.42 per cent will be for Ministry of Public Health and Sanitation. The implementation of the Ministry of Medical Services Strategic Plan requires Kshs47 billion compared to the allocation of Kshs27.5 billion for the year 2009/2010.

Madam Temporary Deputy Speaker, the Committee also noted with concern that the Estimates for the Ministry of Medical Services were not based on the Ministry's Strategic Plan, the Medium Term Expenditure Framework nor the Vision 2030. I will now highlight the areas that we found had major deficits.

The areas include, purchase of ambulances with a deficit of Kshs300 million, purchase of drugs has a deficit of Kshs395 million, purchase of medical equipment has a deficit of Kshs2.08 billion, construction of building has a deficit of Kshs1.7 billion, parastatal salaries has a deficit of Kshs3.6 billion, Kenya Medical Training College (KMTC) has a deficit of Kshs1.2 billion, the Kenyatta National Hospital (KNH) has a deficit of Kshs2.9 billion and Kenya Medical Supplies Agency (KEMSA) has a deficit of Kshs1.8 billion. The Minister is on record indicating that KEMSA requires these resources. Construction of additional hospitals has a deficit of Kshs35 billion and the Moi Teaching and Referral Hospital (MTRH) has a deficit of Kshs950 million.

Madam Temporary Deputy Speaker, a comparison with previous years' allocations revealed a decrease in allocation, especially under the Recurrent Expenditure which was reduced by Kshs2 billion. This is quite a large figure. The Committee was informed that this was attributed to removal of additional funds granted to the Ministry for payment of pending bills under drugs in the Revised Estimates for 2008/2009. The second was the transfer of personnel to the Ministry of Public Health and Sanitation. The decrease in allocation is explained by the two items that have been removed.

The Ministry's absorption capacity in the year 2007/2008 for Recurrent Expenditure with the general administration, planning and preventive and promotive items have the lowest spending rates of 86 per cent and 95 per cent. The Development Expenditure recorded a below average performance with an overall absorption capacity of only 29 per cent in the year 2008/2009.

The implementation of the Ministry's Strategic Plan requires Kshs47 billion compared to the allocation of Kshs27.5 billion for the year 2009/2010. The allocation to the entire sector is about 6 per cent of the total Government Budget compared to the Abuja Declaration of 15 per cent and Economic Recovery Strategy of 12 per cent.

Madam Temporary Deputy Speaker, the Government developed strategic plans but the funding is far below the plan. It will be in order for the Government to allocate sufficient funds if we are going to walk the talk of meeting the requirements of the Abuja Declaration, the Maputo Plan of Action and Vision 2030.

There is need for the Government to strengthen all hospitals with funds, infrastructure, personnel, equipment and medical supplies. This way, we will be able to address some of the ailments in various parts of this country. Until this is accomplished, it will be futile for the Government to continue planning but never implement the plans. There is need to create strong regional and provincial referral hospitals which are fully equipped. This will decongest the KNH and MTRH.

It will be important that we provide sufficient funds to KNH. Some of the equipment in this hospital is obsolete. We have the technical personnel but it is not possible for them to effectively deliver service considering that equipment is not available.

Madam Temporary Deputy Speaker, KNH was built long ago. It was built to cater for the population then. The population and medical needs are overshooting space at the KNH. There will be need for the Government to ensure that there is sufficient space and expansion of specialized services. We should have the ICU services available; the Burns Unit and the Renal Unit should be expanded. This way, we would be able to attend to the many patients who need the service. The KNH is a referral hospital that we expect to be self reliant and able to generate sufficient funds.

It is clearly observed that the Government continues to refer some cases to the institution, without necessarily releasing resources which are sufficient to meet the needs of these patients. It is important, therefore, that unless we address ourselves to the Kenyatta National Hospital situation and allocate funds that will meet the very needy cases of poor Kenyans who are sometimes referred there from many parts of this country, but have no funds to meet the medical bills, the hospital will be turned into one which serves those who are able and not serving the entire population which consists of mostly the poor.

Madam Temporary Deputy Speaker, the Government needs to have long-term strategies to attend the perpetual shortage of medical personnel in this country. We always talk about it but we have not realized an optimum number of medical personnel to attend to patients in our various hospitals. There is also need for incentives too for the medical personnel who work in areas which are perceived to be hardship areas. That would go a long way to retain medical personnel in those areas who would want to run away from there.

The cost-sharing of medical funds is another issue. There is need for the Government to relook at the policy and streamline the collection and application of the resources at our various health facilities in this country so that these resources are also catered and provided for in the Budget. The Budget that was presented to this House did not capture the large sums of monies that are collected in our health facilities in this country. We would like to see a situation where the policy will address this issue and we correct this situation so that all resources that are collected from the public are directed for public use.

With those many remarks, I beg to support.

Mrs. Shebesh: Thank you, Madam Temporary Deputy Speaker. I would like to support. As I support, I would like to raise a few issues. The first issue I would like to raise relates to national hospitals and especially, the Kenyatta National Hospital. For years, scandals have ridden this hospital. We have read about scandal after scandal. However, I must say that of late, we have been impressed with the work that the Kenyatta National Hospital is doing. The burden on Kenyatta National Hospital is too much. I would like to speak as a woman and say that district hospitals must be improved so as to relieve the pressure on the Kenyatta National Hospital. When pressure is relieved on the Kenyatta National Hospital, it will not only improve the services offered in this biggest hospital, not only in Kenya but also in the region, but it will also allow the district hospitals to be more relevant to the people they are serving. There is no point of having a district hospital that has no x-ray machines and cannot conduct basic surgeries and yet all the machines are taken to the Kenyatta National Hospital. If some of these machines were taken to the district hospitals, we would see a great improvement in the health services.

I want to speak about the National Health Insurance Fund (NHIF). Last week, as the Chair of the PIC spoke here, it was a shame to hear the kind of money that is lost through the NHIF. This money would help us have free access to reproductive health for women if well managed. To hear that Kshs2 billion was collected in a certain year and only Kshs713 million went into healthcare and the rest of the money is unaccounted for and lost in fraudulent deals, it is a shame. It is a shame to continue talking about such amount of money being paid by taxpayers to a Fund which cannot be managed well.

We have been crying for free reproductive health for women for very long because issues of reproductive health are not the making of a woman but are our genetic making that requires that free medical services be given to women. Why do I say that? Without a healthy nation, with healthy women, we cannot develop. I say this convinced that statistics have shown that healthy women population in a country is a developing nation. We are back to a situation where women are dying while giving birth. Instead of improving the reproductive health services for women, we have gone back. The issue of family planning continues to lay heavily on the support of donor community rather than money that is put in by the Government to ensure that we have proper family planning services available to our womenfolk. I would like to ask that we look critically into putting money directly, through the Budgeting process to the issue of reproductive health for women and not to wait for western countries to support us in this issue. This is really a national issue. There are many other Votes which can be given support by the West but not definitely, issues such as those of family planning.

Madam Temporary Deputy Speaker, I would like to conclude by speaking about something which I have watched on news of late. This is about Chinese herbal medicines.

I say this with a lot of respect to our key Ministries in this issue that these products are thriving simply because we do not have affordable medicines. We may speak about free medicine for our women in this country. However, it is not free. Today, you can say that a woman can go and give birth free of charge. However, she will be told to go with a maternity kit that she needs to buy. I say this because I deal with women in the slums of Nairobi. Whenever they go to hospital, they are told to go with this kit. The minimum cost of this kit is Kshs2,000 or Kshs2,500. If a woman does not go with that kit, then she is not awarded free maternity services. The alternative for this has become the cheap medicines you are finding on our shelves. They are available and they are licensed by the very Government. When they do not work, you cannot blame the women for running for cheap products because they do not have the money. I would like the Government Chemist and the Kenya Bureau of Standards (KEBS) to look critically at these medicines that are coming in because they will continue to be the alternative for the women who cannot afford. I support the Vote for this Ministry but to request that you look critically at the issue of reproductive health services for women.

I support.

Dr. Eseli: Thank you Madam Temporary Deputy Speaker, for giving me this chance to support this Vote of the Ministry of Medical Services. Owing to time constraints, I will move very fast. First of all, it is pointless to make Ministries make strategic plans when their budgetary allocations cannot enable them to meet these plans. They have performance contracts. How will they possibly meet their performance contracts when they are not given the means by which they can perform? The whole Estimates for the Ministry of Medical Services showed that there was a shortfall somewhere and a very serious one considering that we were part of the signatories that accepted that 15 per cent of our budgetary allocation would go to health and yet we are not doing that. The idea that it should have been 15 per cent was not a figure that was just picked off from somewhere without any reasonable thought being put into it. There is a reason why it was said that 15 per cent of our budgetary allocation should go to the health sector because that is the only way we would take care of our growing population like the one we are dealing with in Kenya right now. So, the issue of inadequate funding needs to be looked at because if we knock out buying ambulances totally, then we are fighting the medical systems that we are setting up. The ambulances are an essential tool in the referral system of the hospital system in this country. If we do not have ambulances, then the referral system virtually breaks down. I think it is important that if we knock out things from the budget, we should know which ones which should knock out and which ones not to knock out.

While I say that, I would like the Ministry to be aware of one fact that we brought out. I think it is important that I bring it out again. Possibly, there is some money that the Ministry is not looking at. This is what we call Appropriations-in-Aid at district hospital level and at the provincial hospital level.

I fear we are losing a lot of money because we do not have enough personnel in the accounts department and computerization to collect funds adequately from those levels. I believe we can increase the money that ends up in the Treasury from that source. I fear a lot of money is being lost at that level, unless we put in place good accounting measures.

When we talk of referral centres, the Kenyatta National Hospital (KNH) was built almost 30 years ago. The population at that time was not as big as it is now. We have not built more referral hospitals and we are not giving out money to upgrade the hospitals. It is important that the Government looks into this matter seriously. It should set aside more money to establish more referral centres.

Madam Temporary Deputy Speaker, we will face industrial unrest. Currently, the country is facing famine and, therefore, high food prices. We have got a water crisis and we will have an energy crisis. I am sorry to say that we will have industrial unrest among the medical workers, because of the fact that we have not factored any money for their arrears or increase their income. Whenever we talk about doctors or nurses earning more money, people say that they are the same as other public officers. They are not! That is why when you select somebody to go to a medical school, you select the "top". So, they are not like other public officers. Having been a medical student and teacher at the medical school, I do understand what they go through before they become doctors. I think they have got a masochistic kind of make-up that even after that, they still go back for post-graduate studies knowing very well that they will earn peanuts. It is a misplaced sense of patriotism that the Government has refused to recognise. Remote areas do not have adequate personnel because nobody wants to go there. Unless we do something about the salaries of nurses, doctors, clinical officers and physiotherapists we will not have enough of them in the remote areas. We should improve their salaries. They should not beg for it. The Government should increase their salaries because they are the cream. Whether you hate or like them, they are the best you have got and you have to pay them for it. I think that is one area that has been neglected for too long that it is hurting our medical services. This has made the best medical personnel to remain in urban centres and refuse to go to the rural areas where the majority of the population lives in the rural areas. It is important that we look into this matter carefully.

Madam Temporary Deputy Speaker, finally, it is important that when we talk about medical services or the health sector for that matter, we should always keep in mind that while we spend a lot of money on education, we fail to spend adequate money on health. I think that is a misnomer that needs to be corrected urgently.

With those few remarks, I wish to support the Motion.

Mr. Wamalwa: Madam Temporary Deputy Speaker, I also wish to support this Motion. Indeed, looking at the allocation of about Kshs27 billion to this very crucial Ministry compared to what had been requested - over Kshs36 billion, it is not adequate to provide and fund this vital Ministry. Indeed, for many years, we have been referring to the Abuja and Maputo declarations. We have talked about governments in this continent setting aside about 10 per cent of their budgets towards agriculture to ensure national food security. Indeed, this has become a song. We have talked about this year in, year out. When it comes to health, the Abuja Declaration has become a similar song. If you look at the allocation to this Ministry this year, you will find that it is not sufficient.

However, we are glad that the Ministry has plans to ensure that there is accessible and affordable healthcare for all Kenyans. The proposed National Health Insurance Fund Bill that will be brought before this House is something that will receive our support because it is overdue. There have been previous attempts to bring such a Bill before this House. When Mrs. Ngilu was the Minister for Health, she moved the Bill before this House but it did not go through. We hope this time round, when the Bill that is now

pending before the Cabinet comes to this House, we will give the Minister all the support to ensure that it is passed. We should ensure that no Kenyan in this country dies because he or she lacks a shilling in his or her pocket. We should make medical services and health care as accessible and affordable as possible. This is something we should support.

We are very glad that there are now arrangements and an agreement between the Ministry of Medical Services and the faith-based health organizations. We do appreciate what the religious sector has done not just in the health sector but also in the education sector. They have constructed schools and health facilities in this country. The AIC, ACK and Catholic churches have put up medical training colleges, universities and health facilities across the country. If you visit these facilities, you will find that they are helping Kenyans and are affordable. In Kiminini, we have a hospital built by the Catholic Church and yet there has not been a clear policy between these organizations and the Government. It has not been clear how personnel from the Government can be seconded to such facilities. If you look at the other facilities that they require, for example, ambulances and theatres, you will find that there is a clear relationship and policy on this issue. We will partner with the faith-based organizations to ensure that health facilities are improved for the benefit of all Kenyans.

Madam Temporary Deputy Speaker, apart from this arrangement, during the amendment of the Constituencies Development Fund (CDF) Act, we hope that the Minister of State for Planning, National Development and Vision 2030 will also take this into account. The CDF funds should be used to ensure that we improve the facilities built by the faith-based organizations. This is because it is not clear at the moment whether the CDF committees can enter into such partnership. However, we hope that this will be streamlined in the upcoming amendments.

Madam Temporary Deputy Speaker, with those few remarks, I beg to support this Motion.

Mr. Bahari: Thank you, Madam Temporary Deputy Speaker, for giving me this opportunity. I would like to join my colleagues in supporting the Vote of the Ministry of Medical Services.

Madam Temporary Deputy Speaker, it is quite clear that there is a lot of work to be done in this Ministry. However, I would like to start my contribution by congratulating the KNH for a job well done. In spite of the fact that they have faced many challenges, if you visit the hospital, especially the casualty department, you will find marked improvement. It is up to the Ministry to ensure that it supports the KNH on a continuous basis. I know there are many problems in terms of management of the resources, particularly financial resources and accountability issues. I think the hospital needs continued support because of the immense challenges it faces. The support should be in availability of equipment. I hope the Minister has taken note of this. We will continuously revisit the issue of the KNH because they are doing a good job.

Madam Temporary Deputy Speaker, Sir, I want to go straight into the issue of the National Hospital Insurance Fund (NHIF). I have heard what the Minister said about the reforms he intends to bring in place. I want to urge him to move with speed into this area. It is an area with a lot of resources and cash. Even the management of the cash itself is a problem. That is why it is prone to corruption. That is why there is lack of accountability in the NHIF. I know in the past, there have been attempts to improve it, but it is not easy. He needs to go in and do a serious surgery to start with. When we talk about reforms in

the Ministry, we must make sure resources available are optimally utilized. This is not happening. I want to repeat; that there is no accountability in the management of cash available at the NHIF. They are sometimes faced with the question: How do we manage this cash? They end up building up a car park. If you see the amount of money that went into that car park, which is completely underutilized, it will take over 30 years to amortise it. There was no thinking of even putting up a shop mall there, so that we people would come and park on a continuous basis, so that they could get more money from it. I think there is a lot of room for improvement in that area. You better move in with speed.

Madam Temporary Deputy Speaker, I want to go into the issue of the Kenya Medical Research Institute (KEMRI). It is an important institution. We need to get its contributions quantified. What does KEMRI do exactly? I know that they have done research and we have been able to make use of it. But are we able to see through it? For example, how has KEMRI reduced the cost of drugs in this country? There have been announcements here and there. But I am not quite sure of what they are doing. I know that they have very good laboratories and supported by donors. But we need more information on how exactly KEMRI is supporting and giving the back up in terms of research and application of that in the field.

Madam Temporary Deputy Speaker, I now want to move on to the issue of the Kenya Medical Supplies Agency (KEMSA). There is also a lot of room for improvement in this organization in terms of quality of drugs, pricing, timing and having needs-based procurement. I think the Minister must move into that area. I know he has made bold changes, but that is not sufficient. Are we getting the best prices? Are they delivering these drugs on time? I was in one of my rural dispensaries where KEMSA delivered large quantities of drugs. Villagers saw large quantities which were being delivered by KEMSA. When I went there the following day to see what was there, I saw boxes of drugs meant to treat scabies. Scabies is never in my place. So, there must be some needs-based procurement.

With those few remarks, I beg to support.

Dr. Munyaka: Thank you very much, Madam Temporary Deputy Speaker. I also rise to support the allocation for the Ministry of Medical Services.

I wish to echo my colleagues' view by saying that health funding is inadequate. The Government should be serious in whatever declarations it commits this country to in the region. The Abuja Declaration was signed almost eight years ago. But up to today, we are still allocating 5.4 per cent as budgetary support to the health sector. That is ten per cent less than what our country committed to do by signing the Abuja Declaration. So, I would like the Ministry of Finance to ensure that the health sector gets more funding.

A lot has been said about health workers. I would also imagine that training a health worker such as a medical doctor or nurse is very expensive. But currently, most of our health workers are looking for greener pastures in other countries. It has come to a point where some countries even do not invest in training these medical staff. They just wait for Kenya to train them and then absorb them in their health sector. That is why we have a lot of brain drain from our health sector. The medical staff seeks better jobs overseas.

Madam Temporary Deputy Speaker, Sir, I also want to comment on the stimulus package, to allocate Kshs20 million to every constituency to establish a model health centre. I would imagine that the Ministry will not overlook MPs during implementation

of those projects because we know our areas much better than the Ministry officials. So, I would want MPs to be consulted in deciding the area where those health facilities will be constructed. Hon. Members should also be consulted in the appointment of the project management teams, so that we follow the CDF system which has actually proved to be very effective.

Madam Temporary Deputy Speaker, Sir, also within the stimulus package there is also employment of nurses on contract basis. I urge that these nurses be absorbed permanently in the same terms as the mainstream nurses in the entire health sector. We cannot have health sector manned by a temporary nurse. We should absorb them permanently, so that they can offer services.

With those few remarks, I beg to support.

The Assistant Minister, Ministry of State for Defence (Maj-Gen. Nkaisserry): Thank you, Madam Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important vote.

I stand to support this Motion. This Ministry is very much under-funded. The Ministry was allocated only Kshs13 billion which is a drop in the ocean. As you realise in our country today, medical services require much more than what has been budgeted. It is also important that the little money the Ministry received is utilized efficiently and effectively, so that services can reach mwananchi. For instance in my constituency, through the CDF, we managed to put up more than 15 dispensaries. Up to date, not even a single dispensary has been given staff. So, those projects meant to give services to mwananchi are almost white elephants. So, we need the Ministry to recruit new staff using the meagre resources that it has been allocated, so that medical services can reach the local people, especially the rural folks. The rural folks need medical services more than people in urban centres because they trek long distances to reach medical facilities.

Madam Temporary Deputy Speaker, for many years, the Ministry of Health has been given a raw deal through budgetary allocations. Every time somebody talks, they refer to obsolete equipment, especially in the laboratory, x-rays, dispensaries and lack of heart machines. It is very important that this Ministry should be given money. At least in every district hospital, we require equipment which can reduce referrals to provincial hospitals or to Kenyatta National Hospital (KNH). For example, KNH is an institution which should be supported fully. It should be a referral centre in our region for two reasons. Nairobi is a hub of treatment in East Africa. With specialized treatment, we could attract more money from people being referred within the region. Can you imagine that our own people are being referred to South Africa; a country which just got independence in the 1990s? So, KNH should be a referral centre within the region. It should be a research centre for medical research. We have a highly developed university in the region; University of Nairobi. Therefore, KNH should be a serious centre for medical research. In the next Parliament, we need to demand for money for this very independent institution.

Madam Temporary Deputy Speaker, the other thing that I would like to comment on is the expansions of district and provincial hospitals. It is important that we look at health in totality. We need not refer people all the way from Kisumu to Nairobi. The Kisumu Provincial Hospital should have specialized medical equipment.

The Temporary Deputy Speaker (Prof. Kamar): Your time is up!

The Assistant Minister, Ministry of State for Defence (Maj-Gen. Nkaisserry): Madam Temporary Deputy Speaker, since there is nobody standing, may I just complete in one minute.

It is important that we support this Ministry. With those few remarks, I support.

Mr. Kigen: Madam Temporary Deputy Speaker, thank you for giving me this opportunity to make my contribution towards this very important Ministry. First and foremost, health to any nation is such an important component and that the provision of the necessary facility is so important that if the country must progress and achieve its intended course, it must ensure that provision of health services is made so that people at all levels can access medication at the cheapest and most convenient way possible.

When we look at the funds that have been allocated to this Ministry, it is saddening that we have allocated it about Kshs8 billion less than what they asked for. That means their budgeted provisions cannot be achieved. When an issue like that has been raised, then it is important that Treasury ensures that sufficient funds are made available so that we can provide this very important component to the people of our country.

Madam Temporary Deputy Speaker, what is very important is that as we develop as a country, there have been things happening in the countryside. For example, the promotion of health facilities to the level of sub-district hospitals. It has been very discouraging to note that there is lack of what is required for those facilities to function well. What we are saying is that it is time to make those facilities functional. Therefore the Ministry concerned must ensure that within their meagre resources, they must make sure that personnel are provided. For example, there are facilities which do not have nurses or there is only one nurse in a populated area. When you ask why there is not enough personnel, you are told that there is no money to hire them. If we can allocate enough money to buy artillery for the military, which one of the two is important; good health or enough arms in anticipation of an aggression? I would recommend that the Ministry and the Government look at it more objectively to see to it that funds are allocated towards providing health to the people.

Madam Temporary Deputy Speaker, if you look at the funds that people contribute towards institutions like the National Hospital Insurance Fund (NHIF), it is a lot of money. Instead of the money being ploughed back to the beneficiaries, it is used to pay big salaries or a source of employment to people rather than to provide good quality service in health. Part of the money is invested but not put back to its core purpose. That is something that the Ministry should look at and amend the Act to allow the Ministry to use the surplus money to make the hospitals in the countryside to be operational and more effective. They should also have modern facilities that will enable them discharge services more effectively. Today, it is used for other purposes like investing in buying houses. This is not necessary in terms of providing good health.

Madam Temporary Deputy Speaker, if you look at what is happening in provincial and district hospitals; patients are just given prescriptions. They are sent to go and buy the medicine in private pharmacies. This is something that the Ministry should look at very carefully and address it so that patients can get prescription, treatment and medication in the public facilities.

Regarding the question of personnel, there is a shortage of doctors. The Minister said that we require about 20,000 doctors. That should be a priority. Most of those funds

should be used in employing doctors. When you look at the doctors that we have, they are not enough. The few that are there have divided loyalties. Some serve in the hospital for some time, and most of the time they go to their private clinics because they are not properly remunerated. The Ministry should make the doctors in the hospitals happy and devoted by paying them well.

Madam Temporary Deputy Speaker, with regard to the issue of the new districts which have been created or the conversion of the constituencies into districts, every district now is expected to have its own hospital.

The Temporary Deputy Speaker (Prof. Kamar): Time up!

Mr. Kigen: Madam Temporary Deputy Speaker, with those few remarks, I beg to support.

Mr. Chanzu: Madam Temporary Deputy Speaker, I also rise to support Vote 11, Ministry of Medical Services. We all know that this is a very important Ministry. During the campaigns, the pledges the Government made from Independence, health was one of the three or four key components. This Ministry has been here since 1963 but we still find that what is being voted in Parliament, there are still problems in the constituencies and hospitals. A lot has been achieved through direct funding through the Constituencies Development Fund (CDF). This is an area where I was thinking that what the Deputy Prime Minister and Minister for Finance read in this House and what the Minister – I am happy that both the Ministers are here – if we can combine forces so that whatever we are talking about here is not channeled the way it has been channeled in the past because the moment money is channeled through a single person as a civil servant, it is very difficult to account for this money and all of us have witnessed this. It is happening with roads and health facilities. At least, there is accountability when the money gets to through the people who are elected to represent their constituents in Parliament. So, I support the Vote but the allocation is very insufficient. When you look at the Printed Estimates, we always say that in our Budget, we are putting more emphasis on Recurrent Expenditure; that is, on salaries and putting less emphasis on Development. But if you look at this Ministry, everything is short because we do not have enough doctors. Somebody will come and say that the allocation was skewed towards Recurrent Expenditure but it is still not sufficient at all.

When the Minister was moving the Motion, he said that he is hoping that next year, Parliament will vote more money for the Ministry. I think he was placing that in the wrong place. This is something that they, as a Cabinet, with their supply officers in the Ministry of Finance, should go and push for, bring the figures and we support them. Even if we double these figures, I am sure the hon. Members will still support the way I see the situation in this country. We are supposed to be at a stage where the poor people are being taken care of by the Government when it comes to healthcare. Every day, like today, I have had about seven cases of people who are having either patients in hospital or others are bereaved and they cannot afford it. We are almost getting to a stage of showing the public that in our pay slips, we are given money to pay for this medical care. But the public believes that because they already go for the easier option. Just because they have voted for a Member of Parliament, they think that he can finance them. It is not possible. I support this Vote and say that the Recurrent Expenditure--- Whatever the Minister has said, the introduction of the medical scheme, I think what we have suffered here is the mismanagement of funds in the National Hospital Insurance Fund (NHIF) for

many years. There is nothing punitive in this Government. When somebody squanders billions and billions of shillings, he is sent home for a short while and the next time, he is recycled and given another big job. This is what has happened and that is the reason impunity continues.

Madam Temporary Deputy Speaker, I know Kenyatta National Hospital (KNH) has tried; the Director is trying but he cannot give rebates without being funded. The money that is being wasted and the skewedness of the budget of the NHIF should be adjusted because they are spending a lot of money on their salaries and doing what is not their core business. How do these guys go and put money in very expensive buildings when people are suffering without health care? So, there is a lot of money around but I think we are not using it properly but I am happy that the Minister has been making very positive pronouncements. I remember there was a Question in this Parliament by one of the hon. Members here regarding the same issue and he was very frank. He told us that if we can vote for it, he will be able to support. So, I support and hope that we increase the budget for this Ministry.

Mr. Njuguna: Thank you, Madam Temporary Deputy Speaker, for the opportunity to contribute to this very important Motion. Firstly, I wish to thank the Minister for Medical Services for ably presenting his estimates to this House. We note that the entire Ministry was very much under-funded to the tune of about Kshs13 billion. This amount, if it was allocated, would have gone a long way in improving the health care of our people. To indicate one area that would have benefited tremendously is the KNH. The KNH is the biggest hospital in Eastern Africa and we recognize the best brains and the best doctors are there and they have been under-utilized. If more money was invested in that hospital, the kidney transplants that are forcing our people to go to South Africa and even India would have been treated here at home. The KNH started well ten years ago by way of effecting open heart surgery. It is like this exercise is going down because the funding in the same facility is not adequate. Again, at the KNH, if they had more money, the issue of holding treated patients would not be there. We note there are patients who have been treated, cured and have been held at ransom by the KNH because they are not able to pay the medical bills. If the KNH had adequate funds, these people would be out and become productive in the countryside.

Another area that we need to note is the role of the private hospitals in this nation. Some of them have played major roles by way of providing very satisfactory services to our people but other private hospitals have not been co-ordinated properly. We have our patients going there; they do not find proper qualified doctors. They find quack dentists and even fake theaters in these places. I would urge the Ministry to pay more attention to this sector.

The other critical area is the role played by the herbalists in this nation. Where do they get big titles like doctors? Who designates these people? They cheat innocent Kenyans and when they go there, they get wrong prescriptions and they end up dying!

Madam Temporary Deputy Speaker, the other issue that should be given more thought and more funding is the emergence of new districts in the nation. To date, we are talking about 254 districts. We need to upgrade the facilities. We need to have ambulances. We need to have doctors and other people. So, more money must be released to those new districts.

Madam Temporary Deputy Speaker, to contain the exodus of our doctors from this region to other areas, we need to improve the terms of service of our doctors. They are moving to Southern Sudan while others are moving to Tanzania. To stem that very bad movement of our professional people, we need to improve the services in our hospitals. One way of containing that situation is to allocate more funds.

Madam Temporary Deputy Speaker, political will is very important. We need to know the political direction that this country will take so that the little resources that have been allocated to the Ministry could also be utilized for the benefit of the suffering Kenyans. I note with appreciation the commitment that was given by the Minister. Some little resources have been allocated to cater for our people. Finally, we have noted that more staff will be recruited in the Ministry. The recruiting agent should not be ethnic or sectional. We want qualified Kenyans to be given opportunities to serve in our health institutions.

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

Mr. Murgor: Thank you very much, Madam Temporary Deputy Speaker, for allowing me a chance to contribute to this very important topic. It is obvious, as shared before by other hon. Members, that a healthy nation is a nation that will perform to the expectations of the citizens. Generally, it will be an energized nation. I will say that for us to perform in academics, we need to have a healthy nation. For us to perform in other areas like agriculture and even move powerful bulldozers around, we need to have a healthy nation. That is why I support and concur with my colleagues that more money should be added to that important Ministry.

Madam Temporary Deputy Speaker, improved health of our people will give us a healthy nation. To achieve that, we need doctors and qualified people. We should equip them to undertake health campaigns in the rural areas. They should create sanitary awareness in rural areas that do not have hospital facilities like urban areas.

Madam Temporary Deputy Speaker, I would strongly suggest that for us to carry out medical services to the expectations of our people, we must have facilities such as x-rays and laboratories. We should post technicians to district hospitals. Blood banks and blood transfusion equipment are very essential in our hospitals to improve the health of our people. So, the Ministry should be equipped enough to take those facilities to sub-district and district hospitals. That will enable them to curb the population that is pouring into the district headquarters and district hospitals. We should equip the sub-district hospitals so that not too many referral cases pour into the districts.

Madam Temporary Deputy Speaker, we should have good plans in the Ministry to take services to isolated and remote rural areas that are populated. That is because in some places such as West Pokot and other remote districts, sick people walk for many miles to reach the nearest medical facility. So, the Ministry should take medical services closer to the people.

Madam Temporary Deputy Speaker, we should train more nurses and doctors and spread them well over the districts. To curb brain drain, we should train adequate personnel so that we can send them to the rural areas. If we do not have adequate personnel, we should go to the source; that is the training. We should have a training facility for every three districts. That way, we can produce enough personnel to man the medical services in the districts in the rural areas.

Madam Temporary Deputy Speaker, there is another thing that we are battling with. That is the language of the doctors and the nurses that make people sicker than they are---

The Temporary Deputy Speaker (Prof. Kamar): Your time is up! Proceed, Mr. Kioni!

Mr. Murgor: Thank you very much, Madam Temporary Deputy Speaker. I beg to support.

Mr. Kioni: Thank you, Madam Temporary Deputy Speaker, for giving me this opportunity to support this Motion. The Ministry got 5.43 per cent of the total Budget, which is way below the 15 per cent that was recommended in Abuja. That is, again, very far below what was recommended by the World Health Organization (WHO).

Madam Temporary Deputy Speaker, we are aware of the Millennium Development Goals (MDGs) that we need to achieve in terms of reducing child mortality, improving maternal health and also combating HIV/AIDS, malaria, TB and other such diseases. I say that because the budget that has been allocated to the Ministry is clearly below what, perhaps, would have helped the Ministry to make a better impact on the health of our nation. It is in that line that I join others in urging that, perhaps, in the future Budget, we would want to see a higher allocation of resources to this Ministry, so that we could actually have a much healthier nation that should be able to engage in more productive activities and enjoying a better level of health.

Having said that, Madam Temporary Deputy Speaker, I think there is also a number of issues that the Ministry also needs to address. One of them had been mentioned by one of the speakers earlier. It is that when you are dealing with cost-sharing, it is important that the Ministry pays attention to its personnel within the health centres who actually maintain pharmacies right outside those health centres. They are very quick to recommend that the patient sources for the medicine from the same units that they own and they will certainly benefit from the profits much later on. That in itself undermines the quality of healthcare offered to our people. Secondly, there is the issue of balancing which is very important. In my new district Ndaragwa – I do not want people to think that I am talking about it because it is new – we have nine health centres or dispensaries, without a single doctor. There is one clinical officer who works on a rotational basis. He is in one hospital in the morning and another one in the afternoon. This is not something that is replicated in other regions in this country. One can see lack of balancing of the inadequate staff that we have. We agree that we should have more doctors and nurses. It is, however, important that we have fair distribution of these personnel. Therefore, it is up to the Ministry to consider the way it distributes the few health officers who are available so that some areas do not suffer while others have abundant staff. It is important that we share this burden equally, so that we move on together as a nation.

Madam Temporary Deputy Speaker, we have the Kenya Medical Supplies Agency (KEMSA). We are now in the age of decentralizing issues. It is important that we devolve the KEMSA, so that medicine is availed at the grassroot in good time. If we start the distribution of medicine from Nairobi, even after providing a lot of money, certainly a lot of time would have been lost by the time the medicines get to the other places. That can be taken care of, if we devolve the activities of the KEMSA like we are doing in other sectors.

The religious sector has been singled out as one of the sectors that have contributed heavily towards the health of our nation. It is important that the Ministry ensures that the equipment sourced by these organizations is meant for them. The Ministry should also make sure that the organizations are exempted from duty that would make it difficult for their health centres to avail medical support.

Madam Temporary Deputy Speaker, I would like to support this Budget and urge that the regional balancing be done properly. There is the perception that some regions have more personnel than others. I come from Ndaragwa Constituency and I have been grouped with people with resources. We belong to a region that requires to be supported. We are waiting to feel the presence of the Minister.

Thank you, Madam Temporary Deputy Speaker.

Dr. Laboso: Thank you, Madam Temporary Deputy Speaker. I also rise to support this important Motion. I would like to start my contribution by reiterating that the approved budget for this Ministry stands at 11 per cent when the agreed budget should be 15 per cent of the national Budget. This is an important indication of how this Government is taking health issues in this country. We should make sure that we are within the agreed 15 per cent, since we are signatories to the Abuja Declaration.

Even as the Ministry tells us how much it will spend, we should ask how much the citizens spend on health. This is not an amount that is budgeted for. It seems to me that the budget has not made any meaningful impact in making health services affordable to all. I would like to request the Ministry to consider spending a lot more on preventive care than curative care whose expenditure keeps on rising. I would like to confess that my contribution cuts across the two Ministries. The Government should re-prioritize preventive care than curative care.

What is the Ministry doing now that the CDF has been assisting them with infrastructure? We expect the Ministry now that the CDF has relieved it the burden of putting up dispensaries and health centres, to allocate more money to prevention care and service delivery to the people. The Ministry should budget for personnel and equipment for the facilities that have been handed over to it.

Madam Temporary Deputy Speaker, Sir, with regard to equity, we would like to know how much has gone into rural communities and the urban poor vis-à-vis the urban centres. The indication is that only 30 per cent of the budget has gone to the rural communities and the urban poor. Where is the 70 per cent? From the records, we are reliably informed that about 30 per cent of the budget goes to Kenyatta National Hospital and Moi Referral Hospital, Eldoret. The question is: "How many Kenyans access those facilities?"

With regard to funding programmes aimed at combating the HIV/AIDS pandemic, I believe that it should not be funded by donors. The affected Kenyans take the HIV/AIDS drugs on a daily basis. If the donors were to withdraw their support, do we expect the victims to die? We should fund that from our resources.

I would like to know the status of the National Social Health Insurance Fund from the Minister. I believe this is one way we can address equity in our society. If each one of us will have a card that will enable him or her access medical services, we will address a very important issue that quite often divides this country.

The issue of training cannot be overstated. We need more nurses to be trained and employed. Last weekend, I visited a health centre which was being manned by a

subordinate staff. The young lady was dispensing medicine. I am sure that is not a unique situation confined to Sotik Constituency alone.

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

The Temporary Deputy Speaker (Prof. Kamar): Hon. Members, it is now time to ask the Minister to respond for a maximum of ten minutes before the next Minister moves her Motion.

The Minister for Medical Services (Prof. Anyang'-Nyon'go): Madam Temporary Deputy Speaker, Sir, let me begin by thanking all the hon. Members who contributed very constructively to this Vote, and particularly my dear friend, Mr. Monda, who is the Chairman of the Departmental Committee on Health.

I appreciate the concerns of hon. Members regarding the under-funding of the Ministry. I hope that when I say that in the next year's Budget things could be better, it means that we want to work together with Members of Parliament (MPs) and the Departmental Committee on Health to make representations to the Government for that increase in budgeting.

Madam Temporary Deputy Speaker, there has been a lot of concern about the National Social Health Insurance Fund (NSHIF). Hon. Laboso has just spoken about it. Other MPs spoke about it earlier. Let me say that we are very advanced in making this happen. We have already crafted a Cabinet Memorandum, which is currently with the Ministry of Finance.

We have made proposals towards amending the National Hospital Insurance Fund Act. The Bill amending the Act will have to come to Parliament with the requisite memorandum, explaining why it is being done. I believe, as hon. Laboso said, that when we have the NSHIF, it will address a lot of issues regarding health funding, particularly for the poor.

The concerns that have been expressed about the KNH, as one hon. Member said, is really because when poor people go for medical attention, they may not have the money to pay for them to be attended to but the KNH has to admit them. Once KNH has admitted and treated them, it has to recover its costs. If these people were covered by a NSHIF, the KNH and other hospitals – both private and public – would really not worry about whether these people have money or not, because they would be covered by NSHIF. It is in the interest of this nation for us to have an effective, efficient and accessible healthcare; it is for us to expedite the implementation of the NSHIF Scheme.

Madam Temporary deputy Speaker, Mrs. Shabesh and other MPs raised a very important issue that I would like to respond to - the money being lost at the NHIF. In the past, the NHIF implemented projects that are not its core business. When I was the Chairman of the Public Investments Committee (PIC) in the mid 1990s, we also addressed ourselves to this question. I must say that since the mid 1990s to date, there has been improvement at the NHIF. Currently, our proposal is that the NHIF should address itself to its core business. That is why we are moving very fast to establish the NSHIF.

We have also cut down considerably on pilferage at the NHIF, by putting in place an Information and Communication Technology (ICT) system, so that the management of the Fund is taken away from the subjective hands of human beings into a computerised system that will make accountability much more effective.

Madam Temporary Deputy Speaker, another issue has been raised that is very current and very important. That is the so-called “herbal medicine”, particularly Chinese herbal medicine. Mrs. Shabesh was right in saying that our people do resort to this kind of herbal medicine when they think that it is cheaper than what is available in the pharmacies and chemist shops. Indeed, currently, the KEMSA is the cheapest supplier of drugs in this nation. That has been proved by a task force that we set up. If we capitalise KEMSA properly, it will be able to make cheap drugs available to the nation.

Secondly, if we improve the surveillance of drugs in the nation through the Pharmacy and Poisons Board, by making sure that medicines that come into this country are properly bar-coded, so that only properly bar-coded drugs can be sold in our pharmacies, we shall, definitely, eliminate the problem of counterfeits. We are working very hard to deal with the counterfeit drugs problem, so that only *bona fide* drugs can be available both in the market and in the public health institutions.

Madam Temporary Deputy Speaker, Dr. Eseli was right in saying that we must make sure that Appropriations-In-Aid (A-I-A) in district hospitals and other health facilities, which is the cost-sharing money- is properly used. One of the reasons as to why we are introducing e-management of health services is precisely to make sure that accountability for the cost-sharing money in hospitals is improved.

For example, currently, at the Moi Teaching and Referral Hospital there are about 16 different points of revenue collection. Now, when you have 16 different points of revenue collection in one hospital, you are creating room for inefficiency and mismanagement. The Nairobi Hospital realised that, and introduced an ICT system, which not only reduced the number of revenue collection points but also took away the collection and accounting for that money from a system of physical receipts and registers to a computer system.

Madam Temporary Deputy Speaker, you know that when the Kenya Revenue Authority (KRA) introduced the Electronic Tax Register (ETR) system, they improved their revenue collection tremendously. We, in the medical fraternity, must also do the same and introduce an electronic health management system in our facilities to improve accountability and curb on pilferage. That having been said, what was done in the past need not be repeated in the present.

I do not think that under my charge, the NHIF can involve itself in construction of something like the car park. That was a big mistake by the NHIF. However, that is water under the bridge. We now look to the future to make sure that the funds that will be raised by the NHIF will be properly used to have medical services accessible, particularly to the poor. I am saying “accessible to the poor” because, in the final analysis, we, MPs, are the ones who quite often have to bear the burden of bailing out the poor who are detained in the KNH and other medical facilities when they cannot pay their bills.

Madam Temporary Deputy Speaker, another issue that has been raised, and for which I am very grateful, is that of remuneration and training of health personnel. Although we are making arrangements to hire more health personnel, and although with respect to nurses, we have actually improved their terms of service, I am convinced that this nation is not replenishing our “stock” of doctors effectively. There are certain areas of medical specialisation like Ear-Nose-Throat (ENT), gynaecologists and paediatricians, where we have an acute shortage in this country.

This means that the Ministry and the training institutions, including the universities, must involve themselves in a dialogue that will come up with a plan to ensure effective production of medical personal, including specialised personnel, to make our medical service effective. I share the concern of hon. Kioni, who noted that it is actually, in this day and age, rather shameful that we should be shipping out our people to look for a simple things like kidney transplant in South Africa, India and other places - a process that is prohibitively costly.

Madam Temporary Deputy Speaker, if we did what other nations, like Taiwan, have done, we should have developed a medical centre. This would be used for specialised medical care, and to which the universities have access, where foreign specialists can come and practise medicine. For example, when somebody is going out for something like a hip replacement, which is simple “carpentry”, rather than go and do it in Great Britain, would be better to fly in a specialist here, who would use the equipment here; therefore, the knowledge from that kind of surgery would be domesticated.

One other thing that happens when we export our pathology to other countries is that it is only doctors in foreign lands that learn about this pathology, develop knowledge on how it is to be cured, and that knowledge remains in foreign land, instead of being domesticated here. So, it is important that, as we improve our health services downstream, we also improve our health services upstream by developing centres of excellence that will enable us to pull ourselves upwards, and not downwards.

Madam Temporary Deputy Speaker, we will come to Parliament with such proposals. I hope MPs will support us.

With those remarks, I beg to move.

(Question put and agreed to)

The Temporary Deputy Speaker (Prof. Kamar): Thank you! I now call upon the Minister for Public Health and Sanitation – Vote 49 – to present her Estimates.

VOTE 49 – MINISTRY OF PUBLIC HEALTH AND SANITATION

MOTION

THAT THE SPEAKER DO NOW LEAVE THE CHAIR

The Minister for Public Health and Sanitation (Mrs. Mugo): Madam Temporary Deputy Speaker, I beg to move:-

THAT, Mr. Speaker do now leave the Chair.

Madam Temporary Speaker, I beg to submit the Vote 49, Ministry of Public Health and Sanitation expenditure estimates for the 2009/2010 Financial Year.

The mandate of the Ministry as defined by the Government in Presidential Circular No.1208 covers the following functions: Public Health and Sanitation Policy; preventive and promoted health services; community health services; health education; reproductive health; food quality and hygiene; health inspection and other public health services; quarantine administration; oversight of all sanitation services; preventive health

programmes, including vector control; national public health laboratory; Government chemist dispensaries and health centres; Kenya Medical Research Institute; Radiation Protection Board; member of KEMSA board and member of KMTC board.

Madam Temporary Deputy Speaker, in line with this mandate, my Ministry's vision is to make Kenya a nation free from preventable diseases and ill health. Our mission is to provide effective leadership and participate in the provision of quality public health and sanitation services that are equitable, responsive, accessible and accountable to Kenyans.

My Ministry's core function is to provide primary health care services at the community dispensary and health centre levels. Priority is given to scaling up the implementation of interventions that are aimed at preventing disease and promoting health through the following strategic trusts:

1. Improving equitable access to public health and sanitation services.
2. Improving quality and responsiveness to public health and sanitation services.
3. Improving efficiency to public health and sanitation services.
4. Fostering partnerships in public health and sanitation services.
5. Improving financing to public health and sanitation services.
6. Some of the key interventions include:
 1. Immunisation of children deliveries by skilled health attendants.
 2. Prevention and control of communicable diseases such as malaria, HIV/AIDS, tuberculosis and non-communicable diseases as well as management of disease outbreak.

Madam Temporary Deputy Speaker, Sir, in the printed estimates for the Financial Year 2009/2010, the Government has made a bold move to direct substantial resources to build capacity of Kenyan communities at grassroots level, to take charge of healthcare development and to manage resources for health. Empowering communities to take charge of their own health marks the beginning of a significant public policy thrust that will transform the provision of health services in the country.

This will be done through scaling up, the roll out of community strategy to progressively cover the entire country in a manner that is responsive and sensitive to the social-cultural values and practices of the various communities. In order to strengthen the community strategy, the Ministry plans to channel the newly established health sector services fund resources directly to all dispensaries and health centres.

Madam Temporary Deputy Speaker, during the Fiscal Year 2009/10 my Ministry will lay emphasis on the following critical public health interventions: Scaling up epidemic control efforts, particularly in relation to emerging and re-emerging diseases such as influenza H1N1, polio and easily preventable diseases such as cholera. Scaling up delivery of targeted health services to appropriately respond to the reduced performance of the health sector that was experienced following post-election violence.

Specific focus will be on increasing immunization coverage, scaling up malaria prevention and control activities as well as improving HIV/AIDS and TB programmes, building and rehabilitating dispensaries and health centres; establishing a model health centre in each constituency as part of the economic stimulus programme; scaling up sanitation coverage and ensuring water quality at household level and scaling up of food safety and quality surveillance.

Madam Temporary Deputy Speaker, the Government has allocated my Ministry Vote 49, a total gross budget of Kshs19,472,465,224. Out of this, Kshs12,500,645,937 is for Development Vote. The balance of Kshs6,971,819,287 is for the Recurrent Vote.

The Development Vote has a gross budget of Kshs12,500,645,937. Out of this, Kshs5,420,145,972 is sourced from our development partners. The balance of Kshs7,008,499,965 is sourced directly from our taxpayers.

Madam Temporary Deputy Speaker, I am happy to note that the Government has allocated my Ministry funds for important new projects and programmes as follows: Economic Stimulus Programme. Under the Development Vote, the Ministry has been allocated a total of Kshs5,740,000,000 to undertake the following activities: Recruitment of 20 nursing staff per constituency. This translates to 4,200 new employees countrywide. A total of Kshs655 million has been allocated to cater for these requirements. Construction of model health centres with maternity and children's ward at an estimated cost of Kshs20 million per facility per constituency, amounting to Kshs4 billion. The House may wish to note that this amount will cover 200 constituencies. Purchase of motorcycles at an estimated cost of Kshs84 million and bicycles at an estimated cost of Kshs1 million to support the roll out of the community strategy. Purchase of medical drug kits and non-pharmaceutical items at a total cost of Kshs1 billion for use in dispensaries and health centres.

This is a demonstration of the Government's commitment to improve health service delivery throughout the country. It should, however, be noted that the programme activities are specific to this financial year and the Government must seek to safeguard and sustain the gains realized through these programmes.

Radiation Protection Board has been allocated a total of Kshs164,970,935 to put up a laboratory for security of nuclear materials and equipment at Oloolua, Ngong.

A total of Kshs15,300,000 has been allocated for the refurbishment of the Government Chemist offices building in Kisumu and Mombasa.

The Ministry's Recurrent Vote has been allocated a total of Kshs6,971,819,287. Out of this, a total of Kshs3,600,061,775,401 is to cater for the personnel emoluments and related items.

Madam Temporary Deputy Speaker, Kshs2,285,043,886 will cater for operation and maintenance expenses, including purchase of medical commodities. A further Kshs1,025,000,000 is a grant to Kenya Medical Research Institute to support its operations.

My Ministry faces the following challenges: Maternal and child mortality. Maternal and child mortality remains a major public health problem in Kenya. Despite the country's commitment to the Millennium Development Goals (MDGs), the country has lagged behind in meeting most of the child survival and safe motherhood targets.

On non-communicable diseases; lifestyle-related diseases such as hypertension, diabetes, heart disease and cancer are on the increase, posing a threat to the healthcare system as these diseases divert resources from primary healthcare services. The huge burden of disease is made worse by prevailing poverty levels. This results in most of the population lacking the enabling environment for sustained good health such as adequate nutrition, safe water, quality housing, healthy living environment and food safety.

Madam Temporary Deputy Speaker, the public health system has inadequate financial and human resources. There is insufficient community involvement and

empowerment. These have contributed to the less than optimal performance of the health care in the past. Pandemic influenza H1N1 is a major threat for this country, having been declared a global pandemic by the World Health Organisation (WHO). We are preparing a memorandum for the Cabinet asking for funds to cater for this. I hope this House will pass this. The Ministry does not have adequate resources in the budget to respond to the threat.

Global climate change has resulted in extreme weather patterns associated with disasters such as floods, drought and disease outbreaks. The rising number of road traffic accidents is a major cause of avoidable morbidity, disabilities and mortalities in the country.

Madam Temporary Deputy Speaker, the Government Budget allocation to the health sector currently stands at 5.3 per cent of the national Budget. This is far short of the 15 per cent target agreed in the Abuja Declaration. The Durban Declaration also requires the Government to allocate a 0.5 per cent of the national Budget to sanitation. Consequently, my Ministry has a huge budget deficit; approximately Kshs22 billion. As a result of this gap, the Ministry has to overcome observed constraints such as inadequate number of dispensaries and health centres, inadequate supply of medical commodities and equipment to the dispensaries and health centres, shortage of human resources for health especially hard to reach areas and inadequate funds for hygiene and health promotion.

With the support of all the stakeholders, including Parliament, my Ministry hopes to appropriately respond to these challenges in order to achieve and sustain desired health outcomes for our people. My Ministry's core function is to prevent ill health and promote good health on a sustainable basis among the people of Kenya. It is, therefore, imperative that the Government gradually increases the resources devoted to enhancement of public health and sanitation. On our part, we will endeavour to maximize utilization of the resources entrusted to our Ministry, enhance public participation on delivery of health services and enforce accountability.

Madam Temporary Deputy Speaker, I, therefore, wish to request this House to approve a gross total of Kshs19,472,465,224 for the Ministry of Public Health and Sanitation – Vote 49, during the Financial Year 2009/2010.

I beg to move.

The Temporary Deputy Speaker (Prof. Kamar): Hon. Members, debate continues!

Mr. Ethuro, please, proceed!

Mr. Ethuro: Madam Temporary Deputy Speaker, I wish to support this Motion. In supporting this Motion, I want to tell the Minister that she was to respond to my request for a Ministerial Statement on polio outbreak and she decided that, that was not a priority. She knows very well that we have about 16 cases of polio in Turkana District and this is a highly contagious disease. If it were the outbreak of swine flu in Kisumu, she would take the next available flight there.

I want to agree with the rest of the Members that the Government committed itself in Abuja in 2001 and followed this with Maputo in 2006 by integrating some of these issues. The commitment by the Government to other African States is that the total allocation to the health sector should be at least 15 per cent of the national Budget. Health is such an important issue. However, in my place with all the rural health facilities which

do not have a single registered nurse, they are managed by patient attendants. I know she will tell me this happens because she lacks the money. Therefore, I want to support her to get more money. As she looks for more money, let her make sure that we get some trained nurses in the greater Turkana region.

Madam Temporary Deputy Speaker, the Minister needs to get out there. The Ministry is properly titled as Ministry of Public Health and Sanitation. However, we have some places without sanitation. We have places where the Public Health Officers, who are under her Ministry, are not deployed in adequate numbers to sort out some of these issues. Health is a basic right to Kenyans. It is not a privilege that we can afford to ignore. It needs good health to be productive. In my constituency, malaria which is treatable causes about 42 per cent of all deaths.

I am trying to support this Motion because I think the Minister needs more money and correctly so. However, I also think she is very discriminative in the use of resources. I am not just accusing her as a person; I am accusing her with all the mandarins in her Ministry who tend to look at this country in terms of who has a better political muscle. They think that some of us should be condemned to death.

Madam Temporary Deputy Speaker, if there is any contribution I want to make to this country, it is that, every Kenyan be entitled to certain basic services. Ministries should ensure that there is the basic infrastructure to ensure that these services are available. Members will recall that I have asked Questions in this House about an ambulance in Lodwar, lack of supplies to the district hospital and availability of medical services. The department that has tried is Kenya Medical Supplies Agency (KEMSA). I want to appreciate the work done by KEMSA. At least, drugs are going directly to health facilities. That is good. However, as the Ministries release new ambulances, they have not found it fit to release one to Lodwar District Hospital. I asked a Question here and the Minister agreed that an ambulance will be sent there. However, once they go back to the headquarters, they decide to do their own things. I do not know whether this is because Turkana is not sufficiently qualified to be in Kenya.

Madam Temporary Deputy Speaker, we want to be taken seriously. When we bring issues to this House, we want Ministers to take us seriously and respond to them! Some areas are still suffering from cholera and measles outbreaks. Some of us are unfortunate because we are bearing the burden of the entire country by the fact that we have refugee camps in our places. When you look at the incidents of diseases in areas where we have refugee camps, they are greater than anywhere in the general population. This is a burden that communities in Dadaab and Kakuma are bearing on behalf of the entire Republic. Why can the Republic not respond to some of these concerns when they realize we are bearing the burden on behalf of the country?

With those few remarks, I beg to support. I wish that both Ministers, especially my good friend the professor, will realize that this is one country.

Mr. Ngugi: Thank you, Madam Temporary Deputy Speaker. I rise to support the Vote of this Ministry. In doing so, I want to restate that at Independence, the Government said that it wanted to eradicate poverty by enhancing economic development, eradicate disease by providing good health get rid of and ignorance by providing education. However, if you look consistently, since Independence, we have allocated minimal resources to health care. For example, this year, the two Ministries of health combined are getting only an allocation of 5.3 per cent of our total Budget compared to 20 per cent

for education and over 30 per cent for our development. That shows that our priorities are not right. When we have an unhealthy nation, we cannot be productive and our people cannot live for long. That is why the Government ought to put more resources to this sector.

The Ministries dealing with health matters should be concerned with anything that has to do with the health of Kenyans. For example, two important things are the key factors that are affecting our youth in terms of their health. One of them is consumption of illicit brew and the other one is addiction to drugs. These two issues should be of key concern to the Ministries dealing with health matters because they have to do with the health of our people and especially the youth of this nation.

Madam Temporary Deputy Speaker, I feel that without research and development, we will move nowhere. There are new emerging diseases. Twenty years ago, diseases like hypertension or diabetes were unknown, where I come from, in Kinangop. Today, they are among the biggest killers of my people. We ought to do research and find out why this is so. Is it because of the kind of food that we are eating or due to climate change or activities or what? Once research is done, these Ministries would advise people on what measures to take.

I also want to talk about the Drugs and Poisons Board which falls under these Ministries. Every FM radio station you tune to has advertisements about herbal medicines by doctors that we are not sure whether they are qualified yet they claim to cure each and every disease. I do not think this is so. Is it not the responsibility of the Drugs and Poisons Board to see that people do not advertise things that can be harmful to our people? They do nothing about it.

I want to talk about the remuneration of our medical personnel. The reason why there is an outflow of our medical staff is because we do not remunerate them well. That is one factor. However, even a more harmful factor is the policy decision that was made by the Government that civil servants could take up their jobs and at the same time conduct private business. I stand for paying a top surgeon even Kshs1 million a month, so that he works at the Kenyatta National Hospital full time instead of working at the Kenyatta National Hospital, the Aga Khan Hospital, The Nairobi Hospital, Mater Hospital and at any other hospital. You cannot distribute your time all over and be efficient. I am for a policy change. This country requires to make firm and hard decisions to correct the things that have made us go wrong.

In conclusion, I would like to see collaboration between the public and the private sectors.

With those few remarks, I support.

*[The Temporary Deputy Speaker
(Prof. Kamar) left the Chair]*

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

Mr. Bahari: Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to join my colleagues in supporting the Vote of the Ministry of Public Health and Sanitation. On the outset, I would like to congratulate this Ministry because it has faced very difficult

times in the recent past. We have had outbreaks of cholera almost throughout the country. Apparently, the Ministry has been good at moving forward and they have managed to contain the situation. In my own constituency, there was an outbreak and when I took up the matter with the Minister and the rest of the Ministry officials, they moved in with speed and contained the situation.

In addition, I want to thank the Non-Governmental Organizations (NGOs) like the World Health Organisation (WHO), Kenya Red Cross, *Medecins Sans Frontieres* and other stakeholders who worked very closely with this Ministry and came in handy to give the necessary back-up to this Ministry on a disease that is very deadly. A disease which spreads very fast and in very difficult time when there is very strong wind and malnutrition and when everything was against this Ministry. I was just about to forget the H1N1 flu virus. They moved in very fast, and on a timely basis, they did a very good job. I want to ask them to continue in the same manner and move forward because cholera in this country was not a common phenomenon. It used to be in very isolated areas. In my constituency, I had not heard about it in the past 20 years. This is the only time it has come around. I think it is important that they move in and take preventive measures. That action is the reason why this Ministry is there. To do that, they need a lot of resources. I am happy that the Ministry of Finance has given them something extra compared to the last financial year. This is the direction that we should go.

In order for this Ministry to deliver services, they need to have staff members that are motivated. This matter should not be left out. We must remunerate our medical staff properly or appropriately so that they can move in. If you move around, you will find many redundant staff at the same time. This Ministry should get rid of these redundant staff. One of the main problems of this Ministry is that it does not act when it comes to getting rid of staff. There are people who do not deliver services, they are indifferent and of course, they know it because they go elsewhere to deliver services! They would rather concentrate on the additional source of income rather than concentrate on their monthly source of income.

So, while the majority of the staff is quite good, there are a number of them who are dead woods and should be gotten rid of. I was told of an instance where a member of staff went to South Africa for studies for one year and nobody even reported. Disciplinary issues in this Ministry are not handled fast as it is the case with the Ministry of Education where the Teachers Service Commission or District Education Offices act very fast. Action should be taken in this case, because there are many trained personnel who want to be employed. I do not know why we do not move as is required. In order to perhaps, have the good job they have started doing, they should have motivated and disciplined staff.

Mr. Temporary Deputy Speaker, Sir, finally, there is the role of Non-Governmental Organizations (NGOs) in the provision of medical services. This must be appreciated. Within the same bracket, we have religious organizations which have been providing excellent health services. The Ministry needs to borrow a lot from what the hospitals and dispensaries run by missions and other institutions do. For example, I had an opportunity to be in a place called "Mt. Kulal" where I found a fully qualified doctor running a hospital in that place and providing all the services that are required, and yet Kenyan doctors do not.

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

Ms. Karua: Thank you, Mr. Temporary Deputy Speaker, Sir. I rise to support the Motion and congratulate the Minister in the manner she has been handling the Ministry.

Mr. Temporary Deputy Speaker, Sir, I would like to urge this Ministry to have a more co-ordinated approach to preventive and promotive health, which would end up reducing the costs Kenya and Kenyans have to bear on illness, in terms of time and money. For this to happen it is important that primary health care services be looked into critically. At the dispensaries, we ought to have the basic facilities for monitoring and detecting illness at the earliest opportunity. We, therefore, need to have laboratories that are functional. We also need to have X-ray, scans and all the necessary equipment at that level, so that before people get into serious ailment, it is detected.

I urge the Minister, if she has not already done so, to travel to Cuba and see how they handle their health care services. It is undisputed that Cuba has the best health services for all in the world. I urge the Minister to adopt that method where everybody has comprehensive medical care from cradle to the grave and so many in the population have doctors and nurses who monitor their health. If this is done, we will not have the whole country paralyzed by the cost of medical care. When we visit our constituencies, one of the greatest support that our constituents seek is money either for X-rays, health services, operations or medicine. Some of the ailments could have been prevented if they were detected early.

I urge the Minister to also look into the issue of tracking the medicines once they reach the dispensaries, so that we do not have them leave to unauthorised places and end up in shops. The population will benefit if this is done. Whereas we have many dispensaries in some of our areas and people get diagnosis, they are unable to get the medicine. The perpetual answer is that there is no medicine in the dispensaries. I believe that in some of the cases it is issues of governance. I have heard the Minister, while moving this Motion, mention about the Government Chemist. I did not, however, hear any plan to modernise the Government Chemist. It is a shame that people have to go to South Africa and other private facilities for DNA and not rely on the Government Chemist. It is time we modernised the equipment and made them in line with the latest, so that we can enjoy that service.

In all our dispensaries, if we were to adopt the Cuba model, we would be able to do regular pap smear and mammography tests for women and also have early detection of prostate in men. We need advanced equipment for detection and preventive and reproductive health services and also for children, so that they can grow healthy.

Mr. Temporary Deputy Speaker, Sir, in other words, what I am saying is that the efforts the Government is putting are not sufficient. With a more holistic approach, with the same money, even without increasing it, this Ministry could do more. Could the Minister relook at this, so that next year, same time, we see an improvement in the way we approach health issues.

On the Kshs20 million per constituency for improving services, I want the Minister to consider engaging Members of Parliament and the leadership in those constituencies in prioritising what is to be done and enabling them to have oversight roles, so that this money is used efficiently. It is not enough to have Kshs20 million in the Budget and then, at the end of the day, find nothing of substance has been done. All

constituencies are now districts. If we want to improve our health facilities to reach the district level, the money should be used to upgrade the existing facilities at the district level even if your Ministry has to be flexible enough.

With those few remarks, I beg to support.

Dr. Otichilo: Thank you, Mr. Temporary Deputy Speaker, Sir. I also rise to support this Vote. I would like to say that this is a very important Ministry. If it takes care of its role very well, then this country will have very little problems in health care.

In my contribution to this Vote, I want to focus on the provision of data and information on various diseases. If this Ministry has to reach out to the people, information is very important. In this regard, I would like to see this Ministry developing a comprehensive digital health database which is GIS-based, so that information on various diseases can be availed in a map form. We want information to be availed in a very simple way to the people in the local areas and students and pupils in schools. We already have technology that can create all this information very easily. This is one area that this Ministry should focus on in order to provide information to the people. This is an area that I wish to highlight.

Mr. Temporary Deputy Speaker, Sir, the other area that I wish to highlight is public health. Most of the areas have public health officers. But because of lack transport and enabling environment, most of these officers cannot reach the people. So, you find that they are not able to reach areas to provide necessary information to the people regarding various diseases. This is an area again, I would like to see the Ministry providing, particularly transport to various public health officers, so that they can address various issues of sanitation.

Mr. Temporary Deputy Speaker, Sir, when it comes to the issue of distribution of drugs in the country, there should be a criterion on how they are distributed. The most logical way to distribute the drugs effectively is to, first of all, establish the disease prevalence in the country so that you know where particular diseases are very prevalent so that when you are distributing the drugs, you provide drugs according to areas that are more vulnerable. So, mapping of diseases of the country should be there. We need to see simple maps of the country showing the distribution of diseases so that when it comes to distribution of drugs, we know where to focus rather than just giving a blanket distribution criterion.

Mr. Temporary Deputy Speaker, Sir, one area where I want to highlight and which has not been given a lot of preference, although it is an area of great importance is the issue of jiggers. Jiggers are a major problem but unfortunately, we do not highlight it. I do not understand why. We need to have a clear policy on this major menace and disease called “jiggers” because they are all over. We do not have any serious policy or programme on this disease. I would like to see the Ministry coming up with a very serious programme on jiggers. For example, in Emuhaya Constituency, I have raised this issue with the Minister but so far, I have not received a very comprehensive programme on how to address the problem.

The other issue that has been raised by various hon. Members is the issue of personnel. Most health centres that we have built using the Constituencies Development Fund are idle due to lack of personnel. In fact, most of them have closed down after completion. So, the Minister and the Ministry should work very fast and be able to recruit

the 20 nurses that were provided for in the Budget so that we can have the nurses deployed in the health facilities to provide the necessary services.

Mr. Temporary Deputy Speaker, Sir, regarding the model health centres expected to be constructed in every constituency, we need to work together. Members of Parliament must be involved in deciding which area the health centre should be constructed and what should be involved.

With those few remarks, I support the Vote.

Mr. Njuguna: Mr. Temporary Deputy Speaker, Sir, thank you for giving me this opportunity to air my observations on this very important Motion. First, let me thank the Minister for ably presenting her Ministerial estimates. Before I proceed, I would like to thank the Minister for her personal intervention when our nation was faced with H1N1 flu virus threat. She personally addressed the nation on the issue. That really gave the Kenyan people some kind of hope in the fight against that threat. I would also recommend that the nation should be updated not only on that threat but also on other emerging diseases that are likely to affect our nation.

I also wish to thank the Director of Medical Services because time and again he has come out to give the Kenyan people some satisfactory information on emerging problems. I also wish to reckon that on the issue of contaminated maize, the Minister also came out very clearly to supervise the entire operation making sure that the contaminated maize is removed from the country. Nevertheless, the ship exporting the maize to the nation of origin developed some mechanical problems at the Port of Mombasa. I would urge the Minister to take further steps and make sure that the ship is repaired quickly and the maize removed from our waters. I

Mr. Temporary Deputy Speaker, Sir, I also note that the Ministry is seriously under-funded to the tune of Kshs22 billion. If this money was released by the Ministry, it would have gone a long way in discharging effective service to our people. I wish to note that in our country, we have seen some private hospitals being allowed to run and at times, they have become the centres of abortion in our nation. The Ministry should take a keener role as to what is happening in these private hospitals because we have lost innocent lives and the perpetrators or the people who have been involved in this vice should be arrested and prosecuted. If found guilty, they should be dealt with according to the law so that, that threat to our women is also done away with.

Regarding the establishment of the health facilities in every constituency, this is a very welcome move. I would urge from the outset that contractors and quantity surveyors should be involved so that the facilities that we are going to develop will be for now and the future. It is, therefore, important that this Budget should be given a faster speedier approval so that the money could also come to our constituencies. We remember in certain areas, we have been able to identify land for the construction of these facilities. Therefore, the sooner we have the money, the better.

Regarding our district hospitals, there are some which are running but do not have qualified personnel. We lack doctors, dentists and even ambulances. If we are caring for the health of our people, the people who are going to spur the growth of this nation, it is important that all these facilities must be made available. I would suggest that during the next Budget, the Minister for Finance in conjunction with the Ministry of Public Health and Sanitation should be able to see the need of increasing the Budget allocation.

Concerning the Kenya Medical Training College (KMTC) which is a very important organ for the training of our people, we should have people who are capable of managing that facility. We should not allow any corruption. The leadership of that institution must be beyond any degree of doubt. The trainees must be equitably distributed in the whole nation. They should not be considered—

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

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

Mr. Affey: Thank you, Mr. Temporary Deputy Speaker, Sir. Finally your eyes were able to see.

The Temporary Deputy Speaker (Mr. Ethuro): Order, Mr. Affey! The Chair's eyes saw even the previous speakers.

Mr. Affey: Mr. Temporary Deputy Speaker, Sir, I rise to support this important Vote. I begin by congratulating the Minister for Medical Services and also the Minister for Public Health and Sanitation since I have this combined opportunity to contribute. First of all, I think in terms of policy, this should have been one Ministry. This is my personal thinking and whoever decided that these Ministries be two needs to re-think the strategy because we need effective delivery of health services. For it to be effective, we need effective co-ordination at the top.

The monies requested by the Ministry for Public Health and Sanitation, clearly, is not enough because this Ministry is responsible, basically, for a lot of the things that we need to be careful about in terms of our health status. I, therefore, would like to encourage the Minister and the Ministry's staff to improve the surveillance of critical diseases that particularly can come to us from our border points. As the hon. Member for Turkana Central said before me, I would like the Minister to be careful about this long border. We have a long border with an unstable neighbour in Somalia and because of lack of clear health activities in that country; there is every possibility that a lot of the problems in that country can find their way into Kenya. Therefore, apart from the refugee camps, I think there is an important aspect of the general surveillance of our border, which is nearly 1,000 kilometres. If that is not done, I think we will be confronted with a more difficult situation once those diseases come and confront our population.

Mr. Temporary Deputy Speaker, Sir, the issue of basic sanitation cannot be overstated, particularly in a place called Wajir. I know the Minister had an opportunity to visit that place; it is the only part of this country where, 40 years down the road, the communities there continue to use bucket latrines in order to discharge their waste.

Mr. Temporary Deputy Speaker, Sir, if the Ministry of Public Health and Sanitation does not take that particular district as a priority district in terms of engagement and investment, I think that the communities that live there will continue to be confronted with diseases that could, otherwise, have been managed, if the Ministry had invested much more. Together with the Ministry of Local Government, I think the Minister can do something to save the local populations there from any outbreaks that might be apparent.

Mr. Temporary Deputy Speaker, Sir, I think the HIV/AIDS programme has substantially been successful, particularly in the North East. But it requires to be re-doubled because that part of the country continues to attract many Kenyans from many

parts of the country. If that programme is not enhanced, there is a possibility that the level of HIV/AIDS will go up in Garissa. That is not because of local practices alone, but because of a lot of influence by people who either come to work there or visitors who come to visit the province. Therefore, there is need to create more awareness, particularly using the local radio stations. We now have a few of them carrying out civic education using vernacular language. I would encourage the personnel there, the Director here and the Minister herself, perhaps, to see whether those programmes can be improved.

Mr. Temporary Deputy Speaker, Sir, on the aspect of rural dispensaries, quite a number are coming up. But they are coming up when they have no essential staff. I think there is need to co-ordinate with the other Ministry, the Ministry for Medical Services so that, as those dispensaries are being established, the personnel is available. Even in the absence of personnel, we have places where people have retired, but they still have a lot of energy. If they can be engaged on a contractual basis, they can be used in terms of providing their skills to the local communities. That would be highly appreciated.

Finally, Mr. Temporary Deputy Speaker, Sir, on the Kenya Medical Training College, there is need for the Minister to decentralize the admissions. There is no justification to do all the admissions in Nairobi. I think the Ministers, combined, can put their brains together and see whether they can decentralize that process. A college like the one in Garissa can absorb many students. But right now as it is, you admit students in Nairobi and many people in this country do not get the benefit of going to those colleges.

The Temporary Deputy Speaker (Mr. Ethuro): Order, hon. Affey! Your time is up.

Mr. Affey: Mr. Temporary Deputy Speaker, Sir, I beg to support.

The Temporary Deputy Speaker (Mr. Ethuro): Proceed, hon. Kabando wa Kabando!

The Assistant Minister for Youth Affairs and Sports (Mr. Kabando wa Kabando): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Motion. On the outset, I would like to note that although this Motion is about the Ministry of Public Health and Sanitation, it is still in tandem with that of the Ministry of Medical Services because the two Ministries are closely correlated. The sort of competition between the two Ministries has brought the best in Beth and Peter. This is because each one of them and their bureaucrats have attempted to do the best in the circumstances in order to appear to be doing the best. In the process, I believe they have done the best.

Mr. Temporary Deputy Speaker, Sir, many areas have been covered with regard to allocation of money for this Ministry. However, I would like to note a few areas that, perhaps, would be considered in future for prioritization in order to achieve a clearer placement and resourcing. There is devolution in many sectors in the Budget by the Ministry of Finance. One of those aspects include creation of markets in every constituency. The Deputy Prime Minister and Minister for Finance allocated Kshs10 million for every constituency. This means more trade. It means more formalization of business at the grassroot level. At the same time, it also provides a challenge in terms of sanitation and basic health. This means congregating a lot of people in the 210 constituencies on market days. It also means a lot of commodities and, therefore, hygiene issues arise. This does not prevent livestock mixing with people in those markets. Therefore, there is need for the Ministry of Public Health and Sanitation to consider a

programme that creates minimum requirements that should be met by the markets in order to ensure that even as we provide a platform for people to trade and create jobs and wealth, there are preventive programmes that will ensure that the whole process is carried in a healthy way.

My second point is on the issue of environment especially the water towers of this country. This is closely related to nutrition. This means that food production is closely related to environmental control and even the use of our water resources. The controversy we witness every day on environmental crisis could as well translate into a health crisis soon. This is because starving people are easily prone to diseases. We expect this Ministry to contextualize environmental complexities and the controversies thereof. If our people starve due to lack of food security they will be prone to diseases. We will end up spending a lot of money in programmes that would have easily been avoided.

Thirdly, I would like to talk about preventive health. Today, in Mukurweini Constituency, efforts are being made by public officers, but given their numbers and capacity there is little impact between the officers and the families in terms of advice and counselling. In the last seven weeks, we have buried 17 young people. These are people who committed suicide in a district of barely 200,000 people because of stress. This is because there is no programme on counselling. This matter should be addressed in future re-allocations, or if possible in the current re-allocation.

Mr. Temporary Deputy Speaker, Sir, fifthly, on herbal medicine, I have a family member who is actually surviving on herbal medicine. So, this needs to be addressed. We need to create an effective system, so that herbal medicine can be useful to our people.

The Temporary Deputy Speaker (Mr. Ethuro): Order, Mr. Kabando wa Kabando! Time up!

The Assistant Minister for Youth Affairs and Sports (Mr. Kabando wa Kabando): Thank you, Mr. Temporary Deputy Speaker, Sir, for your patience.\

I beg to support.

Mrs. Noor: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the chance to contribute to this very important Vote. From the outset, I want to congratulate the two Ministers for working very hard under very difficult circumstances and with limited resources. I also want to congratulate the Ministries for devolving their resources to the constituency level. This is a step towards the right direction. Some of us have always complained about public resources being shared amongst powerful people. This time round, resources are going to the constituency level and we appreciate that development.

The proposal to recruit 20 nurses for each constituency is a step towards the right direction. Bicycles and motorcycles might be seen as a small thing by some people but we, the women of this country, see this as a big thing, because the motorcycles and bicycles will be used for community outreach programmes, which will serve the women and children of this country. So, we thank and congratulate the Ministries for that development.

Mr. Temporary Deputy Speaker, Sir, healthcare is a key issue in relation to the well-being of our country and society. I feel that the Budget that was presented to us in this House provides very limited resources. The Ministries have not reached the international healthcare targets, to which requirement Kenya is a signatory, so that we could get proper health facilities and management.

The poor health facilities that we have in our public medical institutions means that it is only the poor and vulnerable community members of our society who go for those services. The poor and vulnerable groups in the midst of our society, are the ones who bear the heaviest burden of diseases and they suffer a great deal.

Mr. Temporary Deputy Speaker, Sir, our healthcare sector diseases, especially HIV/AIDS, Tuberculosis and malaria, continue to be funded by external development partners. This demonstrates clearly the inability of our Government to support those crucial areas. What will happen if our development partners tomorrow wake up and tell us that they have withdrawn their support in those areas? It will be a major blow to us.

Services related to preventive and promotive healthcare in both the urban and rural areas are receiving limited resources. We have only about 30 per cent of the Budget going towards preventive and primary healthcare programmes. Some health-related conditions like TB, malaria, HIV/AIDS and skin diseases can be prevented if we can allocate a good amount of money to the Ministry of Public Health and Sanitation.

Mr. Temporary Deputy Speaker, Sir, the Budget continues with its historical trend of emphasising so much on curative health, which is allocated about 70 per cent. Out of this, the bigger portion of the money goes to the national referral hospitals, namely, Kenyatta National Hospital and Moi teaching and Referring Hospital. We give a lot of money to these two health facilities but the target population is so small that the majority of Kenyans do not get proper health services in this country.

Very little money is spent on training. This needs to be reviewed, bearing in mind the likely benefits that would accrue from having more trained personnel manning our public health sector. There is also need to review the training programme for our public health sector, because we have some aspirations as Kenyans. Vision 2030 envisages an effective health industry that will encourage tourists from all over the world to visit our country. However, if we do not build the capacity in this sector by providing adequate resources for training, then we will be missing the point, and we will not achieve our goal.

Mr. Temporary Deputy Speaker, on cost-sharing, the Minister---

The Temporary Deputy Speaker (Mr. Ethuro): Order, Mrs. Noor! Your time is up!

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

Mr. Baiya: Thank you, Mr. Temporary Deputy Speaker, Sir for giving me the chance to contribute. I want to begin by supporting the Motion on behalf of this Ministry. I also want to comment, particularly with regard to the proposal for allocating Kshs20 million per constituency to spend on a public health facility. My concern here is that the decision to make this contribution per constituency does not appear to have considered the health needs per constituency. There has not been clear assessment of what would be in the best interests of advancing the health services per constituency. So, this looks like a decision that has been made in an office. Surely, it is a bottom down approach. It is not a proper strategy for properly putting resources into use.

In my constituency, for example, we are asking ourselves where we can get a five acre plot to put up a health facility of this kind. The problem I have is that I cannot get five acre plot anywhere in my constituency. The parcels of land are so small. A five acre

plot can only be found in very extreme areas. It is as if we will be excluded from this initiative on the basis that we cannot get land.

If on the other hand we were asked what our priorities were, we could very conveniently have proposed that this Kshs20 million be utilized in terms of improving the existing facilities. This money would have gone a long way in improving the existing facilities.

Mr. Temporary Deputy Speaker, Sir, right now, we are not told whether this Kshs20 million will go towards construction of the facility. What proportion of this fund will be utilized towards equipment, personnel and so on? If the funds are only utilized for building, for instance, then within the financial year we shall have the structure put up and then the whole thing will hang up. The Ministry will come up with a white elephant project within the financial year. Is that an effective utilization of public resources at a time when we are talking about moving ahead to provide services to the people? We need to come up with programmes and projects which are complete by the time we finish utilisation of resources such that there is no waste of resources through incomplete and half complete projects, which is a common practice in this country.

Mr. Temporary Deputy Speaker, Sir, the other challenge that we have is also related to the two Ministries, that is with regard to procurement of drugs. We are aware that this is also becoming a big challenge. One of the problems we have had from the users in the constituencies is that they complain too often that they do not receive the right drugs on time. They are asked to requisition for the drugs, and this is covered by the estimates that they receive in the course of the year. At the end of the day, there is a big gap between what was approved and what they ultimately receive. This makes the services exceedingly unreliable to the community; it is not really clear why this should be so. There is a very big challenge when it comes to the procurement of drugs in terms of timeliness.

I believe there is a big issue concerning the value for money that Kenyans are receiving and the suitability of the drugs that are being procured. There is a huge waste in terms of health benefits that the country is experiencing. This points to a challenge of governance in the procurement process. The public is not satisfied that it is receiving what the Ministry can best deliver if they put their best feet forward.

Mr. Temporary Deputy Speaker, Sir, the other issue is about the services the doctors give. As a country, we keep hearing how the country is losing so many professionals through brain drain. I think salaries are so low as to de-motivate or---

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

Mr. Baiya: With those few remarks, I beg to support.

The Temporary Deputy Speaker (Mr. Ethuro): Order, hon. Members! Since apparently there are no more Members who wish to contribute to this Motion, I will ask the Minister to respond.

Madam Minister, please, proceed!

The Minister for Public Health and Sanitation (Mrs. Mugo): Mr. Temporary Deputy Speaker, Sir, let me thank all the hon. Members who contributed to this Motion for their comments. I have taken note of all their concerns and I want to assure you that my Ministry will be keen to see that we incorporate them in our implementation as much as we can.

Mr. Temporary Deputy Speaker, Sir, let me assure the Chair; Mr. Ethuro, that I have got your Statement right here. I had it ready today. I have signed a copy which will come to you. I signed it this morning but maybe you have not received it. If you call me to Turkana Central, just like I go to Kisumu, I will come. There is no discrimination in our Ministry.

Many Members have talked about the new model health centres. I want to assure you that, as I said earlier, we will involve Members of Parliament not only in citing the positioning but also in the whole process of management. We want you to be part and parcel of the process. You and your development committee will be the ones to tell us whether the end product is good. At every stage, we will pay only after the committee on the ground is satisfied. However, I would like to urge you to work very closely with our health officers on the ground, especially the catchment areas, to make sure the project is not a white elephant. We are not putting up white elephants. The money will be properly planned and the facility will be finished and functioning by the end of this financial year. I hope we will have a *kamukunji* where we can discuss more about this with Members of Parliament.

On the issue of employment of 20 nurses, in my introduction policy, I said that we have to safeguard the gains and make sure that there will be continuation.

Mr. Temporary Deputy Speaker, Sir, on staffing health centres, we have been employing new nurses. It took a bit of time but we shall be distributing the nurses equally as needs are manifested. I want to assure the Member for Githunguri that we need more health centres and facilities in constituencies because the policy we have takes into account the fact that nobody should walk more than five kilometers looking for a health centre. We will still not even have enough by the time we have constructed these. I, therefore, urge you to look for land. If it not five acres we can also go up. We hope you will cooperate.

We are appealing to people to manage their own health through the community strategy. Not only that, the funds will be going directly to the health facilities. We have borrowed a leaf from the Ministry of Education where I was before and I know that the money goes to the primary schools directly. Now, the money will be going to the community for each facility. We have committees which are being trained on how to manage the money. Therefore, I do not believe that there will continue being loss. As they manage the money, they must also manage the drugs to make sure that the drugs that are brought to the facility are not taken elsewhere.

Mr. Temporary Deputy Speaker, Sir, on the public health officer, we are employing 200 new officers and, therefore, we will post more where we do not have enough. On the issue of malaria, we have seen 40 per cent reduction in deaths. I want to assure Mr. Ethuro that we will be looking at his constituency on the issue of mosquitoes but it was not on the programme. On the issue of alcohol, we are looking at introducing an Act and regulating alcohol in line with the WHO regulations. We hope, as we tackle alcohol, we will also tackle the issue of drugs.

On the issue of discipline of our staff, there is a taskforce, not only to look at their remuneration but also into their behavior. If there is need to discipline any staff; no one will get away with being unruly at work and not being respectful to patients.

With regard to the issue of jiggers, I want to specify that it is on our performance and this is an area that we are paying major attention. Emuhaya is one of the

constituencies which are on our performance contracts and, therefore, we will be there. There is Kshs10 million that has been allocated for buying chemicals for eradicating pests like jiggers. We have mapped out the homes and constituencies to benefit.

There are many hon. Members who spoke on the same issues which I hope that I have covered. I know there are still many health centers which have been built by our Members of Parliament. With the extra staff, we hope that we will register them and operate them.

On the issue of ambulances, my Ministry does not have any money this financial year to buy ambulances but we will discuss this with the Ministry of Medical Services. The issue was about a certain hospital which is a district hospital. This is under the Ministry of Medical Services. We want to have ambulances in our health centers and sometimes the National Health Insurance Fund buys ambulances for us and we will be making a formal request towards this. Even those people who go to the dispensaries and pay insurance should be covered in this.

At an implementing workshop of my Ministry last week, as we were looking at the Budget, with the Chief Executive Officer of the Kenya Medical Supplies Agency (KEMSA), we discussed about the modalities of distributing drugs. We were able to pin point, both from KEMSA side and our side, where we needed to improve. I believe that we will give better services than what we have given before.

Mr. Temporary Deputy Speaker, Sir, I just want to ask hon. Members to appreciate the fact that after the post-election violence crisis, bringing back the services to normal has not been very easy. Some things have not gone as good as they should but we will do everything we can to improve.

I noted Ms. Karua's comments about Cuba. We all know that Cuba is very advanced when it comes to delivery of health services. That is what we would like to do. We definitely have the know-how and we would like to borrow those examples.

Definitely, the equipment costs a lot of money. We have been asking for more money, but we will do whatever we can with what we have. Even if we are unable to have all the equipment, for example, X-ray machines, my Ministry is planning to have, at least, microscopes in laboratories to diagnose cholera and other simple diseases which affect our people. Even now when there is cholera outbreak, we do offer treatment as we wait for the results of the tests to be brought from where we sent them.

We have taken the sentiments of the hon. Members. I would like to assure this House that my professional staff is really hard working. We might have fallen short here and there, but we will improve. We would also like to see a nursing staff that is sensitive.

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

(Question put and agreed to)

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

IN THE COMMITTEE

*[The Temporary Deputy Chairman
(Prof. Kaloki) took the Chair]*

Vote 11 - The Ministry of Medical Services

The Minister for Medical Services (Prof. Anyang' -Nyong'o): Mr. Temporary Deputy Chairman, Sir, I beg to move:-

THAT, a sum not exceeding Kshs11,860,549,000 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2010 in respect of:-

Vote 11 – The Ministry of Medical Services

(Question proposed)

VOTE R11 – RECURRENT EXPENDITURE

SUB-VOTE 110 – GENERAL ADMINISTRATION AND PLANNING

*(Heads 310, 311, 314, 349, 454, 456
and 555 agreed to)*

(Sub-Vote 110 agreed to)

SUB-VOTE 111 – CURATIVE HEALTH

(Heads 294, 316, 317, 318, 320, 321 and 351 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112- PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

(Heads 322 and 346 agreed to)

(Sub-Vote 112 agreed to)

SUB-VOTE 114- HEALTH TRAINING AND RESEARCH

(Head 340 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116- MEDICAL SUPPLIES CO-ORDINATION UNIT

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117- KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

SUB-VOTE 118- MOI REFERRAL AND TEACHING HOSPITAL

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

(Vote R11 agreed to)

VOTE D11- DEVELOPMENT EXPENDITURE

The Temporary Deputy Chairman (Prof. Kaloki): Hon. Members, we will now move on to Development Vote on page 305

SUB-VOTE 110- GENERAL ADMINISTRATION AND PLANNING

(Heads 310, 311 and 456 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111- CURATIVE HEALTH

(Heads 316 and 317 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 114 – HEALTH TRAINING AND RESEARCH

(Head 340 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 – MEDICAL SUPPLIES COORDINATION UNITS

(Head 355 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 – KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to),

SUB-VOTE 118 – MOI REFERRAL AND TEACHING HOSPITAL

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

(Vote D11 agreed to)

(Question put and agreed to)

The Temporary Deputy Chairman (Prof. Kaloki): Hon. Members, we have completed Vote 11 and now we move to Vote 49 – Ministry of Public Health and Sanitation.

Vote 49 – Ministry of Public Health and Sanitation

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

THAT a sum not exceeding Kshs8,090,220,000 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2010 in respect of:-

Vote 49 – Ministry of Public Health and Sanitation

(Question proposed)

VOTE R49 – MINISTRY OF PUBLIC HEALTH AND SANITATION

SUB-VOTE 490 - GENERAL ADMINISTRATION AND PLANNING

(Heads 114 and 643 agreed to)

(Sub-Vote 490 agreed to)

SUB-VOTE 491 – PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*(Heads 323, 325, 326, 327, 328, 330, 331, 347,
510, 518, 622, 778 and 780 agreed to)*

(Sub-Vote 491 agreed to)

SUB-VOTE 492 – DISEASE CONTROL SERVICES

(Head 113 agreed to)

(Sub-Vote 492 agreed to)

SUB-VOTE 494 – PRIMARY HEALTH SERVICES

(Heads 312, 335 and 336 agreed to)

(Sub-Vote 494 agreed to)

SUB-VOTE – 495 – TECHNICAL SUPPORT SERVICES

(Head 334 agreed to)

(Sub-Vote 495 agreed to)

(Vote R24 agreed to)

VOTE 49 – MINISTRY OF PUBLIC HEALTH AND SANITATION

SUB-VOTE 490 - GENERAL ADMINISTRATION AND PLANNING

(Head 643 agreed to)

(Sub-Vote 490 agreed to)

SUB-VOTE 491 – PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

(Heads 323, 327, 328, 347, 510, 778, 779 and 780 agreed to)

(Sub-Vote 491 agreed to)

SUB-VOTE 492 – DISEASE CONTROL SERVICES

(Head 113 agreed to)

(Sub-Vote 492 agreed to)

SUB-VOTE 494 – PRIMARY HEALTH SERVICES

Head 335 – Rural Health Centres and Dispensaries

Dr. Eseli: Thank you, Mr. Temporary Deputy Chairman, Sir. I know you are surprised as to why I have stood up when we were going so smoothly. The reason is that we all got confused at the beginning and we were not able to debate the Vote of the Ministry of Public Health and Sanitation. So, I am going to take this opportunity while supporting that Vote Head, to mention that, the fact that we are building one health centre in every constituency is---

The Temporary Deputy Chairman (Prof. Kaloki): Order! Dr. Eseli, you can only seek a clarification!

Dr. Eseli: That is what I am seeking, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Prof. Kaloki): A clarification?

Dr. Eseli: Yes.

The Temporary Deputy Chairman (Prof. Kaloki): Something is not clear?

Dr. Eseli: Yes. Now that we are building those health centres in every constituency, what criteria was used to decide that it would be one per constituency? Was it population? Was it the size of the constituency? What criteria was used to decide that there was going to be one per constituency?

The Temporary Deputy Chairman (Prof. Kaloki): Order, Minister! Dr. Eseli, for this particular Head, Head 335--- Are you there with me? What part of that Head do you not understand? Are you seeking additional information or clarification under this particular Head? That is because we have voted on the rest.

Dr. Eseli: Mr. Temporary Deputy Chairman, Sir, I have said that I am in agreement with the figures, but I just want to know the criteria---

Mr. Temporary Deputy Chairman (Prof. Kaloki): Which Vote are you dealing with?

Dr. Eseli: Is it Head 335 - Rural Health Centres and Dispensaries?

The Temporary Deputy Chairman (Prof. Kaloki): Head 335?

Dr. Eseli: Yes, Mr. Temporary Deputy Chairman, Sir.

Mr. Temporary Deputy Chairman (Prof. Kaloki): Okay. Thank you. Madam Minister, are you able to shed more light on that particular Head?

The Minister for Public Health and Sanitation (Mrs. Mugo): Mr. Temporary Deputy Speaker, Sir, this was---

Mr. Temporary Deputy Chairman (Prof. Kaloki): It is Mr. Temporary Deputy Chairman!

The Minister for Public Health and Sanitation (Mrs. Mugo): Mr. Temporary Deputy Chairman, Sir, that was an exercise by the Treasury. That is part of the surplus package. I believe the idea is to devolve funds to the units which have governance. At the moment, the unit which has the governance is the constituency. I believe the committee that is doing the realignment of boundaries will see what the constituency means as far as the population is concerned. At the moment, that is the unit that the Government can use to devolve funds.

The Temporary Deputy Chairman (Prof. Kaloki): All right. Dr. Eseli, your constituency is also included. I think he is satisfied, Madam Minister! Thank you.

(Head 335 agreed to)

(Sub-Vote 494 agreed to)

SUB-VOTE 495 – TECHNICAL SUPPORT SERVICES

(Head 334 agreed to)

(Sub-Vote 495 agreed to)

(Vote D49 agreed to)

(Question put and agreed to)

*(Resolution to be reported
Without amendment)*

(Question put and agreed to)

(The House resumed)

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

REPORTS

VOTE 11 – MINISTRY OF MEDICAL SERVICES

Prof. Kaloki: Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the resolution that a sum not exceeding Kshs11,860,549,000 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2010 in respect of Vote 11 – Ministry of Medical Services and has approved the same without amendment.

The Minister for Medical Services (Prof. Anyang’-Nyong’o): Mr. Temporary Deputy Speaker, Sir, I beg to move that the House doth agree with the Committee in the said Resolution.

The Minister for Public Health and Sanitation (Mrs. Mugo) seconded.

(Question proposed)

(Question put and agreed to)

VOTE 49 – MINISTRY OF PUBLIC HEALTH AND SANITATION

Prof. Kaloki: Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the resolution that a sum not exceeding Kshs8,090,220,000 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2010 in respect of Vote 49 – Ministry of Public Health and Sanitation and has approved the same without amendment.

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

The Minister for Medical Services (Prof. Anyang' -Nyong'o) seconded.

(Question proposed)

(Question put and agreed to)

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Ethuro): Hon. Members, we have come to the end of today's sitting. Therefore, the House stands adjourned until tomorrow, Wednesday, 29th July, 2009, at 9.00 a.m.

The House rose at 7.30 p.m.