

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 17th July, 2001

The House met at 2.30 p.m.

[Mr. Deputy Speaker in the Chair]

PRAYERS

PAPERS LAID

The following Papers were laid on the Table:-

The Treaty for the Establishment of East African Community election of Members of the Assembly Draft Rules 2000

(By the Minister for Trade and Industry)

Annual Reports and Accounts of Kenya Accountants and Secretaries National Examination Board for the year ended 30th June, 2001 and the certificate thereon by the Auditor-General (Corporations)

*(By the Minister for Trade and Industry
on behalf of the Minister for Education)*

Annual Report and Accounts of Kenya Forestry Research Institute for the year ended 30th June, 1999 and the certificate thereon by the Auditor-General (Corporations)

*(By the Minister for Trade and Industry on behalf
of the Minister for Environment)*

Annual Report and Accounts of Kenya Institute of Administration for the year ended 30th June, 1999 and the certificate thereon by the Auditor-General (Corporations)

*(By the Minister for Trade and Industry on behalf
of the Minister of State, Office of the President)*

NOTICES OF MOTIONS

LEAVE TO INTRODUCE BANKING (AMENDMENT) BILL

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, in compliance with Standing Order No.43(1), I have been duly authorised by Prof. Anyang'-Nyong'o to give notice of the following Motion on his behalf:-

THAT, in view of the importance of promoting the participation of Kenyan entrepreneurs in the banking industry; this House do grant leave to introduce a Bill to amend the Banking Act Cap.488 Section 7(2) by removing the fullstop and adding the following words after the Second Schedule: "Taking into consideration the rate of economic growth and ensuring that at least 40 per cent of domestic banking is owned by Kenyan Entrepreneurs."

PRIVATISATION OF CONSTRUCTION OF MZIMA SPRINGS TWO

Mr. Mwakiringo: Mr. Deputy Speaker, Sir, I beg to give notice of the following Motion:-
THAT, in view of the significant role water resources play in the day-to-day life and being aware of the insufficient water supply in both Eastern and Coast Regions; this House urges the Government to privatise the construction of Mzima Spring Two in order to supply water to Mombasa and all towns along the pipeline for human consumption and irrigation.

APPROVAL OF EAST AFRICAN COMMUNITY ELECTION DRAFT RULES

The Minister for Trade and Industry (Mr. Biwott): Mr. Deputy Speaker, Sir, I beg to give notice of the following Motion:-

THAT, pursuant to Article 50(1) of the Treaty for the Establishment of the East African Community; this House approves the East African Community Election of Members of the Assembly Draft Rules laid on the Table of the House today, Tuesday, 17th July, 2001.

Mr. Mbela: Mr. Deputy Speaker, Sir, I beg to give notice of the following Motions:-

UPGRADING OF MALINDI AIRPORT

THAT, in view of the fact that air transport has become the preferred mode of long haul transport for tourists, high yielding exports and horticulture, and given the high potential for inauguration of tourist charter flights from Europe; this House urges the Government to urgently develop Malindi Airport to international standards to handle big jet aircraft so as to revamp tourism in Malindi, Watamu, Mamburi and Lamu in order to consolidate economic gain and generate employment.

REVIVAL OF CASHEWNUTS INDUSTRY

THAT, recalling that at the peak of successful farming and marketing of cashewnuts, the industry had a tremendous economic impact in Kilifi, Kwale and Malindi as well as Tana River and Lamu, having regard to the fact that under the guise of liberalisation/privatisation of local industries, the Kenya Cashewnuts Limited was transferred to private hands that became responsible for destroying the giant cashewnuts industry, aware that the new priority is to achieve rural economic recovery through poverty alleviation; this House urges the Government to inject enough funds to bail the cashewnuts industry from unfair business practices.

REVIVAL OF RAMISI SUGAR FACTORY

THAT, recognising that the sugar clones for culturing sugar farming in upcountry sugar estates come from the coastal agricultural stations, having regard to the fact that the Ramisi area of South Coast is in the same agricultural/ecological zone as Mtwapa and Mauritius, cognisant of the fact that very many outgrowers have been sensitized to grow sugar-cane to support Ramisi Factory; this House urges the Government to source for local and foreign investors to revive Ramisi Sugar factory.

SALARY REVIEW COMMISSION FOR MEDICAL HEALTH PERSONNEL

Mrs. Mugo: Mr. Deputy Speaker, Sir, I beg to give notice of the following party sponsored Motion:-
THAT, while appreciating the critical role played by the nurses and the doctors in the provision of medical services to wananchi, aware of the difficult and poor working conditions prevailing in all public health institutions, noting with concern that salaries for these health workers have not been reviewed for the last ten years, cognisant of the fact that these officers are almost living below the poverty line; this House urges the Government to appoint a Salary Review Commission to review the salaries, allowances and other benefits for the nurses and doctors and that the findings and report thereon be tabled before this House within three months after the

appointment of the commission.

ABOLITION OF POLITICAL PARTIES

Mr. Ndicho: Mr. Deputy Speaker, Sir, I beg to give notice of the following Motion:-
THAT, in view of the prevailing political enmity among different party members, taking into consideration that the 1992 and 1997 multiparty general elections were based on tribal or regional interests, taking cognisance that there are 46 political parties in this country; this House calls upon the Attorney-General to introduce a Bill to amend Section 1A of the Constitution in order to abolish all political parties in Kenya in an effort to curb tribalism in this country.

LEAVE TO INTRODUCE ELECTRIC POWER (AMENDMENT) BILL

Capt. Ntwiga: Mr. Deputy Speaker, Sir, I beg to give notice of the following Motion:-
THAT, this House do grant leave to introduce a Bill for an Act of Parliament entitled the Electric Power (Amendment) Bill to allow for macro-hydroelectricity power production in the rural areas and liberalisation of the power generation.

LEAVE TO INTRODUCE CONSTITUTION OF KENYA (AMENDMENT) BILL

Mr. Imanyara: Mr. Deputy Speaker, Sir, I beg to give notice of the following Motion:-
THAT, in view of the fact that the Kenyan economy is agricultural-based and that over 90 per cent of Kenyans derive their livelihoods from agriculture, and noting that successive annual Budgets have not reflected the central role of agriculture in our economy; this House do grant leave to introduce a Bill for an Act of Parliament to made Sections 99, 100 and 101 of the Constitution of Kenya, to provide that at least 50 per cent of all estimates and annual Vote on Account is set aside for agriculture and related economic activities.

COMMUNICATION FROM THE CHAIR

CELL PHONES IN THE CHAMBER

Mr. Deputy Speaker: Before we transact the business of today, I want to take this opportunity to inform or remind hon. Members that the Chair has ruled on several occasions that you must not bring your cell phones into the Chamber. If you do that, you must not make the grave mistake of letting them ring. When the Speaker's procession enters that door, from that moment on, order must be maintained in the House. A ringing cell phone is not consistent with maintenance of order. For that reason, Mr. Twaha, your phone did ring while I was entering the Chamber and I now require you to leave the precincts for the rest of this afternoon sitting.

(Mr. Twaha withdrew from the Chamber)

ORAL ANSWERS TO QUESTIONS

Question No.424

BARRING OF MEMBERS FROM SEEING DETAINED COLLEAGUE

Mr. Deputy Speaker: Is Mr. Munyao not here? We will leave his Question until the end. Let us move on to the next Question.

Question No.119

RETIREMENT DUES FOR MR. OGARY

Mr. Otita asked the Minister for Education:-

- (a) whether he is aware that Mr. James Harris Ogary, TSC No.28098, who retired from teaching in January, 1999 has not been paid his dues to date; and,
(b) whether he could ensure that Mr. Ogary and other retired teachers get their retirement dues promptly.

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

(a) I am aware that Mr. James Harris Ogary, TSC No.28098, who retired from teaching with effect from 11th February 2000 has not been paid his dues.

(b) Mr. Ogary's dues are at the moment being verified and, as soon as the verification process is finalised, he will get his cheque.

Mr. Angwenyi: Mr. Deputy Speaker, Sir, Mr. Ogary retired two years ago and he has not received his benefits. What does the Government think this person lives on?

Mr. Kosgey: Mr. Deputy Speaker, Sir, it is not two years since Mr. Ogary retired. He retired on 11th February 2000. So, it is slightly more than a year. However, as I said, the verification process, which is being undertaken by Treasury, has taken quite a bit of time. This is because, when a person retires, the forms that one is required to fill require certain information. Sometimes, if the information is not available, there will be a delay in processing the dues. At the moment, there are 3,191 cases being verified by Treasury. We do hope that within the next one month, we will be through with these 3,191 cases. I admit there has been a backlog in the past and we are trying to clear it.

Mr. Otita: The answer given by the Minister really is degrading. We do not like such answers to come to this place. First of all, Questions similar to this one have been asked every now and then in this House by various MPs and yet the Ministries concerned are doing nothing to help the people in the rural areas. Mr. Ogary has been coming here several times. Once he is in Nairobi he becomes a customer to one of the people holding files. He is always being told that they cannot trace the file. Anybody would think that these files are being held for some sinister purposes like corruption or kickbacks. The Minister said that the files will be sent to the Treasury and yet he is the one who is supposed to send them there. When will these files be sent to the Treasury and when will Mr. Ogary get his payment?

Mr. Kosgey: Mr. Deputy Speaker, Sir, nobody is trying to hide or lose Mr. Ogary's file or those of the other people. At the moment, there are 3,191 cases whose files have already been passed to the Treasury for final verification and issuance of cheques.

Dr. Oburu: On a point of order, Mr. Deputy Speaker, Sir. Is the Minister in order to refuse to answer a legitimate Question? He has been asked to say when Mr. Ogary will get his payment because his file is lost. It is not a general allegation. The allegation is that Mr. Ogary came here and was told that his file is lost. When will he be paid?

Mr. Kosgey: Mr. Deputy Speaker, Sir, I do not think Mr. Ogary's file is lost. However, I undertake to make sure that he gets his dues within the next one month.

Mr. Kihoro: This House is spending a lot of time pursuing individual cases of pensioners. It is important for the Minister to tell this House how long, on the average, it takes to pay retirees. This particular case has taken two years to sort out and the Minister said that there are 3,191 other cases. The Government also plans to retrench 11,900 people. Will it take three years for you to retrench them or will it take a shorter time? I suppose it should take three years.

Mr. Kosgey: I checked all these cases with the Teachers Service Commission (TSC) and there are still 62 pending cases for 1999, simply because various documents that were requested from the retirees were not submitted on time. There are 348 cases for 2000, and 415 for 2001. These 3,191, representing the backlog for a number of years, have already been finalised by the TSC and are undergoing verification at the Treasury for the issuance of cheques. Within the next one month these 3,191 cases, including that one for Mr. Ogary, will be cleared.

Mr. Imanyara: Considering the very large number of cases involved and the length of time that is taken to pay these pensioners, could the Minister consider putting the money for all these involved in an interest bearing account so that when they are eventually paid, they are paid together with interest to compensate for the length of time they have spent without payment?

Mr. Kosgey: That is a different question. However, I do not think that it has been the practice in the past for the Government to put money due to pensioners in interest bearing accounts.

Mr. Sungu: Mr. Deputy Speaker, Sir, if you have got many questions pending on this issue, then it is a reflection of the gross inefficiency at TSC and other Government departments. May I know from the Minister when he intends to computerise this department so that we can treat these pensioners more humanely and

efficiently so that they can get their benefits early enough?

Mr. Kosgey: I can assure the House that the TSC will work hard to sort these matters out. These 3,191 cases were passed to the Treasury for verification and payment within the last one month since I read Mr. Otita's Question.

Mr. Otita: Mr. Deputy Speaker, Sir, could the Minister tell us what has caused the backlog of more than 3,000 files in the Treasury? Is it because of lack of money, corruption or laziness in the Ministry? Where is the backlog? Is it in the Ministry of Education, Science and Technology or the Ministry of Finance and Planning?

Mr. Kosgey: Mr. Deputy Speaker, Sir, I have just said that the 3,191 cases have already been passed to the Pensions Department and the Treasury for verification and issuance of cheques. None of the reasons given by the hon. Member as causes for the delay are true. It has clearly been a slow progress. The pensioners money is in the Pensions Department at the Treasury.

Question No.268

STOPPAGE OF MR. MBUGUA'S SALARY

Mr. Kihara asked the Minister for Education:-

(a) whether he is aware that Mr. Stephen Kimani Mbugua, TSC No.72962, who was teaching at Enoosupukia Primary School had his salary stopped; and,

(b) whether he could consider reinstating the teacher and paying all his dues.

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

(a) I am aware that Mr. Stephen Kimani Mbugua, TSC No. 72962, who was teaching at Enoosupukia Primary School, had his salary stopped.

(b) Mr. Mbugua's reinstatement will depend on the decision which will be reached on the case when it is finalised.

I might elaborate that Mr. Mbugua deserted duty on 5th November, 1993. He continued earning a salary for quite a long time, until during the head count of July 1998, when he was discovered as having absconded from service. Since that time he has been under interdiction. He did not report to the TSC when requested to do so for the hearing of his

case. He was supposed to report on Friday, 13th of this month, but he did not turn up. So, we cannot finalise his case as to whether he should be reinstated or not. There is enough evidence to indicate that Mr. Mbugua deserted duty from 1993 and continued earning a salary until he was discovered in 1998.

Mr. Kihara: Mr. Deputy Speaker, Sir, that is a very misleading answer to this Question. This is a teacher who was a victim of the so-called tribal clashes in Enoosupukia. The school where he was teaching was destroyed. There was an agreement between the Director of Education and the Kenya National Union of Teachers (KNUT) that teachers, who were absent due to the inevitable lack of security because of tribal clashes, will not be made to suffer. That was the understanding. The teacher did not abscond. The facts that the Minister said are wrong.

Mr. Deputy Speaker, Sir, jcould the Minister look at this matter again and pay Mr. Mbugua's salary since it was stopped after the school was destroyed? He was teaching in Enoosupukia but was a victim of tribal clashes. Could you investigate further?

Mr. Kosgey: Mr. Deputy Speaker, Sir, the investigations are still continuing. The information I have is that there was a temporary closure of the school, but Mr. Mbugua did not return when the teachers and pupils came back. The headmaster did not file the normal casualty report showing that he is absent. It was not until 1998 that it was discovered that Mr. Mbugua had been earning a salary without working. On 25th July 1994, Mr. Mbugua applied for a transfer out of the blues and it was rejected. He was advised to report to the Narok DEO so that he could be given further instructions, but he did not do so.

Mr. Deputy Speaker, Sir, consequently, he continued earning a salary. So, in fact, there was collusion, in my opinion, between Mr. Mbugua, who continued earning a salary for quite a number of years, the headmaster and the District Education Officer (DEO). The headmaster and the DEO should have reported that this teacher was not teaching. It was not until the 1998 teachers' head count that Mr. Mbugua was discovered to be absent.

Cap. Ntwiga: Mr. Deputy Speaker, Sir, Mr. Kosgey is a very honest Minister for that matter. When I was in the military, absence from duty could not take five years to be discovered. So, I am asking the Minister to tell this House why it took five years for his Ministry to discover that a person was earning a salary while being absent from his work station. Was it out of inefficiency in the Ministry? We should be told that.

Mr. Kosgey: Mr. Deputy Speaker, Sir, I have just said that, in my opinion, there must have been some collusion between the headmaster and Mr. Mbugua. The headmaster files a monthly return to show who has been present and who has been absent. This is called a casualty form. In this form, the headmaster never filed any returns showing Mr. Mbugua's absence.

Mr. Munyasia: Mr. Deputy Speaker, Sir, it is clear that the DEO, Narok, was giving false information to the Minister about this teacher who had left Enosupukia due to insecurity. What has the Minister done to the DEO, Narok, for continuously giving false information regarding the whereabouts of this teacher for five years, causing the Government to spend so much money on someone who was not providing service?

Mr. Kosgey: Mr. Deputy Speaker, Sir, it is quite true that the Government spent so much money on someone who was not providing service. We are following up the issue at the moment. There has been quite a high turn-over of DEOs in Narok District since that time. I am trying to identify the DEO and the headmaster concerned in order to take the necessary action.

Mr. Angwenyi: On a point of order, Mr. Deputy Speaker, Sir. The hon. Questioner, Mr. Kihara, said that Enosupukia Primary School was destroyed and the Minister insists that this teacher should have gone to Enosupukia Primary School to teach, while there was no school. Which is which? Does that school exist or not? Could the House be told whether the school exist or not?

Mr. Deputy Speaker: What is your point of order?

Mr. Angwenyi: Mr. Deputy Speaker, Sir, am I in order to ask the Minister to confirm whether this school exists or not?

Mr. Kihara: Mr. Deputy Speaker, Sir, if I could just clarify the matter, people were evicted from Enosupukia because it was alleged to be a water catchment area. So the question of a school being there does not arise because everybody left. After this teacher was displaced by the clashes, he was never given a local posting. So, from August, 1998, he was living in those polythene shacks in Maela. This is a continuation of punishment of the people of Enosupukia and that is why the Minister has not been for them.

Mr. Deputy Speaker, Sir, I have correspondence here dated as late as the year 2000, on this same teacher between the DEO, the Kenya Union of Teachers (KNUT) and the Director of Education. The question of this teacher having deserted duty does not arise.

Mr. Kosgey: Mr. Deputy Speaker, Sir, I would like to request the hon. Member to tell Mr. Mbugua to appear before the Teachers Service Commission (TSC), the next time he is asked to do so. He was supposed to come and defend himself last Friday, 13th July, 2001 but he did not appear. I would like to be sympathetic to his case, but he has to come see us so that we can sort it out.

Question No.391

COMPLETION OF TAITA-TAVETA TTC

Mr. Mwakiringo asked the Minister for Education:-

- (a) whether he could explain why works on the Taita-Taveta Teachers Training College are incomplete after so many years of construction,
- (b) whether he is aware that there is no Ministry official on site other than the watchmen, and;
- (c) what plans the Ministry has towards making the institution a constituent college of Jomo Kenyatta University of Agriculture and Technology, to cater for forestry, mining and wildlife courses.

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

(a) Work on the Taita-Taveta Teachers Training College is not complete after close to 11 years of construction due to the closure of the International Development Association (IDA) credit under which this project was being implemented.

(b) I am aware that there is no Ministry official on site as the project is still under the contractor, who is on site.

(c) As and when the contract is completed, the institution shall be considered, along with others, for affiliation to Jomo Kenyatta University of Agriculture and Technology, if a request to the University will have been formally made.

Mr. Mwakiringo: Mr. Deputy Speaker, Sir, I asked this Question because this Government is fond of starting projects which end up being white elephants. This project was initially supposed to have been completed two years ago, but work on it has dragged on up to now, and it will be too expensive. I have just come from Voi and found that there is no contractor on site. So, when the Minister tells us that the contractor is on site, yet, there is none, what is he telling us? We want a definite answer as to when this project will be completed.

Mr. Kosgey: Mr. Deputy Speaker, Sir, the contractor has not handed over the project to the Ministry. When I talked of the contractor being on site, I meant the watchmen who are there. They are the contractor's

watchmen. So, it is assumed that the contractor is on site.

Mr. Deputy Speaker: Order! Mr. Minister, what could the contractor be doing on site if he is not building?

Mr. Kosgey: Mr. Deputy Speaker, Sir, in fact, it is not only the watchmen who are on site. If I may elaborate, there is a Chinese contractor who won the contract and was doing building work. As we speak now, there are people on the contractor's payroll, including members of this Chinese company. Regrettably, there is no work going on because we do not have money.

Mr. Kamolleh: Ahsante sana Bw. Naibu Spika. Lile shirika la International Development Association (IDA) lilikuwa likitupatia pesa za kutusaidia. Ni pesa nyingi ambazo zilitumika na sasa mradi huu unakaribia kumalizika. Serikali hii imekataa kuumaliza mradi huu mpaka IDA irudi tena na kutupatia pesa nyingine. Sisi tunamuomba Waziri kama inawezekana karibu Kshs200 million ambazo zinahitajika ziwekwe katika Bajeti ya mwaka ujao ili tumalize kujenga chuo hiki na kiwe chuo cha kilimo, teknolojia na sayansi.

Mr. Kosgey: Mr. Deputy Speaker, Sir, let us hope that, in the next financial year, we will have enough funds to complete this stalled project.

Mr. Mutahi: On a point of order, Mr. Deputy Speaker, Sir. Could you ask the Minister, first of all, to apologise to this House for having misled it that the contractor is on site? He said that the contractor is on site until the hon. Questioner said that he has just arrived from Voi and has not seen the contractor on site.

Mr. Deputy Speaker: Order! What is your point of order?

Mr. Mutahi: Mr. Deputy Speaker, Sir, is the Minister in order to mislead the House that the contractor is on site? After the hon. Questioner stood up and said that he had just arrived from Voi and the contractor was not on site, the Minister stood up and said that there is no contractor on site because there is no money. Could he apologise to the House?

Mr. Deputy Speaker: Order! That is not a point of order! He is arguing!

Mr. Mbela: Mr. Deputy Speaker, Sir, I think the Minister is over-stretching his luck because the Taitas are extremely honest people because, for more than two years, nothing has been stolen! But what I would like to ask him is: How much money has been spent? If it is just a matter of the project being completed, could he recall how many teachers training colleges in other parts of Kenya have actually been built using Government money? He should also tell us why he thinks it is odd for the Government to complete that particular one, using Government funds! Is Taita-Taveta not in Kenya?

Mr. Kosgey: The hon. Member has asked a number of questions. That project is three-quarters complete and we would like to complete it. There is a little money left, but I do not have the figure which is required to complete the project. It is estimated to be roughly Kshs200 million. The figure which has been spent is undergoing verification now. There are some disputed bills which have been submitted by the contractor. The college will be very useful in future. As you know, we want to make full use of our tertiary institutions to provide [Mr. Kosgey] quality education. That includes that particular college, when it will be completed.

Dr. Kituyi: Mr. Deputy Speaker, Sir, if the Minister knows half as much as he is claiming, he should know that there is over-installed capacity for teachers training colleges in Kenya! There is absolutely no justification for building new ones. Now, could the Minister tell this House why, when there is no election, there is no money to continue construction work on teachers training colleges, from Kibabii, Kitui to Taita-Taveta? In a run-up to a general election, they send contractors and equipment to site, to pretend to be working. Where do they find the money to start construction in the run-up to an election, and why do they stop once the elections are over? Are you an honest Government?

Mr. Kosgey: Mr. Deputy Speaker, Sir, we are very honest! There is a Question on Kibabii and so, I will not touch on that. I will answer it when it comes up on the Floor of this House. With regard to stalled teachers training colleges like Taita-Taveta and Kitui; they have already been built to a point, but Kibabii has not started!

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

Mr. Kosgey: Could I answer? Let me finish! We know that, at the moment, the requirement of teacher trainees---

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

Mr. Kosgey: Mr. Deputy Speaker, Sir, I am on a point of order! I am replying to a point of order!

Mr. Deputy Speaker: Order, Mr. Sifuna! The Minister is responding to a point of order! You cannot interrupt him when he is responding to a point of order! Proceed!

Mr. Kosgey: Mr. Deputy Speaker, Sir, I was just explaining that, in spite of what Dr. Kituyi has said,

that there is over-capacity for teachers training colleges. The Taita-Taveta College--- In fact, surveys were carried out by our universities and it is one of those that is targeted to be converted into something else.

Mr. Sifuna: For God's sake, on a point of order, Mr. Deputy Speaker, Sir!

Mr. Deputy Speaker: Order, Mr. Sifuna! The Minister was responding to a point of order!

Mr. Sifuna: But he has finished his point of order!

Mr. Deputy Speaker: Order! Okay, let me hear you!

Mr. Sifuna: Mr. Deputy Speaker, Sir, my point of order is very clear, and I definitely hope that you will bear with me! My point of order is that the hon. Minister has misled this House that the colleges are built! He has used the word "built", and you can even check the HANSARD; when we know that the Kibabii Teachers Training College which he has mentioned, has not even taken off the ground at all! Is he really in order?

Mr. Deputy Speaker: Order, Mr. Sifuna! You are now asking me a question! Really, if you want to raise a point of order on the Minister's conduct, do so as per the Standing Orders. Proceed!

Mr. Mwakiringo: Mr. Deputy Speaker, Sir, we would like to know from the Minister, now that he has accepted that the Taita-Taveta Teachers Training College will be considered by the universities in this country for re-opening, whether the plans have started. That is because the plans must start now, so that we can know that immediately it is completed, a certain university in Kenya will start immediately. Let us be assured when that will be. Do not use that as a KANU machination to win the elections in the year 2002 because it is in a KANU zone. If you use that, you are doomed to be finished! Let us know when it will be started!

Mr. Kosgey: Mr. Deputy Speaker, Sir, I said that Kibabii Teachers Training College has not started. There is a Question on that college, which I will answer later. With regard to the Taita-Taveta Teachers Training College, a number of suggestions have been made. One of them is that the institution should be used to offer mineral processing, environmental and wildlife courses.

Mr. Maitha: As part of which university?

Mr. Kosgey: As part of public universities!

Mr. Maitha: Which one?

Question No.385

TELEPHONE BOOTH FOR MAWINGO
SHOPPING CENTRE

Mr. Githiomi asked the Minister for Transport and Communications:-

(a) whether he is aware that there is no telephone booth at Mawingo Shopping Centre in Kipipiri Division; and,

(b) whether he could inform the House when he intends to instal a telephone booth at the centre.

The Assistant Minister for Transport and Communications (Mr. Keah): Mr. Deputy Speaker, Sir, I beg to reply.

(a) Yes, I am aware that there is no public telephone booth at Mawingo Shopping Centre in Kipipiri Division.

(b) Mawingo is a small market centre, half-way between Miharati Town and Ndunyu Njeru Town. The distance from Miharati to Mawingo Shopping Centre is ten kilometres. Miharati Town is served by an exchange connected to Ol Kalou Main Exchange, while Ndunyu Njeru has a radio connection to Naivasha. For a telephone booth service to be provided at Mawingo, the centre has to be within an eight-kilometre radius from the nearest existing telephone exchange. Mawingo happens to be ten kilometres away and, therefore, it cannot, at this point in time, be served with telephone services, as asked for. However, a survey is due to be conducted in August this year and, if the survey shows that there is enough demand, then Mawingo will be in the programme for the 2002/2003 financial year.

Mr. Githiomi: Mr. Deputy Speaker, Sir, I have been given a very long answer, but without any substance at all! The Assistant Minister has found it prudent to serve the former Special Branch boss, Mr. Kanyotu, with telephone facilities ten kilometres from Miharati, at the expense of 3,000 Kenyans! Could the Assistant Minister consider extending that line three kilometres further to Mawingo Shopping Centre, where we have 3,000 residents, instead of serving one single individual, Mr. Kanyotu?

Mr. Keah: Mr. Deputy Speaker, Sir, at this point in time, I am not aware of any impending or pending demand by applications from Mawingo. If we get the application and the demand to justify the said

installations, that will be done.

Mr. Mwenje: Mr. Deputy Speaker, Sir, the Member for this area has put it very clearly that there is a telephone line just three kilometres away from the place he is talking about. It is only a question of extension. Why is the Assistant Minister being adamant not to serve the population of that area with that line rather than just leaving it for an individual who does not even reside there anyway these days?

Mr. Keah: Mr. Deputy Speaker, Sir, I am not dealing with individuals; I deal with telephone services to communities. I have said that---

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

Mr. Deputy Speaker: How does that arise? He has not even answered that question!

Mr. Maitha: No, but he is misleading the House!

Mr. Deputy Speaker: Hon. Whatever-your-name is!

(Laughter)

Proceed, Mr. Assistant Minister!

Mr. Keah: Mr. Deputy Speaker, Sir, the question that has been asked is: Why can we not extend a line three kilometres away from a service that is in existence there to Mawingo? As I said, an extension can be made but I do not have, in my application files, any such demands from Mawingo.

Mr. Githiomi: Mr. Deputy Speaker, Sir, we do not have to have an impending application because we are talking of a telephone booth at the shopping centre. When the Assistant Minister was doing his projections, he indicated that in 2000, Mawingo Township would be served with one telephone booth. Why has he not done it? We are in 2001 and he has just told us that in 2000, Mawingo required one telephone booth. Why has he not served us with this facility?

Mr. Keah: Mr. Deputy Speaker, Sir, it is true that was the projection. The projection by Telkom Kenya was that in the Development Plan there was going to be one telephone booth in 2000. Whereas the 2000 projection figure stood not at just one but it is one plus 11 lines, there is no recorded outstanding service demand at Mawingo. Therefore, we cannot just instal one telephone booth at a total cost of Kshs2.5 million without the other service lines. It is not correct for him to say it was one telephone booth. It was one telephone booth plus 11 private lines for the installation to be viable.

Mr. Maitha: Mr. Deputy Speaker, Sir, we want guidance from you as to whether the Assistant Minister is right to say that a telephone booth needs applications from the public in order to be installed. Could we have that so that he does not mislead the House?

Mr. Deputy Speaker: Order, Mr. Maitha! Of course, you know that the answer to that question is "no". However, the Member has already pointed out that this is a public line and so it must depend on their survey to establish the demand for it. So, the Assistant Minister ought to address that issue as raised by hon. Githiomi. Mr. Assistant Minister, are you telling the hon. Questioner that, in fact, when you are satisfied there is enough demand, you will not wait for an application but you will install it as a matter of course and when?

Mr. Keah: Mr. Deputy Speaker, Sir, I have said two things. One, the projection was 11 lines demanded and then we would instal one booth. To date, we do not have those 11 private lines and, therefore, because these two were to be done simultaneously, we are unable to instal the public booth.

A hon. Member: Why?

Mr. Keah: Because we do not have the demand for the 11 lines! Two, I said in August this year, that we are carrying out another survey to stimulate demand for the 11 lines. If we get the demand, we will supply the 11 private lines together with the booth. That is the way it is!

Mr. Githiomi: Mr. Deputy Speaker, Sir, we are Kenyans like the Minister and we know that people do not apply for the main telephone booth to be installed in a shopping centre. The Assistant Minister is only evading the question. What we want is the service. Could he now tell the House whether this Government is willing to serve Mawingo people or not, instead of evading the question?

Mr. Keah: Mr. Deputy Speaker, Sir, this Government is very much willing to serve Mawingo people provided they are prepared to take those telephone lines. If by indication, they want those telephone lines through applications, we will go to Mawingo like yesterday.

Mr. Deputy Speaker: Next Question, hon. Dr. Kituyi!

Question No.020

REHABILITATION OF NZOIA WATER SUPPLY

Dr. Kituyi asked the Minister for Water Development:-

(a) how much money the Ministry collected, in form of user charges, from the Little Nzoia Water Supply in Tongaren Division of Bungoma District up to the time of collapse of the project;

(b) how much of that money went to service the loan borrowed to construct the water project; and,

(c) what steps he will take to rehabilitate the project.

The Assistant Minister for Water Development (Mr. Kofa): Mr. Deputy Speaker, Sir, I beg to reply.

(a) The Ministry collected a total of Kshs1.2 million from Little Nzoia Water Supply in Tongaren Division of Bungoma District up to the period that water stopped reaching Tongaren due to high population settlement in the source of the water supply. The revenue collected was remitted to Treasury. The project has not collapsed. It is the demand for water that has outstripped the supply leading to the outlying areas in Tongaren missing water.

(b) The Ministry is not aware of any loan borrowed that was to be serviced through revenue collected from the Little Nzoia Water Supply. The Ministry's source of funding is through budgetary provision as approved by this House. During the time of handing over of the Little Nzoia Water Supply in 1978, there were no liabilities handed over by the Ministry of Lands and Settlement which was the initiator and implementor of the Little Nzoia Water Supply. Loans were obtained by individuals through the Settlement Fund Trustee. The process was a private arrangement between the applicants and funding agency. There is no money allocated to my Ministry to service loans.

(c) The rehabilitation of Little Nzoia Water Supply is estimated to cost Kshs130 million. Currently, the Ministry's budgetary allocation is unable to support such an expenditure. However, I wish to assure this House that my Ministry is committed to the rehabilitation of Little Nzoia Water Supply along with others when funds will be available.

Dr. Kituyi: Mr. Deputy Speaker, Sir, this hon. Assistant Minister is my friend and this Question has been on the Order Paper for the last three weeks. During this period, I have tried to help him understand that you can say that the project has not collapsed, it is just the demand that has outstripped the supply and then you talk about rehabilitation. What will he rehabilitate if it has not collapsed and the demand grown?

I also told the Assistant Minister, and he promised to bring a better reply to the House, that the Little Nzoia Water Supply was exclusively meant for Tongaren Division. If he comes back to the House and says: "Just as demand has outstripped supply, and outlying areas like Tongaren do not have water---" How does he call the main target area "outlying"?

(Loud consultations)

Could he just tell us what he means by "outlying areas like Tongaren not having water"? What does he mean by that?

Mr. Kofa: Mr. Deputy Speaker, Sir, some hon. Members were consulting loudly and, therefore, I did not get his question.

Mr. Deputy Speaker: Order! Dr. Kituyi, repeat your question!

Dr. Kituyi: Mr. Deputy Speaker, Sir, I brought it to the attention of the Assistant Minister, with the advice from the Chair, that there were some factual problems to the answer he had been given, and he brought back the same answer. I would like to ask the Assistant Minister a single question which he is aware of, bearing in mind that Little Nzoia Water Supply was constructed exclusively for the supply of water to Tongaren Division. When he tells us that "the project has not collapsed, it is just outlying areas like Tongaren which are not receiving water", what does he mean, if the target area is Tongaren Division?

Mr. Kofa: Mr. Deputy Speaker, Sir, the Little Nzoia Water Supply is mainly located in the north-east of Lugari District. It started right from Uasin Gishu District, through Lugari District to Bungoma District. I do not agree with the hon. Member that this project was specifically designed to serve the people of Tongaren Division.

Dr. Ochuodho: Mr. Deputy Speaker, Sir, last year, the Government, in its Estimates, sourced for about Kshs1.5 billion to provide every town with water. We understand that Kshs130 million is required for Tongaren Division. Why can the Government not consider sourcing for money from similar sources in order to provide water to Tongaren Division, Homa Bay and other district headquarters in this country? Why can he not assist the

same towns to have water supply?

Mr. Kofa: Mr. Deputy Speaker, Sir, it is the Ministry's policy that the beneficiaries manage their own water supply. So, at the moment, the Ministry is not ready to do that. If it does that, it will be against its policy.

Dr. Kituyi: Mr. Deputy Speaker, Sir, when Little Nzoia Water Supply was constructed, the intake was in Uasin Gishu District, but it was the water supply for Tongaren Division. But be that as it may, since then an off-take has been constructed to take some of the water into Lugari District. But in the past ten years, the Government has constructed a water intake on River Nzoia in Tongaren Division. It has pumped water from that Division to Eldoret Town, and yet there is not a single tap of water in Tongaren Division. Why is it convenient to that Government that a water supply coming to Tongaren can have diversions to the communities through which it traverses, but the water that flows to Eldoret from Tongaren Division cannot be diverted into this division? Is it because of our ethnic background or our political affiliation?

Hon. Members: Both!

Mr. Kofa: Mr. Deputy Speaker, Sir, none of that. I would like to say that the Eldoret Water Pipeline was taken from the main river, and it has nothing to do with the line that goes to Tongaren Division.

Mr. Deputy Speaker: That is not the question he has asked you. The question he has asked you is that if you can divert water meant for Tongaren Division under the Little Nzoia Water Supply, why can you not do the same under the Eldoret Water Project, which emanates from Nzoia River in Tongaren Division? I think to be fair to the Questioner, I will have to defer this Question to Thursday, next week.

(Question deferred)

Hon. Members, as you can see, it is nearly 3.30 p.m., and as per your Standing Orders, the next Motion should start not later than 3.30 p.m. So, I would like to advise the hon. Members whose Questions have not been asked, including those ones under Private Notice that they be deferred until tomorrow.

Mr. Murungi: On a point of order, Mr. Deputy Speaker, Sir. My Question was on the Order Paper last week, and the Speaker ordered that it be given the first priority on the Order Paper. There is sabotage from the Clerk's office to ensure that my Question is not asked. Could he ensure that my Question is given the first priority on the Order Paper?

Mr. Deputy Speaker: Order! Order, Mr. Murungi! If an hon. Member wants to complain about staff from the Clerk's office, he or she knows where to do it; it is not in the Chamber. But, in any event, I can only deal with Questions as they have appeared on the Order Paper. I could not change their order. So, take it from me that your Question will appear fairly high up on the Order Paper so that it stands a chance of being answered.

Question No.056

COMMISSIONS ON UNEMPLOYMENT

(Question deferred)

QUESTIONS BY PRIVATE NOTICE

VEHICLES FOR DISTRICT OFFICERS

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

- (a) Is the Minister aware that the District Officers in the two divisions in South Mugirango have no vehicles?
- (b) Is he further aware that as a result of (a) above, it is impossible for the officers to deal with urgent security matters?
- (c) What action is the Ministry taking to provide the officers with vehicles?

(Question deferred)

AIRPORT RUNWAY TENDER AWARD

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

- (a) Is the Minister aware that a tender for the re-painting of the runway at the Jomo Kenyatta International Airport has been irregularly awarded by the Kenya Airports Authority?
- (b) Is he further aware that the Corporation has purchased a tractor for cleaning the runway at Kshs35 million?
- (c) What urgent steps is he taking to ensure that public funds are prudently used in these transactions?

(Question deferred)

SHOOTING OF MR. CHEGE

(Mrs. Mugo) to ask the Minister of State, Office of the President:-

- (a) Is the Minister aware that on 7th June, 2001, Mr. Njui Chege, a resident of Uthiru was shot dead, with eight bullets pumped in his body?
- (b) Could he explain why it took the police from Kabete Police Station, which is only a few kilometres away, four hours to respond?
- (c) What action is the Minister taking to ensure that the perpetrators of this heinous crime are arrested?

(Question deferred)

SUGAR IMPORTATION BY KSA

(Mr. Angwenyi) to ask the Minister for Agriculture:-

- (a) Under what circumstances did the Kenya Sugar Authority import 440,575 bags of sugar from South Africa?
- (b) Why did the Authority fail to clear the imported sugar leading to the advertisement in the Kenya Gazette No.39 of 22nd June, 2001, to auction the sugar on 17th July, 2001?

(Question deferred)

ALLOCATION OF MINISTRY'S LAND

(Mr. Gitonga) to ask the Minister for Lands and Settlement:-

- (a) Is the Minister aware that the 15 acre piece of land hitherto belonging to the Ministry along Nyambari-Nairobi-Naivasha Highway at the Uplands turn-off, has been allocated to a private developer?
- (b) Who is the developer and what kind of development does he intend to carry out in the area?

(Question deferred)

Mr. Angwenyi: On a point of order, Mr. Deputy Speaker, Sir. It is really important!

Mr. Deputy Speaker: Order! It cannot be more important than your own Standing Orders, which state that you should start the Motion on the Order Paper not later than 3.30 p.m.

COMMITTEE OF SUPPLY

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

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

(The Minister for Medical Services on 12.7.2001)

(Resumption of Debate interrupted on 12.7.2001)

Mr. Deputy Speaker: Mr. Angwenyi, you have five minutes to contribute!

Mr. Angwenyi: Thank you, Mr. Deputy Speaker, Sir, for giving me time to continue with my contribution to the Vote of the Ministry of Health.

The Ministry of Health deals with the social affairs of this country, but the amount of funds allocated to constitute only 3.8 per cent of the total Budget and not the 11 per cent we were told by the Minister for Finance. Our health facilities are in a pathetic state. If you go to Kisii District Hospital which was upgraded to a provincial hospital and has never been gazetted, you will find that it is in a pathetic state.

The amount of money which has been allocated for development, that can provide facilities like mortuaries, amenity wards and maternity wards, is so little that nothing can be done during the year. I thought the Ministry should have looked for more funds to provide the facilities that are required in the country.

In places outside the City of Nairobi, health services are in a deplorable state. People have now resorted to visiting witchdoctors because they cannot afford our health services. We are a country of sick people; a country of people who fall sick and they cannot get the services that they need. I would like to ask the Ministry to seek further funding through the Supplementary Estimates. Let this Government show its commitment towards our people by allocating more funds to this Ministry.

We are running short of trained manpower in health services. Why is this happening? It is because those people who have been trained cannot get jobs and, therefore, they have to go to other countries. The remuneration the medical personnel get from the Government is so low. In fact, it is worse than the remuneration hawkers get; a hawker earns more money than somebody who has spent 20 years in school to attain the necessary knowledge to be a medical practitioner.

(Loud consultations)

Mr. Deputy Speaker, could you bring some order to this House?

Dr. Kituyi: On a point of order, Mr. Deputy Speaker, Sir. Could the Chair advise that corner that it is not yet time for voting? They can go and wait outside!

(Mr. Maizs consulted with Mr. Muturi)

Mr. Deputy Speaker: Order! Mr. Maizs, your Standing Orders state quite clearly that there should not be idling in between benches. If you want to have a quiet discussion with another Member, go and sit next to him. Let this be the last time that we interrupt, or consult loudly at the expense of what a Minister is saying or a Member is asking.

Proceed, Mr. Angwenyi!

Mr. Angwenyi: Mr. Deputy Speaker, Sir, I hope I will get more time. I was saying that the medical personnel must be properly compensated, if we want to maintain high standards of medical services in this country. It is now better to do hawking because one earns more money by hawking goods; you earn more money by pick-pocketing than by spending time in school to attain the necessary education in order to be a medical practitioner.

I would like to request the Ministry to allocate funds to develop and expand the medical training college in Kisii. The demand for that service is very high throughout the country. So, I would like to request the Ministry to improve these facilities so that our people can get the necessary training to provide the service that we need.

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

Dr. Kulundu: Thank you very much, Mr. Deputy Speaker, Sir, for giving me this opportunity to comment on the budget of the Ministry of Health. Looking at both Recurrent and Development Estimates of this Ministry, one can only sum them up in one word; that is, gross under-funding. I do not know what arithmetics the Minister used in arriving at the allocation given to the Ministry of Health as being 7.5 per cent of the total Budget. We have gone through this Budget at Committee level and it is only 3.8 per cent, if you based it on gross Estimates.

Mr. Deputy Speaker, Sir, it is only 3.8 per cent. If it is on net Estimates, it comes to 4.4 per cent. So, the Ministry of Health has been greatly under-funded. No wonder this very important Ministry is unable to maintain highly trained medical personnel. This country is now suffering a mass exodus of medical personnel to such countries as Somalia, Rwanda and southern African countries, because of the poor remuneration packages for the various categories of medical workers. The Ministry, right now, has got a Minister, a Permanent Secretary and a Director of Medical Services (DMS) who are topnotch. Surely, if there is any time that medical personnel will ever have a sympathetic year, it is now. The way it is, we cannot maintain our highly trained personnel and the infrastructure. We can also not purchase adequate drugs for the various ailments that afflict Kenyans.

Mr. Deputy Speaker, Sir, if you look at the budget allocation on drugs, you will be shocked to find that apart from Kenyatta National Hospital, the amount of money set aside for drugs is Kshs1.3 billion for this financial year down from Kshs1.4 billion last year. If you remember, one month or slightly more than a month ago, we deliberated here The Industrial Property Bill and how important it was for Kenyans. We all agreed that the Government should enact the Industrial Property Bill so that Kenyans can access anti-HIV/AIDS drugs. In a situation where the Ministry of Health has less money than it had last year, one should really question whether we have the ability to cater for the people who are suffering from HIV/AIDS. We do not have that capacity. The Ministry of Health should have seen that there would be need for us to purchase anti-retrieval drugs and provided for that. I do not think the Ministry of Finance would have found that demand ridiculous. I lay the blame for this failure on the part of the Ministry squarely on the top officials including the Ministers, the Permanent Secretary and the DMS. They should have foreseen that the Ministry of Health would require a lot more money this year on drugs than last year, because of the need to provide for HIV/AIDS patients. That is as far as the Recurrent Estimate is concerned.

But I want to take a little bit of time and comment on the Development Estimates. If there is any example needed, of a Ministry that requires the input of Members of Parliament into the Budget process before it is read in this House, then it is this Ministry. Looking at the provision in the Development Estimates it reveals a lot of inequities. First of all, last year, we were told that donor-funded projects should be treated as development projects, which is okay. But if you look at this year's Development Expenditure, there are a lot of Kenyan Government projects that have been put under it. The allocation of donor-funded projects tends to be abused by this Ministry. Last year, we talked about Kakamega Provincial General Hospital at great length. I am not saying this because I am the Member of Parliament for that particular constituency where Kakamega Provincial General Hospital is. But Kakamega Provincial General Hospital is in a despicable state of disrepair and everybody knows this. The DMS, the Permanent Secretary and the former Minister were taken there. They all saw this dilapidation but no money has been allocated for the rehabilitation of the outpatient department in Kakamega Provincial General Hospital. There is even worse dilapidation at Kisii District General Hospital in the outpatient department, which I thought the Ministry of Health would allocate money to; nothing of the sort has happened. We went to Rachuonyo District Hospital and saw the dilapidation in that institution and nothing has happened. Instead, we have seen very interesting allocations of foreign funds. Without casting aspersions on anybody, I would like to question the rationale used in apportioning foreign funds especially from Japan to Masimba Health Centre and Gesusu Sub-district Hospital. These two institutions happen to be in one Minister's constituency; that is, the Minister for Public Health. The Ministry went ahead and allocated a lot of money to other health centres within the greater Kisii community. Keumbu, Nduru and Manga Health Centres, among others, have enjoyed a considerably higher allocation than the Eastern Province General Hospital and other district hospitals. If that is not misuse of public office, I do not know what misuse of public office means.

Mr. Deputy Speaker, Sir, also, the allocation to Ngong Health Centre is astounding. Surely, we all represent constituencies with health facilities which must be supported by the Government. In only two years, Ngong Health Centre---

Mr. Gatabaki: On a point of order, Mr. Deputy Speaker, Sir. Dr. Kulundu has implied that the Minister has misused his power by allocating public funds to health institutions in his constituency. That is the implication of Dr. Kulundu's remarks. Is it in order for him to accuse the Minister of misusing his Ministerial power?

An hon. Member: He should substantiate!

Mr. Deputy Speaker: Order! Order! Dr. Kulundu is quoting figures from the Printed Estimates. When an hon. Member uses a public document to make his point in the House he does not need to substantiate.

Proceed, Dr. Kulundu!

Dr. Kulundu: Thank you, Mr. Deputy Speaker, Sir.

An hon. Member: Your time is up!

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, I rise to support this Motion with a lot of reservations. I also

rise, as the Official respondent from the alternative Government, to respond to this debate. Having said so, I would like to make the following observations very clear at the outset.

Mr. Deputy Speaker, Sir, the hon. Members who have spoken on this debate have made very stimulating contribution. Other than the time when the Minister for Public Health made his contributions, I have been sitting here throughout this debate. However, I must caution that we will not achieve what we are clamouring to get so long this country's economy is in shambles. We can talk a lot about it, but we will not succeed. I will very soon demonstrate that certain objectives of this Ministry are not achievable.

Let me also hasten to remind Kenyans that despite a promise by the Ministry of Finance to allocate 15 per cent of the Budget to the Ministry of Health, that has not been done. So, what have we done since last year? We have actually reduced the Ministry's budget by Kshs207 million. My good friend, Prof. Ongeri, is going to find it very difficult to operate. I say this because, of all the Ministries, the Ministry of Health has professionals who can take us to greater heights. We have said this year in, year out since Prof. Ongeri and his team were appointed to the Ministry of Health. But what do we get at the end of it all? I want to explain.

I have the honour of sitting in this House for quite some time as Ministers made their contributions. Allow me to step on the toes of my good friends, the Ministers, with reasons. Could the person who writes the official presentations to this House for the Ministry be replaced? The Ministry's statement is repetitive, word for word, from the beginning to the end. I say this authoritatively because I have the relevant HANSARD for last year and this year's presentation by the Minister. There is nothing new. In English, this is called "copycat". Last year's presentation has been duplicated and presented this year.

It is easier for Ministers to initiate debate on any Motion since they have people who carry out research for them. An hon. Member of Parliament has to sit down and read. So, until we are provided with researchers, anybody who comes here to respond to debate will have taken a lot of time researching on the subject. There is, therefore, need for researchers to be provided to Members of Parliament.

Mr. Deputy Speaker, Sir, I will now make my observations. Since the poverty level has increased to 53 per cent of this country's population, many Kenyans flock public institutions, which are under-funded. Public institutions have thus overstretched their capacities to provide necessary services because most Kenyans cannot afford those services at private institutions. I will shortly give the number of Kenyans who should get free medical treatment. These are people who cannot even afford to provide food for survival of their families.

Let me join my good friend, the Chairman of this House's Committee on Health, Housing, Labour and Social Welfare, with whom we sat down and looked into this budget, and request to be told why the Ministry informed Kenyans that they have been allocated 7.5 per cent of the national Budget. Going by these figures, that level of budgetary allocation is far from being achieved. So, is it that whoever is in charge of the financial aspect in the Ministry does not know what he is doing? All we are asking for is a correction of this aspect, bearing in mind the fact that this year's total Budget is Kshs306 billion.

Mr. Deputy Speaker, Sir, let me rush to an area I have not heard most hon. Members talk about. I have repeatedly talked about the waiver and exemption system. Regarding this aspect, the only success story is Kenyatta National Hospital. Whereas other public health institutions can afford to give waivers and exemptions, there is no reimbursement system within the Ministry to enable those institutions get back their money. What incentives would allow that to happen? Suggestions have been made here before, that standard criteria for determining who should be exempted from paying for treatment be put in place. We have taken away that responsibility from chiefs. We now want to take it away from the hospitals themselves. About Kshs76 million was meant to improve Kenyatta National Hospital to what it is now, having been taken over from other able directors and their teams. Hongera, for a good job well done, Dr. Waweru!

Mr. Deputy Speaker, Sir, because I do visit hospitals a great deal, I want to tell Kenyans something about the job that Dr. Waweru is doing. He has a hospital with a capacity of only 1,600 beds. But, in most cases, the patients in that hospital are in excess of 2,200. Bed occupancy is very close to 130 per cent. This shows that there is a lot of problems within Nairobi. Nairobi is allocated the same funds like the other small districts; like Teso the place where my good friend comes from. He does not have many problems because you cannot compare the population of Teso with that of Nairobi. Here in Nairobi, there are a lot of things that are needed at Kenyatta National Hospital. We have Nairobi District Management Board which has been set up by the Nairobi City Council, with approval by the Minister for local Government. We have been asking that this Committee be funded from the Consolidated Fund because whatever job they are doing, will not be done successfully unless that is done.

We are trying to move out---

The Assistant Minister for Local Government (Mr. Kiangoi): On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Member in order to make reference to the Minister for Local Government when he knows very well that councillors from his own party are running the City Council inefficiently?

Mr. Deputy Speaker: Order! Order! Mr. Kiangoi, I thought it was complimentary to your Ministry!

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, you can see the ability of Ministers who are appointed by His Excellency President Moi. He is a lawyer in his true colours! All I am saying is that, we want to help the Ministry of Local Government---

The Assistant Minister for Local Government (Mr. Kiangoi): On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Member in order, again, to refer negatively to my credentials and ability when he knows that I am even overqualified to serve in any capacity that I may be appointed to?

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, I do not want to dwell on the Assistant Minister's abilities, but he also knows that, I, Norman Nyagah, have no capacity to fight a woman. You have never read about Norman Nyagah fighting a woman in any elections. Having said that, let us move on so that we can put this Motion to rest.

The Assistant Minister for Local Government (Mr. Kiangoi): On a point of order, Mr. Deputy Speaker, Sir. I am surprised to hear the hon. Member talk about somebody fighting women or men. In whichever way, who has asked him about his capacity to fight women, including his own wife?

Mr. Deputy Speaker: Order! Order! The Chair will allow occasional humour. But when humour becomes a trade mark, we do not allow too many jokes--- We do not want any more interruptions.

Proceed!

Mr. N. Nyagah: Thank you, Mr. Deputy Speaker, Sir, for your protection.

If, indeed, 53 per cent of Kenyans live below the poverty line, it, therefore, means that over 15 million Kenyans qualify to get waiver and exemption. Is this the kind of group that the Government is giving a waiver to? Kenya has made greater strides in the health sector. We passed the Industrial Property Bill the other day and now we are able to manufacture drugs and make parallel imports of drugs into this country. But this is going to be watered down by what I want to tell the Minister and his team.

Kenya being the second country in African to have passed this Bill through Parliament, this achievement is going to be watered down despite having made such great strides by the fact that, the Minister for Finance on the 14th of June, levied 25 per cent duty and 18 per cent VAT on pharmaceutical products and then ingredients, reversing a trend that we had achieved by bringing in free medication into this country for the last 19 years, from 1982. So, what are we being told? I want to go right to the beginning to demonstrate what this, in effect, will mean.

It is regrettable that the Kenya Gazette Notice is in place and I would urge the Ministry of Health and the Treasury to sit together and harmonize duty rates so that we can be able to revert back to a situation where duty is going to be less. Why was there sudden change of heart? How did the manufacturers abuse this privilege which they have observed since 1982?

Mr. Deputy Speaker, Sir, the East African region is currently in a hurry to make sure that the tariffs are more or less even. If you go to Tanzania, today, you will find that they have zero-rated their tariffs on pharmaceutical products. What are we doing here? If you want to manufacture drugs, and there are 31 companies in Kenya registered as third manufacturers using in excess of 800 products to manufacture drugs--- I feel very happy when the Minister nods to acknowledge what I am saying as factual. These ingredients include those which are going to manufacture anti-retroviral drugs. This means on that line the duty is going to be very heavy. For the same purpose, I am also pleading for things like surgical gloves to be exempted from duty because that price will be levied on the common mwananchi. Today, an examination glove, which you and I are asked to go and buy when we visit a public institution, should cost Kshs5. However, if you go to buy one today, you are going to pay more than Kshs65 or Kshs70. How many Kenyans will afford such a cost?

Let me demonstrate what this means. If a pharmaceutical company imported 550,000 gloves at a cost of Kshs2 each, from Europe, the total expenditure would be Kshs1.1 million, while 25 per cent duty would be, precisely in excess of over Kshs32 million and Kshs15 million will be in terms of VAT. So, it is almost impossible for a Kenyan to afford that.

Let me appeal also to the Minister to do something in another area. The Kenya Gazette Notice makes reference as to who can buy these protective apparels, clothing accessories and equipment. These are registered hospitals and clinics? The people who basically brings them into the country are not these institutions; they are pharmaceutical companies. Therefore, there should be some rationalisation within the Ministry so that this can be done.

Mr. Deputy Speaker, Sir, having said so, let me move to something else that we should talk about. This is because I am sure that when the Minister comes to answer, he is, probably, going to tell me that they can claim a refund on duty paid. It is laborious, and one goes through a lot of hurdles. In fact, many manufacturing companies are employing special people to do it. There is a lot of paperwork that needs to be done. If you import less than

Kshs200,000 worth of the material that I talked about, then, you do not qualify for it. I think the whole method should remain as before. Is it not even debatable, if you want to achieve what Prof. Ongeru and the Minister for Trade and Industry, Mr. Biwott, brought before us, so the cost of our products can be a lot cheaper.

Glaxo Wellcome (Kenya) Ltd is currently contemplating moving out of Kenya. They want to relocate to Egypt because the business environment is not conducive in Kenya. I am talking to people who are listening and who know the capacity of this company. I am talking factually; that, they are in the process of moving out. This is because whatever they are going to manufacture with the new tariffs, they will not be able to sell in the market. Kenyans will not be able to afford it. Yet, you want to industrialise Kenya by the year 2020 by kicking away our industries in the country.

If you look at the National Health Sector Strategic Plan, which is a beautiful piece of work, done by the Ministry, because it is occasionally good to praise them when they do a good job, one wonders whether it will achieve some of the targets that they have set. This financial year alone, according to the statistics done for the year 1999/2004, the Ministry of Health should have received Kshs37.9 billion. But what have they received? They have received only Kshs11 billion. For the year 2002/2003, we should have received as a Ministry Kshs39.76 billion, and in 2003/2004, according to the projections, we expect to receive Kshs41.62 billion. I am trying to demonstrate, if the economy has gone so bad, that the people who give that will probably need to revise some of these very beautiful projections that have been carried forward in a number of areas in the Ministry.

We all know that over the last very many years, the donor community has contributed 90 per cent of what we get in our Development Estimates of this Ministry. I can only ask my good friend, Prof. Ongeru, and I am sure that he is capable of doing it, to also plead with his colleague; that, sometimes when they use certain language that tends to be abusive, I have no other words, and I am not saying that he has used any of that, to these donor communities, they would withhold certain funds, but we do not want that. This is because we hear of certain threats that are issued to the donor community; yet at the end of the day, what do we do? We shamelessly go and beg them on our knees in order for them to fund us. That is all I am talking about. If we are told, as a Government, "we require you to give Kenyans good governance," think twice about that. This is because you are going to go back to the same group and plead with them, so that they can fund certain sectors of the economy.

The conditions that are set by the donor community, in as far as how they can advance that money to the Government, should also be relaxed. Having realised that the Government does not have enough money, they should not, as a Government, disburse the amount first before they are reimbursed. That appeal should be made over and over again, to the donor community because our cash flows do not allow that. As a result, we are bound to miss a lot of donor funds coming into the country.

Let me go on to something that my good friend, Prof. Ongeru, alluded to; about malaria. When he replies, I would like him to, bearing in mind that he said that 30 per cent of the total intake of patients into public institutions go there because of malaria-related diseases, and the bed occupancy is very high, answer this question; do we have the capacity to increase funding to that? Or, somehow, should we go out of our way in order for KEMRI as a research institution, to be funded so that it can go ahead with the vaccine trials that they have been doing for quite some time?

Let me talk about a subject that Kenyans love; to steal. They even love to steal from medical institutions. I want to name the following areas, so that the Minister and his team can do a follow-up. There has been grabbing of ten houses belonging to staff of the Kenya Medical Training College, Nakuru. One of them has been grabbed by a man who is "one step behind." If any of you has read a book called "*Mandela, One Step Behind*," then, you know whom I am talking about. He is the ADC to the President. He is giving instructions to the Principal and his Deputy to move out of a property that he owns. I have documents with me to prove that the ownership of the ten houses belongs to the Government of Kenya. Why should that be allowed? Just because you are the ADC to the President? That does not make you any bigger. I have evidence, and I will lay it on the Table.

Mr. Deputy Speaker: Order, Mr. N. Nyagah! How relevant is it to the debate?

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, it is extremely relevant because I am talking about medical training institutions. Parcels of land belonging to Machakos Medical Training College and houses had been grabbed, and the court intervened, but the problem still continues. Karen, which was given by Karen Blixen, is gone. It is in the process--- Basically, I am saying that properties of these medical institutions are either gone or are in the process of being grabbed. In Port Reitz Medical College in Mombasa, properties are being grabbed. The same is happening in Loitokitok, Kabarnet, Mombasa and Nairobi. We need title deeds to be given---

The Minister for Public Health (Prof. Ongeru): On a point of information, Mr. Deputy Speaker, Sir, I am sure he will need it. Since the Shadow Minister for Health is making far-reaching statements, including accusations, it is only fair that we should be privy to that information and seek the earliest opportunity to discuss it. We have done that before, so that we can reach an amicable solution, instead of being very inflammatory at this

stage.

Mr. Deputy Speaker: Order! This is not the place for making pleadings. If you want him to lay the documents on the Table he is quoting, you should ask him to do so.

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, as the Committee on Health, Housing, Labour and Social Welfare have very good working relationship with the Ministry. We work very well and harmoniously and we have had no fights. I will lay the documents on the Table, so that we are able to see them. I brought these documents basically because I want to help him and the Government, in order to repossess what belongs to them. We want our young people to be trained in these institutions. I hereby lay the documents on the table.

*(Mr. N. Nyagah laid the documents
on the Table)*

Let me talk about another subject which touches on the National Aids Control Council (NACC). You know that we had a big function, the best ever attended session, in Mombasa after Mr. Nyachae's attendance, where he told us that the Kenyan economy was in the ICU. The meeting was convened by the Committee on Health, Housing, Labour and Social Welfare in order to discuss ways and means of eradicating the scourge of HIV/AIDS, or controlling it. We want a few answers from the Minister when he comes to make his response. One, why has it become difficult for Mr. Kirwa to launch his Constituency Aids Control Committee (CACC) in his constituency? It is because of gross interference from the Provincial Administration. Why has Mr. Kihoro been given a parallel aids committee which was launched by one of the members who is very high up in the levels at the NACC?

We also want to appeal, and have done so many times before, that Baringo Central Constituency Aids Control Committee should be launched. Somebody should take up responsibility to launch it on behalf of the President, in order to show the seriousness of the scourge. I am not making any attacks. Somebody should take up the responsibility to launch that committee in Baringo Central Constituency, so that we see whether we are sincere in what we are saying.

Mr. Katuku: On a point of order, Mr. Deputy Speaker, Sir. Is Mr. N. Nyagah in order to say that there is no hon. Member in Baringo Central Constituency to launch an AIDS committee?

Mr. Deputy Speaker: Order! Mr. Katuku, you are really asking me a question, the answer to which you know!

Proceed, Mr. Nyagah!

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, I feel privileged to answer my good colleague. The Head of State is very busy on other State matters. Therefore, he has no time for his constituents.

Mr. Deputy Speaker, Sir, we want to know how much money was given to Kenyans by the American Government when General Powell visited Kenya. Was it Kshs650 million or Kshs950 million? We are now being told that this money has already been spent by the American NGOs in Kenya. If it is true, then we do not know where it was spent because it was not given to the Government. Why has it taken so long for this Government to disburse US\$50 million to constituencies that have already launched their AIDS Committees? At the moment, this Government has allocated only Kshs45,000 to constituencies to fight the HIV/AIDS scourge. This will not be enough. Therefore, I would urge this Government to immediately fund AIDS Committees in the constituencies.

Mr. Deputy Speaker, Sir, through the Chair, let me plead with Minister Mohammed because he is interfering with my constituency. I dare him to ---

Mr. Deputy Speaker: Order! Mr. Nyagah, if you want to refer to another Member, call him "hon. Member".

Mr. N. Nyagah: Mr. Deputy Speaker, Sir, all I am saying is that hon. Members must respect one another because, in the next general election, I will still be in this House. Mr. Shikuku used to tell us that we would not see the Floor of this House, but here we are. So, as we fight others, we should know that there are many fingers pointing at us.

Mr. Deputy Speaker, Sir, we want a financial management agency to be put in place. This agency will oversee the management of funds in the National Aids Council. There are about six agencies who are fighting to see who will be appointed to manage those funds. The biggest problem with us is that we have embraced the culture of misappropriating public funds in this country. That is why the Provincial Administration is fighting so hard to make sure that this amount of money is not given to an agency to manage. Why? It is because DCs are the heads of most district committees. However, the World Bank has made it very clear that this money must be

controlled by an agency. If you ask me who is in charge of the Aids Committees in Nairobi, I will not be in a position to know because they have not involved local leaders. Mr. Deputy Speaker, Sir, with those few words, I beg to support.

Mr. Sungu: Mr. Deputy Speaker, Sir, thank you for allowing me to make my contribution to this important Vote of the Ministry of Health. Allow me to associate myself with hon. Members who spoke before that, indeed, this Ministry is led by highly qualified and professional people. They have a capacity to come up with a proper health budget that will help this country throughout the millennium.

The only sad thing is that we have our priorities wrong. As it has been said before here, the Ministry of Health is the right Ministry to spearhead the fight against the HIV/AIDS scourge in this country. In this Ministry we have qualified professionals who can talk about condoms. Such professionals cannot be found in the Office of the President. It is a sad affair that the National Aids Control Council is in the Office of the President. Therefore, it is in the wrong Ministry. Why? It is because they want to get their hands on this money. I may be talking to a stone, but they must hear this. Parliament wants the NACC and the fight against HIV/AIDS to be spearheaded by the Ministry of Health because that is where the professionals are.

Mr. Deputy Speaker, Sir, this country has a myriad of problems. One of them is poverty. Poverty has eaten into the fabric of our society. In my constituency somebody can actually die from malaria because he cannot afford medicine. Somebody may die because he cannot afford gloves so that the doctor can examine him or her. Somebody can die because he cannot pay for X-ray, or seek treatment for a minor ailment that is curable. The Ministry has made some allocation for medicine to some of our hospitals. I would like to appeal to them to look into this more carefully. It is sad to note that, out of our annual Budget, the Ministry is only getting Kshs10.4 billion which is just but a paltry sum of what they need. We need to help our people to access proper medication because they are poor. Mr. Deputy Speaker, Sir, there is a shortage of beds in Nyanza Provincial Hospital. It is common to find two or three patients sharing one bed. At this stage of our Independence, it is a shame for our patients to share beds. This is because sometimes patients suffering from different diseases share beds. This Government must have the foresight to make sure that we have enough facilities in our hospitals.

Mr. Deputy Speaker, Sir, my colleagues have ably addressed the issue of brain drain in this country. There is a movement of our qualified people to other countries, like South Africa and the UK. This is a shame and we must find a way to address it. The professionals in this Ministry, and their Minister who is a qualified medical practitioner, must find a way of fighting for better terms and conditions of service for doctors and nurses, so that they do not go away. We must provide them with good equipment so that they do not get infected with some preventable diseases.

Mr. Deputy Speaker, Sir, the other day in Kisumu Medical Training Centre, there was an outbreak of hepatitis B, which is one of the most dangerous diseases in this country. What did the Government do to protect those nurses? They are susceptible because they are in the forefront of treating patients who may have this disease. They must be protected. Should they be infected, then there should be an immediate remedy. We should not wait for days until some people die so that we take action. It is a shame that this happens despite all the knowledge that we have. We require adequate medical facilities in this country. We have two referral hospitals; Kenyatta National Hospital and Moi University Teaching Referral Hospital. I would like to appeal to this Ministry to look at the population census when providing health facilities. For example, the new Nyanza General Hospital has the facilities, space and buildings to be upgraded to a regional referral hospital. This is because it is a referral hospital to many people in Busia, Kisii, other parts of Western Province, and Uganda. It is sad because we do not have facilities to make it a real District Referral Hospital. The other day, I mentioned in this House that the docitherapy unit in the new Nyanza General Hospital was under threat of being moved from Kisumu to elsewhere. I am glad because the Minister assured me that this will not be done. What we should do is to make sure that we have adequate equipment. This Ministry is being allocated funds to provide some equipment to our hospitals. They should also consider New Nyanza Hospital when supplying equipment. Coast and Central provinces require additional hospitals. People require health facilities everywhere in this Republic.

Mr. Deputy Speaker, Sir, the Minister should look into ways of helping our Local Authorities, particularly those which have the responsibility of running some health facilities. For example, Pumwani Maternity Hospital is run by Nairobi City Council while Migosi Health Centre in Kisumu is run by Kisumu Municipal Council. Migosi Health Centre has enough buildings. It only requires equipment. Kisumu Municipal Council has failed to utilise this facility. Instead, they gave it to a consortium of private individuals who were not able to use it. Right now, it is being used by goats and sheep. There are also people living there illegally. It is facilities like this which are of immense importance in the fight against cholera, typhoid and other diseases.

Mr. Deputy Speaker, Sir, there is apathy towards delivery of health services in this country. This must

be discouraged. Licensing health facilities is of immense importance in this country. We must not just license a health facility because there is one doctor without equipment. We must make sure there are enough facilities and equipment so that they can give our people good treatment. When it comes to licensing, the Mental Health Act requires that the District Health Boards license various health facilities. However, in the area of mental health there is a major problem. The Ministry is not exercising its supervisory authority. In Kisumu we have a religious cult. It is going about treating mental patients. Where do they get the licence to do this? I am sure some officers in the Ministry know this cult exists in Kisumu and I believe elsewhere. People with AIDS are being cheated out of their money by quacks who pretend that they can treat them. The Ministry should discourage this kind of action. I would like to appeal to the Minister to look into the issue of licensing so that they know who is licensed to treat people. Human life is very important. We cannot create human beings although we hear of cloning. Human life as given to us by God must be protected by those who have sworn to protect it through the hippocratic oath.

Mr. Deputy Speaker, Sir, I would like appeal to the Office of the President to relinquish the responsibility of fighting the HIV/AIDS scourge and transfer it to the Ministry of Health. There is a duplication of activities. If the Ministry of Health is receiving funds to fight HIV/AIDS, why should the Office of the President receive the same from donors? There is a lot of confusion because the Office of the President cannot fight the HIV/AIDS scourge. We want the Ministry of Health to handle HIV/AIDS seriously because it has enough professionals to do so. I appeal to this Government to take the necessary action and fight this scourge. Listen to the voice of Parliament so that we can move forward.

Mr. Deputy Speaker, Sir, on preventive medicines, there is a provision for environmental sanitation. Why can we not, for a change, look at ways and means of spraying mosquitoes to curb the spread of malaria? I do not know what this allocation is for if we do not help our people on the ground, like those who live in Kisumu. It has taken quite a while to spray against mosquitoes and yet this could reduce the incidents of malaria which is now the number one killer in this country, leave alone AIDS and the rest of the diseases.

With those few remarks, I beg to support.

Dr. Kituyi: Thank you, very much Mr. Deputy Speaker, Sir. Let me start by expressing my appreciation for the quality of contributions by hon. Members in this House. One of the problems this country has been experiencing is that those of us who are not professionals do not pay sufficient attention to the policy content of sectoral budgets. I am very happy to see that I now come an inferior second to the colleagues who have spoken very eloquently before me.

I will say one thing that is a bit political. Following what Mr. Sungu said, how much logic, persuasion and outrage is necessary to stop this Government from the continued habit of insisting that anything with substantial donor funding must be taken to the Office of the President? It would make some sense if the Head of that office knew anything substantive about the issue at hand. We have seen the problems caused by the *El Nino* Emergency Project and now AIDS. The Head of that office is telling us to abstain from sex for two years so that there will be no AIDS and that he has done the same. I thought he had abstained for more than two years. Be that as it may, why does he not release these funds to places where there are professionals? If we cannot tell him, who will tell Moi that AIDS control belongs to the Ministry of Health and not the Office of the President? That is all I will say about Moi.

I want to thank the Ministry of Health for the efforts it has made to try and operationalise some things in this country under extremely difficult circumstances. You can see them attempting to do things, but they are let down by a Government that gives very little priority to the health of the average citizen. Health is like education. The political elite pretend to run and finance the public service while they can access private health and education services. At a time when opportunistic diseases like pneumonia and tuberculosis are on the increase, because of AIDS, how can a government justify its reduction of money for curative services by Kshs388 million in one financial year? How can they justify the reduction of its budget for preventive and promotional health service by Kshs43.9 million? They are telling us that: *wao ni wapenda wananchi*. The Minister for Public Health will sit there with a straight face even though he knows how they are hurting his Ministry.

Sometimes, in a hurry to criticise, we forget certain fundamentals that have gone right. Ours is the only country in Sub-saharan Africa which has created a National Hospital Insurance Fund (NHIF). Personnel from South Africa came to Kenya to study how the NHIF operates, for them to model their own. They saw some encouraging and depressing things. What is depressing is that, at a time when the Government is showing capacity to increase collections on the NHIF, instead of seeing to the expansion and adapting innovative thinking about spreading out medical insurance to the average citizen, they start seeing this as a Fund to be raided. First, we saw them raiding it for ambulances. In the current Budget they are raiding it for X-ray equipment for district hospitals.

There are two problems here. The first one is that the Government should seek Parliament's approval for allocation of X-ray equipment in district hospitals and not raid a public health insurance fund. When we were creating the law here, the Government insisted on creating the possibility of other users. Now the Act is being utilised as an excuse to look at the NHIF as a slush Fund. It is being used for things that have nothing to do with health insurance. Today, we have two fundamental problems with health insurance. In any country, there are two fundamental questions which are asked about health. How can a society create the capacity to look after the acutely ill and the long-term ill? There has been insufficient innovation in the instruments to deal with this fundamental question.

We are privatising health services without talking about it properly. If the total number of doctors in Government service is 600, in a country with more than 3,000 doctors, you cannot pretend that health services are provided by the Government. It is easy to talk about the statistics of doctors because we see how few of them are being retained by the Public Service. There is an even more serious haemorrhage of nurses from the Public Service. There was a student from Botswana who came here as a nurse. She married a Kenyan young man who today is the PS for health in Botswana. Every year when they come here for a holiday, they raid the best nurses and take them to Botswana. We are looking the other way; we are talking politics. How can we model public health services if we cannot address the question of retention of critical personnel? How can we resolve the problems of public health in the districts by giving them X-ray equipment without personnel to man, let alone maintain that equipment?

We have come to a point in our lives when we should see the NHIF as the *lucrum* of a public health insurance programme. The Government should be thinking of the possibility of people outside employment in the countryside paying a modest fee like Kshs50 to access services, not hospital beds. I mention that because it interests me. When we imitated Europeans in the 1960s, hospital insurance funds were used to pay for beds. What has happened here? We have a case where the Government health insurance facility cannot pay for curative services, therefore, persons who do not need to be hospitalised have to be hospitalised in order to access health insurance.

You will find people lying for three weeks in hospital beds before being operated while they could have been there for two days. This is due to the ambiguity in the original design of hospital insurance. Why can we not imitate those from whom we copied the idea? They abandoned insuring the use of beds and moved to offering services. This will reduce the number of unnecessary occupants of beds in hospitals and the possibilities of quack doctors running back-street nursing homes. It will also reduce the pilferage of public money through fictitious bed occupancies. The time has come for us to take the challenge that we cannot forever go on doing the same things we have been doing. How can we continue saying that we are concerned about health services in this country when we cannot address, as the leadership of a country, the fact that a medical doctor earns less than one-twentieth of what an MP earns, after seven years of training and internship?

Are we saying that our services to this country are twenty times more important than those of a doctor? Are we insensitive to the reality that unless we redress the question of retention, we are spending limited public resources on training doctors and nurses who then go to work in Germany, Britain and South Africa? We cannot run away from this reality.

I want to conclude with these remarks. Because of a lacuna in policy and practice, external agencies have come here pretending to offer comprehensive health insurance. They are making a fortune without comprehensive legislative control. We all know about Medivac. They looked rosy, advertised their services here, collected a lot of money from people and just walked out of this country. There was nothing to stop Medivac from looting Kenyans the way they did. We now have AAR, Mediplus and a proliferation of South African companies coming here because it is an easy market.

There are two things that need to be done. One, we need a comprehensive legislative regime to regulate the operation and control the deposits from subscribers to these medical funds. Secondly, if the Government can follow through the experiment that has been done with the Amenity Ward at Kenyatta National Hospital, we can replicate efficient services for the higher paid clientele in public hospitals and raise sufficient resources to spread medical health insurance to poorer members of our society. We do not need to give our money away to AAR and Mediplus. We should reduce the amount they can steal. In the meantime, if we streamline the provision of health services even on preferential basis for the higher payers, we can offer the services that AAR is offering. In fact, many of us who have insurance cover from AAR are noticing that it is all superficial advertisement, but they are not offering the services our hospitals can offer. If we re-routed that money and it was not plundered the way they are attempting to plunder the NHIF, we would have the capacity to raise the resources to pay our doctors and nurses, who are the administrators of public health institutions, a more decent and dignified livelihood and retain them in the Public Service.

Mr. Deputy Speaker, Sir, I have taken a bit of time to talk most on health insurance, but I want to respect and acknowledge the variety of the persons running the National Hospital Insurance Fund (NHIF). In spite of what I have said, they have resisted even more aggressively and daringly, raids from personnel in the Ministry and in politics, who want to use the NHIF as a slush fund. We must be ready to stand up and cushion them, and help to bring in new innovative thinking in the management of public health in this country.

With those few remarks, I beg to support.

The Assistant Minister for Trade and Industry (Mr. Ekirapa): Mr. Deputy Speaker, Sir, I want to join my colleagues who have expressed very serious concerns about the amount of money that this Ministry has been given, which is not adequate at all.

We have a lot of problems in our health sector. A lot of people do not have any access to medical facilities and they look upon those of us in the Government to provide them with those facilities. It is a pity that many of them die hopelessly because there is nowhere they can turn to. I want to join those who have expressed concerns over the loss of our trained personnel, people who are going to look for jobs in the United States of America, Europe, and South Africa. They leave this country because they are not well-paid. We are unable to pay them well. I am hoping that the Ministry will take seriously the sentiments that hon. Members of this august House have expressed concerning loss of very experienced doctors, nurses and other paramedics, including pharmacists. These people have taken the country a long time to train. They have used a lot of resources to arrive at the level at which they are now. It is a great pity if we, as a country, would allow these people to go and practise medicine and other medical activities outside this country. I urge the Ministry to find a way of retaining these people in the country. If we must pay them higher salaries, we should do so; by all means, let us retain them.

Mr. Deputy Speaker, Sir, I personally feel frustrated to contribute to this debate. The Shadow Minister for Health, Mr. N. Nyagah, referred to my district as being under-populated. I do not know whether he intends to suggest that people from the sparsely populated areas should die for lack of medical services. I do not know what he meant, but let me address myself to that district.

That district has a district hospital and, for the benefit of my friend, Mr. N. Nyagah, that hospital does not have a theatre, a Medical Officer of Health, a laboratory and it has a very small store for drugs. The hospital is understaffed, and virtually, it is still operating as a health centre. That is the district which borders Uganda and we all know that the AIDS scourge started in Uganda many years ago. The Ugandans have addressed the problem and today, the HIV/AIDS scourge is under control in Uganda. We have not started our HIV/AIDS control campaigns yet. Although the Minister created the Constituency AIDS Control Committees (CACCs) in the year 2000, they are not operating to date because we have not yet received money. A lot of us are embarrassed because we do not know what to tell our people. We have created these institutions and told our people that we were about to embark on the process of trying to save a few people who are dying from this dangerous disease, but two or three years later, we are not yet able to provide that service. I hope that sooner than later, some decisions will be made about what we will do with the CACCs. They are not operating and this is very frustrating.

Mr. Deputy Speaker, Sir, I want to dwell on my district because I was provoked by my friend. Due to lack of facilities in the hospital I have mentioned, those people who can afford paying for medical services are now crossing the border into Uganda in search of medical services, and they are getting them much more cheaply than they would get them in our country. Busia District Hospital is serving the people from the southern part of the district, but the vast majority of the people in the rest of the district have no medical facilities. It is a disgrace that we should allow our people to cross the border into another country to receive medical services, yet, we have promised them some services that we are unable to offer.

We do not have simple things, such as an ambulance. I have informed the Minister about this and I hope I will get one ambulance. It is a terrible situation when there is an emergency at night; the doctor himself does not have a vehicle that he can use to transport patients to the hospital. We must provide, at least, one vehicle in some of these institutions to attend to emergency situations whenever they occur. I have a sub-district, Alupe. Alupe, as most of you will remember, used to be a major research centre in the defunct East African Community. It used to be a research centre for leprosy, sleeping sickness and trypanosomiasis. It has centres for the Kenya Agricultural Research Institute (KARI), Kenya Trypanosomiasis Research Institute (KETRI), Kenya Medical Research Institute (KEMRI) and the Lake Basin Development Authority, but many years of lack of financial support has made these institutions fall into disuse. The buildings are crumbling.

I want to appeal to the Minister to ensure that health institutions that cover other very important institutions are given some minimum funding to maintain them. Maybe, at some stage, the Ministry will get some money and revive this hospital, but let us not let it just fall into disuse.

Mr. Deputy Speaker, Sir, I know the Ministry will soon be introducing a Bill to this House about the control of tobacco use. Time has come when that Bill must come to this House, so that we can do something about

tobacco use. In my district, which grows tobacco, a lot of people are dying from tobacco-related diseases. We do not have a law in this country on how to protect people or how to control the tobacco companies. I want to appeal to the Minister to hurry up with this Bill so that we can control that situation. The tobacco companies are afraid of moving out of this country, but in spite of the contracts they have with the farmers, they are not today purchasing tobacco from these farmers. Farmers are just frustrated. It is time we controlled the exploitation of our people, so that the effort by the farmers is, at least, rewarded by those who, in the first place, contract them to do tobacco farming.

Mr. Deputy Speaker, Sir, I want to mention something about the condoms. My district has a rate of 30 per cent of HIV/AIDS infection. At least, those are officially reported cases. Every single day, there are a number of people being buried having died from the same disease. We should do something. There is now some hope if we will import 300 million condoms, but I wonder whether these condoms are designed for use by Africans. I have been told by those who use condoms that the African "equipment" is perhaps different from the way these particular condoms have been designed. The vigour with which the Africans do that act makes the condoms unsafe for use! It is a concern that has been raised out there, and which I would like the Minister to address. He should find out whether it is true or not. If it is true, then we are exposing 30 million of our people to obvious death. So, please, let us look at that basic problem and see whether there is something that can be done. At least, we should test whether the condoms are able to withstand the vigorous African sexual activities.

Mr. Deputy Speaker, Sir, let me also say something about the shortage of drugs. Even with the services that we get in hospitals and health centres, it is difficult to find adequate drugs. When you check from the headquarters, the information is always that the drugs are being supplied. Could the Minister come up with a system which ensures that the drugs that leave the Central Medical Stores reach their destinations? My time has run out.

With those few remarks, I beg to support.

Mr. Ndicho: Thank you very much, Mr. Deputy Speaker, Sir, for giving me this opportunity to also air my views concerning this Vote. There is nobody who will not support this Motion on the Ministry of Health Vote. Last time, I remember we agreed that when the Government is making its Budget, it should consult Parliament. The Minister is asking for Kshs10 billion for his Ministry's Recurrent Expenditure. I wonder whether that money will be enough to take the Ministry through to the next fiscal year. We do not want the Minister, when we ask Questions in March and April, to tell us: "That will be done when funds become available." He should have consulted us, and because of the seriousness of the health problems in this country, we could have given the Minister Kshs20 billion, so that he could solve all the health problems in this country.

Mr. Deputy Speaker, Sir, having said that, I would like to turn to the Development Expenditure, and observe that the Ministry is spending a lot of money on preventive medicine than curative medicine. What happened to the old adage that "prevention is better than cure?" The Minister has given about Kshs475 million to preventive medicine and Kshs100,000 on curative medicine. All that we are telling the Minister is that Parliament is willing to give it more money, so that our nation is not going to be sick the way it is today. Today, Kenyans are dying of very simple diseases. Why? It is because Kenyans have been impoverished and are very poor! Most of them cannot afford even curative medicine for malaria and other minor diseases because of poverty.

Mr. Deputy Speaker, Sir, with regard to my own district hospital at Thika, the Minister has given Thika District Hospital Kshs21,000 for the purchase of drugs! Thika District Hospital is a catchment area. It is the confluence of nine districts, where we have people from Garissa - that is where the Minister comes from - Kitui, Mwingi, Machakos, Thika, Maragwa, Murang'a and Nairobi, who come to seek treatment at the Thika District Hospital. Yet, the Minister is only giving Kshs21,000 for purchase of drugs. There is something very interesting; that the Minister has given Kshs254,000 to contract professional services. The Minister must explain to Kenyans as to whether there is a racket between his Ministry and the medical personnel. Instead of them being paid well, the Minister is contracting their services to come and treat patients in district hospitals like Thika on contract! Every Member of Parliament here who has spoken has indicated that the Ministry needs to do one thing. It needs to increase the salaries of medical doctors and nurses to stop the brain drain to southern African countries and Europe! What is the point of spending so much money to contract professional services, when you can increase their salaries and retain the same professionals in the Ministry? The only solution to get Kenya back to be a healthy nation and to retain our trained medical personnel is to pay them good salaries.

Mr. Deputy Speaker, Sir, if the Minister for Finance brought a Bill here to increase the salaries for Members of Parliament and we did it in a twinkling of an eye, we are going to support those ones. Members of Parliament are having Harambees to offset medical bills almost every weekend. The Minister can do us proud by retaining the professionals by giving them a lot of money. The Government spends colossal sums of money to

train those people. As Dr. Kituyi said, what is the point of Kenya training doctors for southern African and European countries? That money should be ploughed back in our country.

Mr. Deputy Speaker, Sir, Thika District Hospital needs to be expanded. If you look at the money that the Minister is giving for the expansion of the hospital, which he is calling minor alterations and maintenance work, it is only Kshs1.2 million! Thika District Hospital was built in 1963, and up to now, there is not a single building that has been expanded or rebuilt, despite the high population that the hospital is serving from the nine districts. I visited that hospital the other day and found that in the women's ward, one bed had three women sleeping on it, and two other women sleeping under the bed! I asked the nurses what was happening, and they told me that the policy of the Ministry is that if somebody comes sick and he must be admitted, he or she is admitted and told: "Go into that ward and look for a place to sleep, and the doctors will come to administer drugs to you!" It is my earnest prayer that the Minister will give Thika District Hospital a new facelift.

Mr. Deputy Speaker, Sir, I must concur with Mr. N. Nyagah about grabbing of public land that belongs to hospitals. The land next to the Thika District Hospital, which was meant for the expansion of that hospital, has now been grabbed. It has been given to people who have no use for it, other than for speculative purposes. Next to the hospital, there are so many sign posts advertising land for sale. The one nearest to the road is written: "Land for sale: Ideal for a petrol station"! What a society, where we have people changing a hospital into a petrol station?

With those few remarks, I beg to support.

Mr. Deputy Speaker: Hon. Members, by your own resolution, one hour before the Question on the Vote is put, we should go into Committee. I have one-and-a-half hours and the Minister has still his half hour to respond. So, Mr. Minister, the Floor is yours!

The Minister for Public Health (Prof. Ongeru): Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to be able to respond to most of the queries that have been raised by the honourable Members.

I want to thank you for your concern and interests in the Ministry of Health because health is the fundamental issue and concern for everybody, whether you are a Kenyan or not. Health does not discriminate individuals, places, locations or constituencies. When there is a crisis related to health matters, we definitely always, as health workers, swing into action in order to redress that particular problem. I can give several examples. When we had the Ebola crisis, I think we spent considerable resources in the area where we felt that it may be a point of entry to this country. When we had a cholera outbreak, we spent a lot of resources in order to address it. More recently, when we had the problems of typhoid and cholera outbreaks in Embu and Wajir respectively, the Government did not discriminate in the provision of services to any of those Kenyans who were afflicted by the problem. So, I want to assure hon. Members that there is no inequity in the provision of services. I want to deal with the---

Dr. Ochuodho: On a point of order, Mr. Deputy Speaker, Sir. I do not know if you heard the hon. Minister right. He said: "When we had the Ebola crisis..., and yet the Ministry is on record to have told this country that it never happened in this country? Did I hear him right?"

The Minister for Public Health (Prof. Ongeru): Mr. Deputy Speaker, Sir, I qualified my remarks by saying "point of entry". We did not have Ebola here, but obviously we had to deal with the points of entry in order not to allow Ebola to enter Kenya. So, I should not be worried about that.

Mr. Deputy Speaker, Sir, I want to deal with the mundane issues that have been raised by hon. Members, and I want to allay the fears of my own student, hon. Dr. Kulundu, that, absolutely, there were no monies spent at Gesusu Sub-district Hospital from Japan. He may wish to refer to his books and I will help him to refer to the only money that has been allocated to Gesusu Sub-district Hospital, which is in my constituency, which is Kshs1.4 million which is a standard figure which has been given to all other district hospitals. So, that impression being created that there is a Japanese grant to the Gesusu Sub-district Hospital, I think should be completely erased so that we deal with the other issues separately. I would refer him to the appropriate sections, and they are all there in print and I think this is not in dispute unless there is something coming up; I will be very grateful because we also need that service.

Mr. Deputy Speaker, Sir, however, having said that---

Dr. Kulundu: On a point of information, Mr. Deputy Speaker, Sir. The point that I made was that there was an over-concentration of assistance in institutions that are present in the Minister's constituency as well as the surrounding ones. I did not mention any money!

The Minister for Public Health (Prof. Ongeru): Mr. Deputy Speaker, Sir, if Kshs1.4 million allocated to Gesusu Sub-district Hospital, which is also the same allocated to Busia, Kakamega, Butere-Mumias and everywhere else, is a concentration, then I need to be re-educated afresh. However, I do not think it is, and I do not

want to go into that.

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

Mr. Deputy Speaker: Order! Dr. Kulundu, you should know that you were the Minister's student!

(Laughter)

Dr. Kulundu: It was not today but quarter a century ago.

Mr. Munyasia: On a point of order, Mr. Deputy Speaker, Sir. The hon. Minister, Prof. Onger, tells us that hon. Dr. Kulundu is his student and Dr. Kulundu denies the same. Could the Minister clarify whether hon. Dr. Kulundu was his political student or medical student?

(Laughter)

The Minister for Public Health (Prof. Onger); Mr. Deputy Speaker, Sir, in our profession we respect each other. He knows it and I know it, and so that ends the story.

Mr. Deputy Speaker, Sir, I also want to say to everybody that whereas there is a point being made about the Japanese support our programme, the JICA programme was in Coast Province and they renovated Mombasa Coast General Hospital at a substantial cost running to billions of shillings. They changed their strategy in Western Kenya and in this case, they decided, instead of funding these monumental hospitals at that great cost, that their benefits can be well-spread out to reach rural health centres. When they shifted that policy, they decided to start with Nyanza Province. Nyanza Province was the area that they found with the highest concentration of population; others were Kericho, Buret, Bomet, Kisii, Gucha and Nyamira districts. Therefore, they went in for small little basic health centres of the order of Kshs18 million for rehabilitation of those health centres and for the support of--

Dr. Ochuodho: On a point of order, Mr. Deputy Speaker, Sir. I hate to interrupt my colleague here in the spiritual building. However, I heard him wrong also. He is talking of Bomet and Kericho districts in Nyanza. Did I hear him right? In any case, is he in order to imply that surrounding districts are--

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, I was only speaking in generalities.

Mr. Deputy Speaker: Order, Minister! Let hon. Dr. Ochuodho finish his point of order!

Dr. Ochuodho: Mr. Deputy Speaker, Sir, one of hon. Onger's neighbouring districts is Homa Bay District and it covers five districts as a referral hospital of Suba, Rachuonyo and several others, and it only got Kshs45,000.

Mr. Deputy Speaker: Order, Dr. Ochuodho! I have heard your argument but not your point of order. Proceed!

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, the hon. Members will have the opportunity when we go Sub-Vote by Sub-Vote to raise those pertinent issues. However, I want to remind him that a part of Nyanza was a substantial recipient of DFID funds in the previous years and, therefore, I do not think we should raise any qualms. This is just as much as I want to put it on record, that in these books of expenditure, Vihiga Hospital is being allocated Kshs51 million, and I think we should look at those disparities.

The final point I am making is that there is no inequity in the distribution of resources. Whereas one area - that is Embu Provincial General Hospital - is getting more than a substantial sums of money from Bada Bank for Arab Development, that is more than Kshs100 million; there is no inequity in the distribution of resources. All these health centres are only attracting very little minimal sums of Kshs18 million and it is hardly any sum compared with anything. At any rate, they are all Kenyans and so they deserve these services. I think I want to make that point absolutely clear.

Mr. Deputy Speaker, Sir, the second point is that hon. N. Nyagah has dwelt at length on the question of-- Of course, I want to clear the issue of Kakamega General Hospital. Kakamega General Hospital has, in this particular Budget, received some allocations to do some urgent minimal rehabilitations, and also to do a clean-up and a facelift in the mortuary. Admittedly, this is in the order of Kshs3 million. However, I want to assure hon. Dr. Kulundu that there is a substantial component when we go to the Development Estimates. You will be seeing under the AIA that there is substantial support which is going to come in the way of equipment to Kakamega Provincial General Hospital from the Spanish Government. These items will be coming sometime in August.

Mr. Deputy Speaker, Sir, secondly, I also want to assure him that one of those areas that will be--

Dr. Kulundu: On a point of order, Mr. Deputy Speaker, Sir. I hate to interrupt my former teacher, but he

has made the same remarks he made last year with regard to Kakamega Provincial Hospital. We are quarrelling about the out-patient department in Kakamega Provincial Hospital and not the Spanish assistance for equipment.

Mr. Deputy Speaker: Order! You cannot rise on a point of order when, in fact, what you want to do is to argue!

Proceed, Mr. Minister!

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, I would like to tell my hon. colleague that Kakamega is, indeed, one of those areas that are being covered by the JICA. Western Kenya includes Kakamega Provincial Hospital. I would like to assure Dr. Kulundu that this hospital will be included in the programme that will be initiated.

Mr. N. Nyagah has given us very interesting statistics on the Budget percentage of the Ministry of Health. The same issue was raised by Dr. Kulundu. As we can see, it is 7.5 per cent. Obviously, the 4 per cent figure that they have given us does include the total expenditure. We peg it to 7.5 per cent when you remove that, and strictly deal with the Recurrent Expenditure. Having said that, we realise that these funds are not enough because when we look at per capita expenditure on patients in our hospitals, we find that it is hardly US\$4.7 per patient, whereas the minimum per capita expenditure required per patient is about US\$12. So, we realise that we have a gap that we must fill in order to provide efficient and timely services to the public. Given the financial constraints at hand, we have had to look at other products that will help us deliver the services and, at the same time, be timely and efficient in service delivery. So, I just wanted to clear the air on that percentage.

Mr. Deputy Speaker, Sir, the recommendation, of course, from the Heads of States in Abuja was that the Ministry of Health should get 15 per cent of the total Budget. We billed for Kshs20 billion in the last Financial Estimates, but the figure was scaled down to Kshs14.8 billion. It was not possible to get more than what was available in the resource envelope. That was very clear; we could not argue more than we have already argued. Therefore, hon. Members should see us in that light, and having done that together, they should help us to move this agenda forward. In that spirit, I would like to acknowledge the contribution that has been made by hon. Members, because they are looking at it in terms of pro-active approach rather than retrogressive approach. I would like to thank them for that.

I would like to allay the fears of Mr. Ekirapa that use of condoms may pose some danger to the users. Obviously, any condoms, before they are bought, are subjected to very high tension tests by our National Quality Control Laboratory at the Kenya National Hospital (KNH), where there is a machine. These items are subjected to very high pressure and if they burst at an unacceptable point, we know that they are unlikely to be of any use to the user. But I would like to assure him that the anatomy and the related structures are not any different from wherever they are manufactured, or wherever they are received. The anatomy and the thrust is basically the same. So, he need not worry about that issue.

I am obviously concerned about the re-location of some of the pharmaceutical industries to greener pastures. The point about restructuring our tax system has been well made to enable some of our pharmaceutical industries to re-locate again to Nairobi because we need them. I think it is a good thing to have manufacturing sector in the pharmaceutical industry being located in Nairobi. But hon. Members should know that they are moving out there because of the market. Therefore, they get high profits there.

There was a substantial reduction in the duty which was rated to raw materials. It may not have been sufficient, but I think there was substantial reduction on duty charged on raw materials. We can argue very easily on the question of the VAT. I do not think we want to stretch that any further. But I would like to say that all the drugs which are imported into this country are zero-rated in tax. That is a comforting thought; that we are really not losing out even if there is a nominal charge in terms of tax on raw materials and the VAT, which is a standard taxation measure. There is a compensation mechanism that all finished products that are in Kenya are zero-rated in tax.

I agree entirely with the issue of malaria control. It is true that if we employ very effective services, we should be able to reduce some of these contentious diseases, like malaria, tuberculosis and HIV/AIDS to very reasonable levels. I have no problem with that.

Mr. Deputy Speaker, Sir, let me inform hon. Members that even though the National AIDS Control Co-ordinating Committee is in the Office of the President, the functioning of the Government has a built-in mechanism and institutions that employ the platform of co-ordination and consultation. Therefore, we are in close consultation with the Office of the President and the Ministry of Health. At the end of the day, it is the Government which is pushing the agenda forward. The bottom line is delivery of health services to Kenyans. Whether it comes from Mr. Michuki, Mr. N. Nyagah or from anybody else from this side of the House, at the end of the day, it is health delivery services to Kenyans that is important.

(Mr. Kamotho consulted with Mr. Maitha)

Mr. Deputy Speaker: Order! The Minister for Local Authority and the Shadow Minister, please, consult in rather low voices so that we can hear the Minister!

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, as for Mr. Kirwa's constituency, I think every Member of Parliament can launch a co-ordinating committee in his constituency. I launched mine, and he should launch his; I do not think he has any problem in doing that. He should go ahead and do that. If he has not done it, we will encourage him to do so---

Dr. Kituyi: On a point of order, Mr. Deputy Speaker, Sir. Is this Minister in order to stand here and pretend ignorance about the fact that the President has ordered the Provincial Administration to stop Mr. Kirwa from launching his HIV/AIDS Control Committee, and yet he is supposed to know that?

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, I am not aware, and Mr. Kirwa does not appear in any Vote here---

Mr. Deputy Speaker: Order! We are discussing the Vote on the Ministry of Health. Mr. Kirwa is not in a Vote.

Proceed, Mr. Minister!

(Laughter)

Mr. Munyasia: On a point of information, Mr. Deputy Speaker, Sir.

The Minister for Public Health (Prof. Onger): Thank you, Mr. Deputy Speaker, Sir, for protecting me. There is reference made by Dr. Kituyi---

Dr. Ochuodho: On a point of order, Mr. Deputy Speaker, Sir. The Chair has heard the Minister try to justify why the National AIDS Control Programme should still be safely in the Office of the President rather than in his Ministry. Could we, by the same vein, advise the Government on some of the Ministries that we do not need, because they have good co-ordination---

Mr. Deputy Speaker: Order, Dr. Ochuodho! I have not seen your point of order!

Proceed, Mr. Minister!

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, there is no harm in consultations. Dr. Kituyi mentioned extensively about the National Hospital Insurance Fund (NHIF). Indeed, we want to make this Fund much more innovative, and it should take on board the health insurance schemes for Kenyans. You must have noticed recently that one of the major areas that we are now moving towards is to create an enabling environment for the ordinary mwananchi to contribute his nominal Kshs60 to be a member. I think it is an important factor and I agree that at the end of the day, the Ministry has realised that there are too many players in the market related to the products of health delivery care system through the insurance schemes. Some of them are fairly expensive and out of reach for the ordinary man. Therefore, we intend to bring to this House a comprehensive Bill to harmonise and restructure the health scheme programmes for this nation. I think that should be good news for him.

Dr. Kituyi: On a point of information, Mr. Deputy Speaker, Sir. I would like to inform the Minister that while I appreciate what has been done, I take offence to the constant pressure they have put Jeniffer Riria and Mohamed Hassan under by raiding the NHIF for functions that have nothing to do with insurance.

(Applause)

The Minister for Public Health (Prof. Onger): Mr. Deputy Speaker, Sir, I think that is not a correct statement. That was a subject of a Question in this Parliament and I answered it very clearly. There is a provision in the Act which states that the NHIF Board can use some of these funds in as long as the usage is related to health matters. It is that Board that made that decision. At any rate, I will appreciate if Dr. Kituyi can return the ambulance from Bungoma District Hospital to us. We will redirect it elsewhere because he is a recipient of that ambulance. I have not heard any murmurs from anybody about the ambulances that have been supplied to serve the various district and provincial hospitals in this country. I think that is a very useful point.

Mr. Munyasia: On a point of order, Mr. Deputy Speaker, Sir. Is the Minister in order to claim---

Mr. Deputy Speaker: Order! Let it be a point of order!

Mr. Munyasia: Is he in order to claim that he has donated one ambulance meant for Bungoma to Dr. Kituyi? Is it Dr. Kituyi who receives ambulances for Bungoma? Can he be asked to withdraw?

Mr. Deputy Speaker: Order! I am sure you understood what he meant. It is Bungoma District Hospital

that received the ambulance.

Proceed!

The Minister for Public Health (Prof. Ongeri): As for the question of services, I want to assure hon. Members that within the NHIF Act, there is a provision for them to be able to pay for services to those who are already in hospitals in order to expedite the discharge process. I think the Board is currently considering paying those charges, like X-rays, theatre fees, operation fees and such related items, in order that this Fund may be more useful to the recipients. Recently, they have increased the refunds payable to the contributors of the Fund. I think we are moving positively well to the future.

Mr. Ndicho raised the issue of Thika District Hospital having been only awarded Kshs21,000 for the purchase of drugs. I think he is wrong. If you look at that Vote carefully, you will see that we had the STI Programme which was funded by the donor countries. When the Programme came to an end in the last Budget, the Government's contribution in terms of that particular Budget still continues. But the purchase of drugs is under a different item altogether. It will be inconceivable that a district hospital like Thika can only get Kshs21,000 on the provision of drugs. So, I want to inform him that it is tucked elsewhere in other projects, like primary health care delivery. If you check the Estimates very clearly, you will see that there are substantial sums of money under drugs provision. In fact, we have Kshs477 million under the Rural Health Delivery Programme, and under district hospitals, we have very hefty figures.

Mr. Deputy Speaker, Sir, I want to address the issue of exodus of medical personnel to greener pastures. It is a worrying point. Recently, we advertised for 100 doctors, 650 nurses and 247 clinical officers. Unfortunately, we have only got eight doctors coming on board. We are not even sure whether they will all of them come.

This is a worrisome situation and, therefore, we are looking at this position in consultation with the other relevant arms of Government, specifically to redress the issue of remuneration to the doctors and medical personnel in the Ministry of Health. We feel that there is a case to be made, but we also must accept that within the resource envelop available to us, it is not possible to give any early hopes to anybody. So, I do not want anybody to get away with the idea that the Minister for Public Health has already given us hope. But, certainly, we will be able to grapple with that problem and be in a position to tackle it.

Some hon. Members raised the issue of take-over of Harambee health facilities. Indeed, as and when the situation demands, we have been very handy in taking over some of the hospitals and private health centres that have been built by either missionaries or communities. We have made them fully functional and we have not failed in that responsibility. In fact, as late as over the weekend, senior Ministry officials visited Coast Province. We have a crisis in St. Luke's Hospital; it is an Anglican Hospital with 80-bed capacity and it is dwindling. We have now decided, as a Ministry, to post doctors, nurses and clinical officers to that hospital in order to cater for those people.

On the issue of HIV/AIDS, I think the moral issue here is the question of abstinence and behavioural change. I believe this is where the church has a major role to play, to be able to indoctrinate their membership to be able to look at the issue of behavioural change so that they act responsibly; they have responsible sex when it is required and not to promiscuously move around. I need not over-emphasise that this is a problem that worries us and we hope that with the enactment of The Industrial Property Bill, we should be able to access some of the anti-retroviral drugs. But I must warn that, unfortunately, in this Budget, we have no resources that have been allocated for the purchase of the anti-retroviral drugs. We are hoping that the global initiative on the Globe Fund for Health and HIV/AIDS will be one way in which we can access resources to attend to a very cardinal problem and issue of anti-retroviral drugs. At the moment, we are constrained by lack of enough resources.

Mr. Deputy Speaker, Sir, the issue of public health is important. The issue of kiosks being turned into living quarters is unacceptable. On poor environmental sanitation in towns and cities, we have issued very strong notices to all the authorities countrywide and eating places that they should not take the Ministry of Health as a bad partner. They should take us as a good partner when we close them down or when we prosecute them in courts. They should see that as a positive sign because we want them to live in a healthy manner. We are also insisting that water is life and, therefore, they must have clean and serviceable water for drinking.

Mr. Deputy Speaker, Sir, I could go on and on. There are many queries and I am sure, during, the Committee of the whole House, I will be in a position to answer some of the queries that may arise at that stage.

With those few remarks, I beg to move.

(Question put and agreed to)

[Mr. Deputy Speaker left the Chair]

IN THE COMMITTEE

[Mr. Chairman took the Chair]

Vote 11 - Ministry of Health

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, I beg to move:-
THAT, a sum not exceeding Kshs5,804,863,700 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2002, in respect of :-

Vote 11 - Ministry of Health

(Question proposed)

VOTE R11 - RECURRENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

(The Clerk-at-the-Table read out the Heads under Sub-Vote 110)

Dr. Kituyi: On a point of order, Mr. Chairman, Sir. I thought the procedure is that a Head on which there is a Motion is read out alone and not with the other Heads.

Mr. Chairman: But I have to propose all the Heads under the Sub-Vote before any particular Head is debated and question on it put.

Head 310 - Headquarters Administrative Services

Dr. Kituyi: Mr. Chairman, in accordance with Standing Order No.143(1) and (2), I beg to move that a sum of Kshs20 be reduced from Vote R11 - Ministry of Health, and that the said sum be removed from Sub-Vote 110, Head 310, Item 311 Grant to University for Post-Graduate (Doctors) Studies.

Mr. Chairman, Sir, after all the anxiety we have expressed about poor retention of doctors in this country, in a budget where the Government is asking us to grant Kshs287 million for research, how can it justify that the main persons who are providing doctors' services, particularly at Kenyatta National Hospital, can only be offered Kshs10 million? This is outrageous demeaning of the role that post-graduate doctors are playing in providing services other than studying. If this Government meant anything serious, it would have requested for less money for their own research and more money for doctors on post-graduate training. As an expression of disapproval for that misallocation of priority, I request that we reduce the amount for this Head by Kshs20.

(Question of the reduction proposed)

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, Dr. Kituyi may have been misdirected on this item. This is the money that is normally paid to the University of Nairobi for training. That is the fees applicable, and does not constitute salaries.

Dr. Ochuodho: Mr. Chairman, Sir, Sub-Vote 450---

Hon. Members: Aah! We are not yet there!

Dr. Kituyi: Mr. Chairman, Sir, I am aware that Kshs10 million will be paid to the University of Nairobi for the training of doctors. I am expressing outrage about that. At a time when the Government is asking for a massive amount of money from ourselves for research purposes, it cannot justify that there is no sufficient incentive. I am not talking about salaries. Salaries are peanuts, anyway. But doctors on post-graduate training at Kenyatta National Hospital are doing slave labour. If the Minister was sensitive to their concern, he should have asked for a substantial amount of money, irrespective of whether he sequences it to what he pays to the University or into the benefits for doctors on post-graduate training. He should have signalled solidarity with those suffering doctors.

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, it is quite clear that when we train

doctors, we train them on the basis of various specialities such as medicine, surgery, orthopaedics, gynaecology and obstetrics, and various other fields. Only doctors who are already working, either in the private or public sector, are given the opportunity to advance their knowledge through post-graduate training. Training is a function of the University of Nairobi and Moi University, and there is set fees that is paid to these institutions. I do not know what the hon. Member wants us to do, other than paying the fixed fees. I will reply to the issue of research later on. Therefore, I totally oppose that suggestion.

Dr. Kulundu: Mr. Chairman, Sir, I rise to support Dr. Kituyi's Motion on this Item. What Prof. Ongeri is not getting is that the amount of money he has set aside for Kenyatta National Hospital and Moi Referral Hospital is so small that it cannot cater for post-graduate training of doctors. Could he be kind enough and tell us how many doctors are trained annually at the post-graduate level, so that we can determine whether the money he has allocated for that purpose is adequate or not? It is demeaning for us, as Parliament, to give less than Kshs10 million for the training of doctors at the post-graduate level. That is the point we are making.

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, there is total confusion on the other side of the House. Under the post-graduate training programme, we train doctors for specialities. I would have understood if we were talking about the training of under-graduate doctors. We are talking about post-graduate training for doctors.

I want to re-emphasise that this is not the money that is going to be spent on under-graduate training. The provision of Moi Referral Hospital and Kenyatta National Hospital is under a different Sub-Vote, and has no relation with post-graduate training.

Dr. Kulundu: Mr. Chairman, we are not questioning the fact that doctors are trained in specialities. What we are questioning is the number of doctors who undergo post-graduate training every year. The professor should not try to impress us with his funny medical terms. He should tell us how many doctors this country gives post-graduate training every year, at both Kenyatta National Hospital and Moi Referral Hospital.

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, we can always give those statistics. There are 150 post-graduate students. The money we have requested for is enough for them.

Mr. Chairman: Very well. I will now put the question.

Dr. Ochuodho: On a point of order, Mr. Chairman, Sir.

Mr. Chairman: Order! I have given you an opportunity to debate the proposed amendment.

(Question of the reduction put and negatived)

(Resumption of Debate on Head 310)

Mr. Achola: Mr. Chairman, Sir could the Minister explain to the House Item 67, Fees, Commissions and Honoraria?

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, this item is in respect of emergencies such as the Ebola scare that we had to deal with some time back. We do not have specific budgets for emergencies or problems and difficulties that may arise. So, we have provided that figure to take care of emergency situations.

Mr. Khamasi: Mr. Chairman, Sir, I will move on to a separate issue, Item 121, Telephone Expenses. We have been told time and again that the Government is trying very hard to cut down costs and one area where they have to cut down cost is on telephone expenses. Last year, they spent about Kshs6 million, but the Minister is coming here to request for Kshs9.2 million for this particular item. What is he doing to cut down costs on telephone expenses?

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, given the nature of business that we transact in the Ministry of Health, these are really peanuts.

Head 454 - National AIDS Control Programme

Dr. Ochuodho: Mr. Chairman, Sir, I will touch on Head 454, National AIDS Control Programme. There was an early answer that was given by the Minister that in the Government's wisdom, they found it necessary to have the National AIDS Control under the Office of the President, instead of his Ministry.

Mr. Chairman, Sir, could the Minister justify why the allocation for the National AIDS Control Programme should remain in his Ministry instead of transferring it to the National AIDS Control Council?

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, there is what we call the Dare

Project under the Ministry of Health, which has a grant of US\$50 million. This is the money which is used to strengthen both the district and rural health services. This is the same money that would be used for the purchase of drugs. What hon. Ndicho was saying, that the figure reflected under this Head was only Kshs21,000, was not correct because some of these funds would be made available to purchase some of these drugs.

Head 456 - National Quality Control Laboratories

Mr. N. Nyagah: Mr. Chairman, Sir, on Head 456, Item 000, on Personal Emoluments. I would have thought the Minister would say that the National Quality Control Laboratories (NQCL) falls squarely under the Ministry of Health and not the Office of the President.

I would like to know from the Minister whether he is going to be able to attract the kind of personnel that is required at the National Quality Control Laboratories because the Chairman is on record as having said that they are looking for four topnotch people to go and man the laboratories in order to test the medicaments that are going to be coming into the country, particularly, at this time when we have the anti-retroviral drugs that are going to be manufactured in Kenya.

The Minister for Public Health (Prof. Onger): Well, Mr. Chairman, Sir, I agree with that, but we can only budget for the existing staff at the moment. When we will have increased quality staff recruited, we will go back to supplementary estimates.

Dr. Kituyi: Mr. Chairman, Sir, I have some problems with some of the answers we are getting from the Minister with regard to the veracity of his statements. In response to a question by Mr. Achola, the hon. Minister did mention that Kshs28 million is for emergencies, fees, commissions and honoraria. National emergencies are covered by the Contingency Fund in the Office of the President. Is he suggesting that now they are sub-dividing it and spreading it to Ministries? He has not told us that one. But even more recently, in response to the immediate last question about the National AIDS Control Programme, he claimed that the amount reflected was US\$50 million. Since the US\$50 million was a direct grant from the US, it should have been shown here as Appropriations-in-Aid, but as a major expenditure! You are asking us to give away money as though it is coming from the Exchequer. Why is this not listed as Appropriations-in-Aid?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, first of all, I will deal with the first question. With regard to this issue of Item 067, Fees, Commissions and Honoraria, I have already said something about it. I am fairly truthful on what I am saying. They are special tasks that are set up from time to time. We do not resort to the Office of the President and request funds from the Contingency Fund to deal with malaria. If there is an outbreak of malaria or Ebola, we do not resort to the Contingency Fund. Therefore, we have always been existing on the goodwill of donors, who would come in when we make such requests. As a Ministry, we thought it would be a sensible thing to do forward planning.

Mr. Chairman: Thank you. I think for 15 minutes we have not made any progress.

(Heads 310, 311, 312, 314, 348, 349, 454, 455, 456, 457, 514, 550, 555, 616 and 617 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 317 - District Hospitals

Dr. Anangwe: Mr Chairman, Sir, I am drawing the attention of the Chair to Head 317 - District Hospitals. When you look at the aggregates of the sum being requested, you will see that they are okay. But when you go to up Item 158 of that particular Sub-Vote and you go to the district allocations, you will find that there is a great discrepancy. I do not think that those figures add up. For instance, I would like to look at the figures for, say, Gesusu Sub-District Hospital. The Item---

Mr. Chairman: Which page?

Dr. Anangwe: I am just making further reference to the district allocations.

Mr. Chairman: But, Dr. Anangwe, for us to be with you, tell us which page you are referring to.

Dr. Anangwe: I am referring to the summary of district allocations. I have just picked the example of "purchase of dressings and non-pharmaceutical items."

Last year, Gesusu Sub-district Hospital got Kshs38,923. This year, it is getting Kshs3,876 under the same

item. What is the rationale about these allocations since district hospitals are open throughout the year? There is a reduction which is so significant. If you add up these figures, they may not add up to that particular aggregate figure that has been given under that particular Head. I am very particular about that because in respect of Butere-Mumias District Hospital, it got Kshs38,923 and now it is Kshs3,876. It is a problem that is running throughout the district hospitals. It is either a printing error or there is an explanation why there is this fundamental reduction, which is going to affect the services in the district hospitals. We need an explanation from the Minister for Public Health.

The Minister for Public Health (Prof. Onger): There is a first point that he has made, before we go to the desegregated accounts. That is in respect of Head 317, item 158. You will notice that if you look at that figure in the year 2000/2001, it was Kshs10 million, and in the year 2001/2002, it is Kshs1 million. That is a computer printing error and, therefore, it is going to be corrected. Therefore, we will re-allocate, and, obviously, that is going to affect the percentages downwards.

Mr. Chairman: Is the arithmetic correct as per the printed figure, or as per the correction?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, eventually, when it adds up, it is correct. It is only that there is a printing error there.

Head 316 - Provincial Hospitals

Mr. Munyasia: Mr. Chairman, Sir, I am referring to page 495, Item 000 "Personal Emoluments," and it should be seen together with the details that are given on page 529, Head 316- Provincial Hospitals. Mr. Minister, I can see that for Deputy Chief Pharmacists in the provincial hospitals, Assistant Chief Hospital Secretary and Assistant Chief Nursing Officer, at salary scale "N" and for the others at "M", there is only one employed. I know that we have at least eight or ten provincial hospitals. Where does he place the only Deputy Chief Pharmacist and why do the other provincial hospitals lack these kind of officers?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, the Deputy Chief Pharmacist is only based at the headquarters. He is not based at the provincial headquarters.

Mr. Chairman: No! We are dealing with Provincial Hospitals; page 529, Head 316(?), the second part of that presentation.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, let me check it.

Mr. Chairman: Mr. Minister, you can borrow mine.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, I have seen it. I have now got the answer. There is only one officer in Coast General Hospital who is in that grade. The other officers are in the lower grades.

Head 317 - District Hospitals

Mr. Achola: Mr. Chairman, Sir, could the Minister explain to the House about, Item 151, Head 317, on page 496? When you go to the actual districts, you will find that every district has been given just Kshs21,000. Can the Minister explain how the districts got such an allocation, even though population differs from one district to the other?

The Minister for Public Health (Prof. Onger): Mr. Achola, can you repeat again?

Mr. Achola: Mr. Chairman, Sir, I am referring to Item 151, on page 496, Head 317, Purchase of Drugs. I am saying that if you go to the details of the district allocations, you will find that every district has just been given Kshs21,000 each, yet each district differs in terms of population from another district. Can you explain how it is that you have given just one figure for all the districts? Some of the districts, as you know, are political districts with just a handful of people.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, during my earlier reply, I did make a very substantive point; that, the STI programme, which was donor-funded, came to an end. But there was a Government contribution; counterpart fund that was allocated in the Budget and, therefore, this continued to be allocated to all the districts because it is running out. As for Head 317, Item 151, Purchase of Drugs, you will note two points. First, last year, there was more money than this year and that was a result of the Government allocating some of the drought funds for the purchase of the anti-tuberculosis drugs. Secondly, the procurement of drugs is centrally done. Therefore, the districts and health centres receive drug kits.

Head 316 - Provincial Hospitals

Mr. Too: Mr. Chairman, Sir, I refer to "Item 160 - Purchase of Food and Rations (Patients)." Last year, it was Kshs83 million, and the Minister is asking for Kshs67,857,771 million this year. Is that not a way of starving patients, when there are more people who are getting sick every day?

The Minister for Public Health (Prof. Ogeri): Mr. Chairman, Sir, we are not starving patients. Last year, we had substantial support from the Drought Recovery Fund and this year, it was not forthcoming. We could only do with what we have now, but I can assure you that the patients are not being starved.

Mr. Munyasia: Mr. Chairman, Sir, first, I would like to express my disappointment with the Minister who first gave me a very easy answer; that, the officer I asked for is only based at the headquarters. Later, he says that this is the proper answer. Does it mean that this Minister is answering loosely like that in order to get money?

The Minister must tell us why this rank of officer is not in other provincial hospitals like Nyanza, Western, Embu and others. Why do we not have them in other provinces?

The Minister for Public Health (Prof. Ogeri): Mr. Chairman, Sir, I take exception to that insinuation, first, because I am not trying to mislead this House. Number two, the reason why the officer in Coast Province has been given that position of Deputy Chief Pharmacist is because he is one of the oldest pharmacists and was promoted by the Public Service Commission. I have no control over the promotions of the PSC.

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

Mr. Chairman: Order! Look at the watch. It is half an hour since we started.

Dr. Ochuodho: Mr. Chairman, Sir, on page 497, is the Minister in order to list Moi Teaching and Referral Hospital as a district hospital and yet on page 518, there is an item - Moi Teaching and Referral Hospital; Head 317, item 300?

The Minister for Public Health (Prof. Ogeri): Mr. Chairman, Sir, this is historical and Dr. Ochuodho knows that the Moi Teaching and Referral Hospital has been both a district hospital and provincial hospital for Uasin Gishu, and we have now given it a separate item.

Mr. Chairman: Mr. Minister, there is no cause for worry as to why he is asking that. We are dealing with the financial year 2001/2002, and there is no provision under it.

(Heads 294, 296, 316, 317, 318, 319 and 320 agreed to)

Head 621 - Health Sector Reform Secretariat

Dr. Ochuodho: Mr. Chairman, Sir, on page 502, perhaps, the Minister could explain to us about Head 621, Health Sector Reform Secretariat. One would have thought that this is the time the Ministry should be working on reforming the sector, given the loopholes. Why is it that those provisions are being approved for that secretariat?

Mr. Chairman: You are referring to Head 621, Items 100-250?

Dr. Ochuodho: Yes, Mr. Chairman.

Mr. Chairman: What is your question?

Dr. Ochuodho: Looking at the provisions for Health Sector Reforms Secretariat, no estimates have been put for---

Hon. Member: They are there!

(Heads 321, 351, 618, 619, 620 and 621 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

(Heads 322, 323, 325, 326, 327, 328, 330, 331, 332, 334, 346, 347, 518, 519, 520 and 622 agreed to)

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

(Heads 335 and 336 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 HEALTH TRAINING AND RESEARCH

Head 643 - Kenya Medical Research Institute

Dr. Kulundu: Mr. Chairman, Sir, on page 516, under Head 643, Kenya Medical Research Institute I am a bit disappointed that as a country, we seem to give very little provisions for research. I do not know what explanation the Minister has, but I feel that this is an area where the Ministry should allocate a lot more money than what it spends on personal emoluments. Under the provisions of Standing Order No.143, I wish to move that the Vote of the Ministry of Health be reduced by the sum of Kshs20 and that the said reduction be made from Sub-Vote 114, Head 643, Item 306.

The Minister for Public Health (Prof. Ongeru): Is there any logic in it?

Dr. Kulundu: There is logic. Can you answer this one?

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, you will realise that last year, we had Kshs375 million. This year, we have only Kshs108 million and I want to assure the hon. Member that we are currently seriously discussing about upping up this research figure, not only for this Sub-Vote, but also for Moi Referral Hospital and another institution that I will remember later. As late as this afternoon, there was a meeting specifically on this topic because we feel that the Kenya Medical Research Institute (KEMRI) should receive more research funds than have been provided here. I think we are getting favourable response from the Treasury.

Dr. Kulundu: Mr. Chairman, Sir, the Minister should know that this allocation is actually too little for the purposes of the Ministry. So, should he then proceed and reduce the allocation by Kshs20?

Mr. Chairman: Dr. Kulundu, you want to increase the allocation by reducing it?

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, I oppose that suggestion because Dr. Kulundu knows that it is leading to a dangerous ground.

Mr. Achola: Mr. Chairman, Sir, on the same Item, could the Minister explain to the House what KEMRI has actually achieved? We are spending millions of shillings on KEMRI, but we do not see anything coming out of it. He could also indicate to us what happened to the houses that were built at KEMRI, costing millions of shillings. They are lying fallow at the moment.

Mr. Chairman: Can you repeat the last part of your question?

Mr. Achola: Mr. Chairman, Sir, I would like the Minister to explain to the House why we are spending money on KEMRI when we are not getting any returns out of it? Is the Minister satisfied that this money, and even the money that we spent last year on KEMRI was worth it?

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, KEMRI is one of our premier institutions. It has done more than the hon. Member realises. Currently, we are the leading institution worldwide, in the management of parasitic infection. In fact, we are the centre for Africa in the management of parasitic infections. This is attracting donor funding as well, apart from the Government of Kenya's support. Secondly, the programme on Kalaazar is one of the most important programmes that are accepted worldwide. It is one of our best programmes. Thirdly, in the area of herbal medicine, KEMRI is at the forefront.

In fact, when you go to the vineyard of KEMRI, you will see all the species of plants for herbal medicine which are being developed in this centre. Fourthly, KEMRI has effectively developed the test kit, which is now widely accepted for HIV/AIDS.

(Question of the reduction proposed)

*(Question of the reduction
put and negatived)*

(Heads 113, 340 and 643 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES COORDINATING UNITS

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

Head 315 - Kenyatta National Hospital

Dr. Ochuodho: Mr. Chairman, Sir, in the past one month, I had to intervene twice in cases where my constituents were detained at the hospital. I must thank the hospital administration for having let them free. But the reason that we were given was inadequate provision of resources. Last year, Parliament approved Kshs1.3 billion. That figure is being pushed down, instead of being pushed up. Mr. Chairman, Sir, could the Minister tell us how much the hospital requires to run to our satisfaction? Is he convinced that what we are providing is adequate?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, I am agreeable that the figure is adequate. The recent agreement with the World Bank is that every year, we should reduce the Kenyatta National Hospital (KNH) Vote by 1 per cent. That is what has happened. The hospital is a parastatal and eventually, we should be able to shift the grants and resources to other needy areas.

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

Head 623 - Moi Referral and Teaching Hospital

Mr. Too: Mr. Chairman, Sir, KNH has been given Kshs1.3 billion while Moi Referral and Teaching Hospital has been given only Kshs132 million. There is no fairness there!

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, Moi Referral and Teaching Hospital is a relatively young institution with a very small bed capacity, compared to KNH which has a capacity of more than 1,000 beds and many departments. It has got several specialised units. The Moi Referral and Teaching Hospital has not reached that level yet. However, we will continue to increase the grant support to the hospital. I mentioned earlier on that, that is one area that we are negotiating with the Treasury to increase the support and grants.

Mr. Sungu: Mr. Chairman, Sir, much as I appreciate the Minister's comments, Moi Referral and Teaching Hospital caters for more than half of the population of Kenya. The New Nyanza General Hospital has been ignored and, in fact, there is no provision for it. Could he explain further when those services will be extended, so that we can have some sort of parity within the nation of Kenya?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, the Moi Referral and Teaching Hospital is being catered for, and the hon. Member should not worry. I think it is wrong to conclude that the New Nyanza Provincial Hospital is not catered for, when we have just began to instal one of the most expensive machines there. We are installing the radiotherapy machine. I think he should be fairly happy because there are only two such machines in Kenya, one at the KNH, and the other one at the New Nyanza Provincial Hospital.

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

Mr. Chairman: We will now move to Development Expenditure on page 334.

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

(Head 310 agreed to)

(Sub-vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 316 - Provincial Hospitals

Mr. N. Nyagah: Mr. Chairman, Sir, I would like to know from the Minister on Head 316, Item 260, from page 334, which talks of the maintenance of buildings, stations and kitchens. During our tours as a Committee in various hospitals within the country, we have noticed that the kitchens are in deplorable conditions. The worst-hit are Kakamega and Machakos. Which hospitals are going to be catered for under this particular allocation?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, we are very constrained on the Development Vote because most of the funds coming to this Vote, that is more than 75 per cent of the funds, are in AIA from the donor-funding countries, and the GOK contribution is very minimal because we do not have enough funds for development under that area. However, we are currently renovating Kakamega and Machakos. The money which has been allocated is for--

Mr. Munyasia: On a point of order, Mr. Chairman, Sir. I thought AIA is from the services that the Government gives. It is not donor-related money. So, is the Minister right?

Mr. Deputy Chairman: No! AIA does not just deal with receipts but it also deals with aid money of which there is a counterpart of Kenya money.

Head 317 - District Hospitals

Mr. Achola: Mr. Chairman, Sir, could the Minister explain to us on page 334, Head 317, Item 361 on rehabilitation of mortuaries? What is the Government policy of having mortuaries for districts? This is because some districts do not have mortuaries and, in particular, I am referring to Migori District Hospital which has no mortuary and yet it is a modern hospital.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, if you have noticed in the last year's Budget, we used half of the money in hospitals in rehabilitating the mortuaries. This year, we are also going to do some of the rehabilitation of the mortuaries in some of the district hospitals that are remaining, and next year, when we have funds, we will be able to devote the remaining districts for the rehabilitation of the mortuaries.

Mr. Angwenyi: Mr. Chairman, on that issue, the amount allocated to mortuaries is only Kshs14 million, and I think that is not even enough to construct one single mortuary.

Why is there---

Mr. Chairman: Order! That Item refers to rehabilitation. You rehabilitate what is already in existence!

Mr. Angwenyi: Mr. Chairman, therefore, which are these mortuaries which are being rehabilitated?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, I am sure hon. Angwenyi is interested in knowing whether Kisii District Hospital is part of it. Yes, it is.

(Laughter)

(Heads 316 and 317 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 323 - Environmental Health Services

Mr. Angwenyi: Mr. Chairman, Sir, I have noticed that they have only allocated Kshs1 million for the control of malaria. As the Chair knows, this disease is really ravaging this country. Why could they not allocate more money for malaria control?

Mr. Chairman: Which Head are you referring to?

Mr. Angwenyi: Mr. Chairman, Sir, I am referring to Head 323, Item 190 - Environmental Health and Malaria Control, on page 335. The Chair will notice that it is only Kshs1 million which has been allocated to that Item, and yet malaria is spreading throughout the country. We should control this disease instead of curing it.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, you will notice that, that is the Government of Kenya (GOK) contribution. There is substantial support from donor funding for the control of malaria, tuberculosis and HIV/AIDS-related problems. Therefore, that is the GOK contribution.

Mrs. Mugo: Mr. Chairman, Sir, the Minister has been on record saying that he is not sure whether a lot of this money which he has been promised will be coming as we have seen in the past. Could the Minister assure us that he has made some special arrangements for the donor funds to be submitted?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, I will answer that question if it refers to a specific Head here. I would like to inform Mr. Angwenyi that if he looked at malaria control, he will realise that it has been allocated Kshs60 million under Item 194.

Mr. Munyasia: Mr. Chairman, Sir, I beg to move under Standing Order No.143 that a sum of Kshs20 be reduced from the Ministry of Health Vote, Sub-Vote 112, Head 323 on Preventive Medicine and Promotive Health and Communicable and Vector Borne Diseases. When you look at---

Mr. Chairman: Which Item is that?

Mr. Munyasia: Mr. Chairman, Sir, the whole of Head 323. When you look at the district allocation, it appears arbitrary that in areas like Bungoma, Lugari, Kakamega *et cetera*, only Kshs842,000 has been allocated, but when you look at a former division of Bungoma - one out of the five divisions of Bungoma District by 1993 - Mount Elgon District, you will find that it has been allocated Kshs977,010. You will begin to wonder the criteria used to arrive at that figure.

If you go to Nyanza Province, for example, Suba and Rachuonyo Districts, you will find that they have been allocated Kshs792,000. All this appears arbitrary. I do not know whether they took into consideration the local conditions when they made this allocation. Because of the arbitrary distribution of these resources, I beg to move that a sum of Kshs20 be subtracted from that Ministry.

(Question of the reduction proposed)

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, Mr. Munyasia was party to the passing of last year's Budget. You would have noticed that there is substantially no change in the funds allocated for last year's Budget and this year's Budget. You cannot arbitrarily start changing. In fact, there is a criteria which has been put in place and which requires us to apply. We found that some district hospitals in other places were going to get 6 to 25 per cent plus, while others were going to get negative 70 per cent. That would have been a more arbitrary allocation. This is a conventional allocation, and it is not difficult. I totally oppose that a sum of Kshs20 be deducted from this Head.

Mr. Kibicho: On Item 670, the Minister says that there is no difference in allocation between last year and this year. But if you look at district allocations, last year, Kerugoya District Hospital was allocated Kshs11,975,000

Mr. Chairman: Which page are you referring to?

Mr. Kibicho: Mr. Chairman, Sir, on page 9, Item 670, last year, Kerugoya District Hospital was allocated 11,975,000. This year, it has been allocated Kshs11,779,000, a reduction of Kshs200,000.

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, Mr. Kibicho is dealing with curative under Kerugoya, and we are dealing with preventive. These are two different issues altogether.

Mr. Chairman: You are right!

(Question of the reduction put and negatived)

(Resumption of Debate on Head 323)

(Several Members stood up in their places)

Order! Order! Hon. Members, when the Question is proposed, that is your opportunity to stand up and contribute.

Order! Order! There is no power under the sun or earth that can make Mr. Chairman go back to a

Question to which he has already put the question.

(Several Members stood up in their places)

Order! Order! We are going to deal with Head 323.

Ms. Karua: It is only the amendment that has failed!

Mr. Chairman: I am sorry, hon. Members. It is the amendment that has failed but the substantive items still remain on the Table.

Ms. Karua: Thank you, Mr. Chairman, Sir. I am just seeking an explanation from the Minister on Sub-Vote 112, Head 323, Item 191 on Environmental Sanitation. I note that last year, it had Kshs79 million and this year it has Kshs3.3 million. Could he explain what it is and why there was that reduction? What exactly is environmental sanitation?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, this is one area where the donors had given us some money. That programme has run out. We are now on our own.

Mr. Sungu: Mr. Chairman---

Mr. Chairman: Order! Order! Ms. Karua, would you pursue your question?

Ms. Karua: I had also asked what it is. I wanted to know what environmental sanitation is.

The Minister for Public Health (Prof. Onger): Environmental sanitation includes provision of water, clean drinking water, malaria control and toilets. These are part and parcel of environmental sanitation.

Head 325 - Communicable and Vector Borne Diseases

Mr. Sungu: Thank you, Mr. Chairman, Sir. There appears to be some duplication under Head 325, Item 157 on Sexually Transmitted Diseases as well as Item 195, also on Sexually Transmitted Diseases (AIDS). I want an explanation from the Minister for that. Secondly, Last year, Item 197 on Mitigation of Socio-Economic Impact of HIV/AIDS had an allocation of Kshs31 million but this year there is nothing. Does he think that we do not need to mitigate any more?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, he was too fast. Which Item was he referring to?

Mr. Chairman: Item 197 where there is no provision this year, while there was provision last year.

The Minister for Public Health (Prof. Onger): First of all, on Item 195 on Sexually Transmitted Diseases (AIDS), you note that last year, we did spend some money from Drought Recovery Fund to purchase some of the kits for STI. Therefore, this year, that Fund is not available. Secondly, Item 197 on Mitigation and Socio-Economic Impact of HIV/AIDS has been moved to the Office of the President. That is why it has not been provided for under the Ministry of Health.

Mr. Sungu: On a point of order, Mr. Chairman, Sir.

Mr. Chairman: Order!

Head 323 - Environmental Health Services

Head 325 - Communicable and Vector-Borne Diseases

Mr. Angwenyi: Mr. Chairman, first, my attention is drawn to Sub-Vote 112, Head 323, Item 191, Environmental Sanitation. Why should we spend so much money on environmental sanitation services, and yet we cannot commit our local authorities to cleaning up our urban centres? For instance, there is garbage all over Nairobi.

My second question relates to Head 325, Item 196, HIV/AIDS Prevention and Care Project, which was allocated Kshs45 million last year. No money has been allocated to this Item this year. The Ministry has shifted the Kshs27 million for HIV/AIDS prevention and control elsewhere. This means that there is a reduction of the allocation for this purpose even if we assume that the amount has been shifted to another account. Is the Ministry saying that the control of HIV/AIDS is not necessary any more?

The Minister for Public Health (Prof. Onger): Mr. Chairman, Sir, at the risk of repeating myself very many times, I would like to state that this particular aspect of advocacy has been removed to the Office of the President (OP) under the National AIDS Control Council (NACC) and the district programme, (DEA?) Project, which is another World Bank-funded project. There is provision for various activities under that programme. So,

this programme is now under the OP.

Mr. Chairman: Let us have the last question on this from Dr. Ochuodho.

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

Mr. Chairman: Order! Order!

Mr. Obwocha: On a point of order, Mr. Speaker, Sir. It is now past 6.30 p.m., when we should have interrupted the business of this House. Could you make a ruling on this time issue?

Mr. Chairman: Mr. Obwocha, what Standing Order are you referring to?

Mr. Obwocha: Mr. Chairman, Sir, the House rises at 6.30 p.m.

Mr. Chairman: Hon. Members, this is an Allotted Day, and the Standing Orders give the House authority to proceed up to 7.00 p.m. If we are going to proceed past 7.00 p.m., there will be need for me to announce that we will proceed beyond the allotted hours.

Dr. Ochuodho: Mr. Chairman, Sir, under Head 323, Environmental Health Services, I expected an Item on tsetse fly control. Given the outcry we have had here in the recent past about Suba and Homa Bay Districts with regard to tsetse fly control--

Mr. Chairman: Order! Which Item are you referring to, Dr. Ochuodho?

Dr. Ochuodho: Mr. Chairman, Sir, I expected an Item on tsetse fly control under Head 323, but I cannot see it. Maybe, the Minister can explain why there is no Item on tsetse fly control.

Mr. Chairman: Order! Dr. Ochuodho, we are discussing what is in the Printed Estimates. The Item you are talking about is not in the Printed Estimates. So, I will now put the Question.

Dr. Ochuodho: On a point of order, Mr. Chairman, Sir. Maybe, the Minister will explain why such an Item is missing.

Mr. Chairman: Order! You cannot ask the Minister to explain why a certain Item has been excluded from the Printed Estimates at this time. You should have done that during general debate on the Ministry's Vote.

(Heads 323, 325 and 594 agreed to)

(SUB-VOTE 112 AGREED TO)

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Dr. Kituyi: Mr. Chairman, Sir, in compliance with the rules of the House, I beg to move that a reduction of Kshs20 be made from Sub-Vote 113, Head 335, Item 400, Construction of Buildings - Non-Residential.

Mr. Chairman, Sir, if you look at the amount allocated to this Item in form of Appropriations-in-Aid (AIA) with very little Government co-financing of Kshs76,600,000 for rural health services, and then go into the details of which rural services---

(Mr. Mwenje consulted loudly)

Mr. Chairman: Order, Mr. Mwenje! Just listen to the hon. Member on the Floor.

Dr. Kituyi: Mr. Chairman, Sir, if you look at that particular budget allocation, on page 88, you will find a small Health Centre called Masimba which is been allocated Kshs17,200,000. Those who might know the geography of this country will tell you that Masimba is located three kilometres away, from Keroka Sub-District Hospital, and on the other side, four kilometres away from Gesusu Sub-District Hospital. The people Nyaribari Masaba enjoy the privilege because their Member of Parliament is the Minister for Public Health. The honour and privilege of serving as a Minister of the Government of Kenya is that you are leader for the whole country. If there is a possibility of donor financing for health services, you look at the most needy areas. If you look at Gesusu Sub-District Hospital and Keroka Sub-District Hospital, you see that between them, in this village in the neighbourhood of the home of Prof. Sam Ogeri, you have Masimba Health Centre being given Kshs17,200,000 million, out of Kshs76 million from Japan. I think the Ministry, in this case, is not being fair. So, if the Minister would be fair, he would understand that in the interest of justice, he should get a little. I think it was not fair to allocate this money to Masimba Health Centre in his home area when there are so many other priority projects which are very far away from the nearest health provision centre!

The Minister for Public Health (Prof. Ogeri): Mr. Chairman, Sir, obviously, I oppose that statement.

There is a vendetta here. Masimba Health Centre is one of the oldest health centres established at Independence.

Dr. Kulundu: That is not true! That Health Centre was built in the 1980s! What are you telling us?

The Minister for Public Health (Prof. Ongeri): Yes. Well, I come from there and you do not come from there. So, the question of semantics does not arise.

Mr. Chairman, Sir, first of all, they are people living at Masimba. There are not animals or goats. There are people living at Masimba!

Mr. Chairman: Order! Order!

Dr. Kituyi: On a point of order, Mr. Chairman, Sir. I take exception to irregular use of language. We are talking respectively to each other. I do not see anything which I have said that would in any way be interpreted by at any stretch of [Dr. Kituyi]

imagination as an expression of vendetta. Is the Minister in order to impute such premises for my argument? I have not said anything about the age of Masimba Health Centre. But what is this about vendetta?

Mr. Chairman: Order! Order! We are not in an English class. Proceed, Mr. Minister!

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, I have said so because several times this evening, this issue of Masimba has come up. But I would say this under the JICA Programme, we are going to spend Kshs420 million and not Kshs76 million. In the western sector, Masimba Health Centre is the only one in my constituency that is going to benefit. I want to educate hon. Members that Keroka Health Centre is in Nyamira District, and that is a fact. It is in Kitutu Masaba Constituency. Therefore, there is no reason why I should not consider Masimba people for such allocation, if they deserve it. What is wrong with that?

Dr. Kulundu: Mr. Chairman, I strongly support Dr. Kituyi in his argument. I was the Medical Health Officer in Kisii District when Prof. Ongeri was still teaching at the University of Nairobi. He remembers very well that in 1983, he approached me to assist him to approve the construction of Masimba Health Centre. By then, there were Ibeno Health Centre, Nyamache, Ogembo and Marani Health Centres in existence, and so forth. Masimba was not in existence until 1985.

Mr. Chairman, if we have to distribute health facilities according to districts, that allocation to Masimba Health Centre is very erroneous! Masimba is only 3.5 kilometre from Keroka. There is no harm in people from Prof. Ongeri's constituency seeking medical treatment there. The Minister has over the years developed what used to be Gesusu Dispensary, which was being run by the Seventh Day Adventist, into a sub-district hospital although it is only four kilometres from Masimba. What justification is there for this Parliament to approve money for this health centre?

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, first of all, it may be helpful to teach a few people the geography of my place. Masimba Health Centre is nine kilometres from Keroka. That is the first thing. Secondly, Masimba Health Centre was the first health unit which was built by the late James Nyamweya. It was known as Masimba Maternity. Ithinu Health Centre in Nyaribari Chache was one of the institutions built by the late James Nyamweya when he was the Minister of State, Office of the President. That is also a bit of history. Therefore, let us not be treated to trivialities.

Hon. Members: No! No!

Mr. Chairman: Order, hon. Members!

Hon. Members: No! No!

Mr. Chairman: Order! I think you need some medicine.

Dr. Kulundu: The Minister must respect hon. Members!

Mr. Chairman: And you must respect the Chair when it orders you to sit down.

Dr. Kituyi, do you have anything to add before I put the Question?

Dr. Kituyi: Mr. Chairman, Sir, this Minister is supposed to be requesting this House to approve money for his Ministry. In the Committee of Supply, we assume that we use the power of reason. You persuade us that it makes sense. But for a person who is requesting us for money to have the temerity to use inciting and insolent language, it beats logic. Is it hubris born of the numbers on the other side, or arrogance of other form of security, whether we win that vote or not?

Mr. Chairman: Order! For purposes of determining whether you are totally disgusted with the Minister, I will now put the Question.

(Question of the reduction put and negatived)

(Resumption of Debate on Head 335)

Hon. Members, we can now discuss the item.

Ms Karua: Mr. Chairman, Sir, on page 337, under Head 335, item 402, "Rural Health Services, (ADB II)" I want to note that Gichugu Division is a beneficiary of the ADB project, and Kianyaga Sub-district Hospital is progressing well. However, I want assurances from the Minister that although the work had stalled with the passing of this Vote, the work will continue to progress satisfactorily.

The Minister for Public Health (Prof. Ongeru): She is assured.

Mr. Angwenyi: Under Head 335, Item 196, I thought that the Fund should be increased since we are paying nurses and other medical staff to provide this FGM service at the hospitals instead of leaving it to those old women to do it as they could be spreading HIV/AIDS and other diseases. I noticed that our women in Kisii would like to go through this process in a medical facility. I would insist that this amount is increased and whatever is being spent on that Head is availed to our youngsters who want to go through FGM.

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, first, this is a study being done by the German Government. This money is donor funds and when this is completed we will see how best it can be applied, including what Mr. Angwenyi said.

(Head 335 agreed to)
(Sub-vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

Head 342 - Community Nurses Training Centres

Mr. Angwenyi: Under Head 342, Item 400 on Construction of Buildings - Non-Residential, these are buildings for training purposes. I thought that funds would be allocated for this purpose. The demand for medical training in the country is so high, and yet we are not expanding the facilities. Could the Minister confirm to this House that we have got adequate, available facilities to cater for the demand for training in medical education?

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, this falls under a different Sub-vote under the KMTC.

(Heads 342 and 643 agreed to)
(Sub-vote 114 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

Head 315 - Kenyatta National Hospital

Dr. Ochuodho: Looking at this Sub-Vote you will realise that a paltry Kshs8.4 million is provided to the Kenyatta National Hospital (KNH) for development purposes, just to buy X-ray equipment. Is the Minister satisfied that the KNH will not be expanding in terms of infrastructure? Is this another instance where the World Bank is pressurising the Government not to spend any more money on expanding the KNH?

The Minister for Public Health (Prof. Ongeru): That is direct support from the Italian Government. The KNH has already been expanded and will continue doing so.

Mr. Angwenyi: Mr. Chairman, Sir, the Minister says that they are expanding the KNH. Where are the funds in this Vote to expand it? We do not want to be told what will happen in the future. We want to know what will happen this year. Could the Minister explain to us why he has not allocated funds to expand the KNH, which is a referral hospital but is being turned into a district hospital? Everybody is crammed there and yet they cannot get adequate facilities.

The Minister for Public Health (Prof. Ongeru): Mr. Chairman, Sir, if I may refresh the hon. Member's memory, the KNH was one of the recipients of substantial World Bank support for uplifting. By this, I do not mean physical expansion only, but it includes equipment and services as well.

Mrs. Mugo: Mr. Chairman, Sir, unless this has been corrected, there is a whole ward of intensive care whose equipment is out of use and needs repair. The Minister should tell us why there is no money for development. He should not keep on telling us about the donor money; we know it is not forthcoming because we did not fulfil the conditions given by the donors.

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, Kenyatta National Hospital Intensive Care Unit is functioning extremely well. It is handling cardiac arrest cases and heart and kidney surgeries. The other Intensive Care Unit is the renal dialyses unit which is functioning extremely well, and is handling more than 30 patients for dialyses in a day, and providing other services. So, the unit is alive and kicking.

Mr. Angwenyi: Mr. Chairman, I had the occasion last week to take a sick person to Kenyatta National Hospital and we could not find a bed for that person because the place is congested. So, when the Minister comes here and tells us that the Intensive Care Unit is properly functioning, he is denying Kenyans a service that they deserve.

Mr. Mwenje: Mr. Chairman, Sir, my main concern here is only one. The Minister continues to tell time and again, about this donor money. This question has been raised thrice and the Minister has not responded to it. We know that the donor money will be given to us with a lot of conditions, which the KANU Government is not willing to meet. Could the Minister assure us that the conditions will be met, so we can know why the Government has now budgeted for this money?

The Minister for Public Health (Prof. Ongeri): Mr. Chairman, Sir, Mr. Mwenje should read the Development Expenditure book very well. All the donor funding that has been accepted and due agreement entered into is all detailed in this book. There is no doubt about it. There is a commitment to provide the money which has been included in our budget. There is money from donors such as the FIDA, Italy, the Federal Republic of Germany (FRG), Danish International Development Agency (DANIDA) and Japan. This money is all there in this book.

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

Mr. Chairman: Order! We will not open debate on this Vote. We are in Committee Stage and I will now put the last question.

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

(Vote D11 agreed to)

(Question put and agreed to)

(Resolution to be reported without amendment)

(The House resumed)

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

REPORT

Vote 11 - Ministry of Health

Mr. Omino: Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding Kshs5,804,863,700 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2002, in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

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

The Minister for education (Mr. Kosgey) seconded.

(Question proposed)

Mr. Munyao: Mr. Temporary Deputy Speaker, Sir, I stand to congratulate the Minister because his Ministry's Vote is about to be approved by this House. I will also remind him what we did last time when we were

trying to bring a Motion urging the House to resolve that the President should have no constituency. He should see why we do not want Ministers to have constituencies; we have seen that the Minister has allocated Kshs17 million to one health facility. We would like the Minister now to be more liberal and take Kenya to be his own constituency. Let us be fair to all Kenyans.

With those few words, I congratulate the Minister.

Mr. Sungu: Mr. Temporary Deputy Speaker, Sir, now that we have allocated funds to the Ministry, I would like the Minister to take health care services in rural areas of Kenya more seriously. In Kisumu, the New Nyanza General Hospital has no roof. He should

make sure that it is repaired with the funds that we have allocated.

Mr. Maore: Mr. Temporary Deputy Speaker, Sir, I also support the Vote of the Ministry of Health, and congratulate the Minister for getting the money. Since the top officers in the Ministry are here, we would like to request the Ministry to ensure that quacks who practice medicine illegally and destroy many lives in the rural areas, are controlled and stopped completely. I have given specific cases in my constituency, where people who have never been to school are operating health clinics. Thank you.

Mrs. Mugo: Mr. Temporary Deputy Speaker, Sir, I would also like to add my congratulations to the Minister. Now that he has got the money, and most of it is with the donors - about 71 per cent of the Development Vote depends on the donors - could the Minister advise the Government to adhere to the conditions given by donors? Otherwise, we are planning for money which we do not have! If what has happened in the past is anything to go by, we know we shall not receive that money.

Ms. Karua: Mr. Temporary Deputy Speaker, Sir, I would like to appreciate the work of the Ministry of Health in expanding rural health services and, especially, appreciate the on-going construction of the Kianyaga Sub-District Hospital. I would like to urge the Ministry to supervise that work properly, so that the funds which have been allocated are used in the most beneficial manner to the people. The buildings that are being constructed and the equipment should be up to the standard. We, on our part, will help the Ministry to monitor the construction.

(Question put and agreed to)

ADJOURNMENT

The Temporary Deputy Chairman (Mr. Imanyara): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Wednesday, 18th July, 2001, at 9.00 a.m.

The House rose at 7.00 p.m.