

NATIONAL ASSEMBLY

OFFICIAL REPORT

Thursday, 12th October, 2000

The House met at 2.30 p.m.

[*Mr. Speaker in the Chair*]

PRAYERS

PAPERS LAID

The following Papers were laid on the Table:-

Annual Report and Accounts of Kenya Dairy Board for the year ended 30th June 1997 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of Nzoia Sugar Company for the year ended 30th June 1996 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of Nyayo Tea Zones Development Authority for the year ended 30th June 1997 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of the Tea Research Foundation for the year ended 30th June 1999 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of Western Kenya Rice Mills Limited for the year ended 30th June 1997 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of Mwea Rice Mills Limited for the year ended 30th June 1997 and the Certificate thereon by the Auditor-General (Corporations).

(*By the Minister for Agriculture*)

ORAL ANSWERS TO QUESTIONS

Question No.384

GOVERNMENT ASSISTANCE TO
MR. KISOI MUNYAO

Bw. Kalulu alimuuliza Waziri wa Nchi, Afisi ya Rais:-

(a) kama anafahamu kuwa shujaa Kisoi Munyao alipandisha bendera ya Kenya juu ya Mlima bendera ya Kenya juu ya Mlima Kenya mwaka wa 1963;

(b) kama anafahamu kuwa shujaa huyo anahangaika jinsi hana uwezo wa kujimudu kimaisha; na,

(c) ni usaidizi gani Serikali inakusudia kumpa shujuu huyu.

The Minister of State, Office of the President (Mr. Sunkuli): Bw. Spika, naomba kujibu.

(a) Ndio, Serikali inatambua kwamba shujaa Kisoi Munyao alipandisha bendera ya Kenya juu ya Mlima Kenya mnamo tarehe 12 mwezi wa Desemba, 1963.

(b) Serikali haina habari kwamba Kisoi Munyao hajimudu kimaisha na anaishi katika maisha ya udhaifu.

(c) Bw. Munyao aliiomba Serikali impatie kibali cha kufungua vituo vya kuhudumia watalii kwa jina "Kisoi Munyao Mountaineering Safaris" huko Naro-Moru na Chogoria. Ombi hili lilishughulikiwa ipasavyo na Bw. Munyao alipewa cheti hicho, No.027503, kumruhusu afanye biashara yake.

Serikali pia, mnamo mwaka wa 1985, ilimtunukia shujaa Kisoi Munyao medali ya "Moran of the Burning Spear" (MBS) kwa kutambua mchango wake katika historia ya nchi hii, na Bw. Munyao alikuwa miongoni mwa wageni mashuhuri walioalikwa katika Ikulu Kuu ya Nairobi wakati wa sherehe za Jamhuri Desemba, 1998, na kuvalishwa kirasmi medali, yake ya MBS na Mtukufu Rais Daniel arap Moi.

Mr. Kalulu: Bw. Spika, vile Waziri amejibu ni sawa. Shujaa Kisoi Munyao hajimudu kifedha. Alipewa

medali lakini hiyo si pesa! Alipewa medali ya kuonyesha kwamba alipandisha bendera ya Kenya juu ya Mlima Kenya. Waziri anaweza kulieleza Bunge hili ni usaidizi gani Serikali itampatia Bw. Munyao ili ajimudu kifedha?

Mr. Sunkuli: Bw. Spika, shujaa Munyao alifanya jambo ambalo linakumbukwa kihistoria. Yeye pia anajivunia kazi hiyo ya kupandisha bendera ya Kenya juu ya Mlima Kenya. Serikali ilitambua juhudi za Bw. Munyao kwa kumpa medali. Wapiganiaji wa Uhuru na wengine ambao walifanya kazi kubwa kama Bw. Munyao ni wengi na haitakuwa rahisi kushughulikia kila mmoja wao kifedha. Ningependa mhe. Kalulu ampelekee Bw. Munyao salamu za Serikali, na imwombe aendelee na kazi yake ya uzalendo.

Mr. Wamae: Bw. Spika, hakuna shujaa mwingine aliyepandisha bendera yetu juu ya Mlima Kenya isipokuwa Bw. Munyao. Hata wananchi waliimba nyimbo za kumsifu. Ni kwa nini Serikali haiwezi kumtunukia Bw. Munyao heshima kwa kazi aliyofanya?

Mr. Sunkuli: Bw. Spika, tumetambua kazi ya Bw. Munyao. Kuna shujaa wengine waliopigana vita vya Mau Mau na hawakupewa chochote. Kwa hivyo, hatuwezi kushughulikia Bw. Munyao peke yake.

Mr. Kalulu: Bw. Spika, tunajua kwamba wale Wazungu waliopigana katika Vita Vikuu vya Pili vya Dunia walipewa mashamba kama masetla katika nchi yetu. Ni kwa nini Serikali yetu haijampa Bw. Munyao shamba kama vile viongozi wamependekeza?

Mr. Sunkuli: Bw. Spika, nafikiri nimejibu swali hilo. Lakini mhe. Kalulu anaweza kuja katika ofisi yangu ili tujadiliane jinsi tunavyoweza kumsaidia Bw. Munyao.

Mr. Ndilinge: Bw. Spika, je, Waziri anajua kwamba Bw. Kisoi Munyao akishindwa kujimudu maishani ni aibu kwa Wakenya wote?

Mr. Sunkuli: Bw. Spika, nitachunguza jambo hilo kwa makini na kuhakikisha kwamba Bw. Kisoi Munyao anaangaliwa vizuri.

Mr. Speaker: Next Question, Mr. Musila!

Question No.566

COMPLETION OF MWINGI BUS PARK

Mr. Musila: asked the Minister for Planning:-

- (a) whether he is aware that Mwingi Bus Park has been under construction for over 12 years;
- (b) what the reasons behind this delay are; and,
- (c) whether he could inform the House when this important public facility will be completed.

Mr. Speaker: Is anyone here from the Ministry of Planning? That Question will be stood over for now. Next Question, Mr. Ochilo-Ayacko!

Question No.534

SUGAR FACTORIES EXPENDITURE
ON BOARD MEETINGS

Mr. Speaker: Mr. Ochilo-Ayacko is not here? We will leave that Question till the end. Next Question, Mr. Sifuna!

Question No.545

NON-PAYMENT OF DUES TO MR. WAFULA

Mr. Sifuna asked the Minister for Agriculture:

- (a) whether he is aware that the Cotton Board of Kenya has not paid Mr. Pius M.K. Wafula, the former Siaya Branch Manager his salary and allowances totalling to Kshs142,834 as from August, 1993 to May, 1994; and,
- (b) why the Board has not paid Mr. Wafula his dues.

The Assistant Minister for Agriculture, Livestock and Rural Development (Mr. Sumbeiywo): Mr. Speaker, Sir, I beg to reply.

- (a) I am aware.
- (b) Mr. Wafula has not been paid his salaries and allowances totalling Kshs142,834 from August 1994 up to May, 1994 because he had a criminal case which is pending at Siaya Police Station. At the same time, he deserted his

employment. To date, he has not handed over running the affairs of the Board at the Siaya Branch.

Mr. Sifuna: Mr. Speaker, Sir, the Assistant Minister is misleading the House that Mr. Wafula has a criminal case pending at the police station. It is now six years since that time. Why have policemen been holding the case for the last six years without taking the matter to court?

Mr. Speaker, Sir, could the Assistant Minister also tell this House the reason why they are holding Mr. Wafula's money? His entitlement has no relation with the criminal case. Why can they not pay his money and proceed with the case in court?

Mr. Sumbeiywo: Mr. Speaker, Sir, the reason why the salary was withheld was because this gentleman had sold a Government plot, stall No.21A at Akala. So, the Board decided that he was not going to be paid his money. However, as I am talking now, the case has been concluded and I have given instructions that this gentleman be paid his salary, provided he hands over all that he had in the office. He has been evading coming to the office for fear of being arrested. He should rest assured that his salary is going to be paid.

Dr. Kulundu: Mr. Speaker, Sir, is Mr. Wafula going to be paid this dues plus accrued interest, because the money was held unprocedurally by the Government?

Mr. Sumbeiywo: Mr. Speaker, Sir, it was not unprocedural because he avoided coming to hand over when he was supposed to. So, the delay was due to his own fault and no interest will be paid.

Mr. Sifuna: Mr. Speaker, Sir, the Assistant Minister is misleading the House. Mr. Wafula came to Nairobi and I went personally with him to meet the Managing Director, Mr. Mungai and Mr. Kurgat who is the Personnel Manager over the same issue. All the time, they told us that they had not received the money from the Ministry. He is now telling us that Mr. Wafula deserted duty and yet, he is around, but he has not been paid his money. Could the Assistant Minister tell the House when Mr. Wafula will be paid that money? If they have got a case with him, they should proceed to court.

Mr. Sumbeiywo: Mr. Speaker, Sir, I would like to assure this House that if Mr. Wafula reports to his former office and hands over officially, he will be paid his salary the same day.

Mr. Sifuna: On a point of order, Mr. Speaker, Sir. The hon. Assistant Minister has not answered my question. Mr. Wafula handed over a long time ago and there is nothing else to hand over. Is it in order for the Assistant Minister to continue misleading this House by saying that Mr. Wafula has not handed over, when he has nothing to hand over? All along Mr. Wafula has been going there to demand for his payment.

Mr. Speaker: Order! That is a forced supplementary thrust on the throat of Mr. Speaker and he refuses to follow it. The next time, it must be a question!

Next Question!

Question No.508

REPLACEMENT OF TEACHERS IN MARAGWA

Mr. P.K. Mwangi asked the Minister for Education:-

(a) how many teachers have retired, died or have been dismissed from service in Maragwa District for the last two years; and,

(b) when these teachers will be replaced.

Mr. Speaker: By the way hon. Members, I will stop Question Time at 3.25 p.m. because I intend to give Mr. Morogo a chance to make a Ministerial Statement on a matter that hon. Members had raised. So, please, bear with me. Proceed!

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

(a) The number of teachers, who have retired, died or have been dismissed in Maragwa District for the last two years are 20, 17 and 15, respectively.

(b) The teachers are being replaced through redistribution and balancing exercise. Any subsequent vacancies that may arise will be filled as deemed appropriate.

Mr. P.K. Mwangi: Mr. Speaker, Sir, as I am asking this Question in this House today, the shortage of teachers within Maragwa District is very acute. Going by that arithmetic, it shows that if the trend is like that in the 62 districts in Kenya, it means that we have a shortage of 3,220 teachers. Could the Assistant Minister consider employing the unemployed graduates to replace those who have died?

Dr. Wamukoya: Mr. Speaker, Sir, Maragwa District is short of 74 teachers. According to the TSC system, we have over 8,000 excess teachers. The only problem is distribution. As the Ministry tried to distribute, there was hue and cry from the public and it was put on hold for a few months, until the examinations of this year are over. Redistribution may start next year.

Eng. Toro: Mr. Speaker, Sir, I think the Assistant Minister is misleading the House. Could he tell the House how many teachers were supposed to be transferred to Maragwa District during the countrywide transfer exercise? He says Maragwa District has a shortage of 74 teachers, whereas during the countrywide transfer, Maragwa District had more than that.

Dr. Wamukoya: Mr. Speaker, Sir, I cannot give those figures off head, but the distribution that was done was to equitably supply teachers to all districts. So, Maragwa was going to get the number of teachers that were required. That is 74 teachers.

Mr. P.K. Mwangi: Mr. Speaker, Sir, since 15 teachers have been dismissed from Maragwa District, how many cases have been considered in order to re-employ those teachers? Some of them do not have jobs as yet and their cases have not been heard by the TSC.

Dr. Wamukoya: Mr. Speaker, Sir, once somebody has been dismissed from service, he has no case. So, I do not know what the hon. Member is asking for.

Mr. Speaker: Next Question!

Question No.372

EMPLOYMENT OF
COMMUNICATIONS TRAINEES

Mr. Munyasia asked the Minister for Information, Transport and Communications why the Government has employed the Communications Trainees who completed their training in 1999 at the Meteorological Department and not those who had earlier completed their training in 1998.

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

The failure by the Ministry to employ 31 1998 Communications Trainees before the 1999 Trainees was due to a mistake. The Government has now addressed this mistake and the process to absorb those trainees is being considered in the current rationalization and rightsizing exercise.

Mr. Munyasia: Mr. Speaker, Sir, I do not wish to correct the Assistant Minister's English language, but when someone has completed his training, he is no longer a trainee. I am talking about those who completed their training in 1998. However, I appreciate the honesty of this Assistant Minister.

Mr. Speaker, Sir, since the Assistant Minister accepts that it was a mistake, when are those graduates of that particular year going to be given their employment letters?

Mr. Lengees: Mr. Speaker, Sir, currently they are on attachment and the Ministry has written to the DPM, requesting that they be issued with personal numbers, so that they can be employed.

Mr. Munyasia: Mr. Speaker, Sir, these graduates cannot be on attachment after training. After they are employed, could the Assistant Minister consider to backdate their effective day of employment one year before the 1999 graduates, since they are working for the Meteorological Department, anyway.

Mr. Lengees: Mr. Speaker, Sir, since it was an oversight, I will not promise that their employment will be backdated. However, we will communicate to the DPM, and as soon as they give us the personal numbers. We will also request DPM to consider backdating their date of employment.

Mr. Ndilinge: Mr. Speaker, Sir, now that the Assistant Minister has accepted that it was an oversight, can he agree or deny that the reason why sometimes back the entire nation was being misinformed about the weather focus was because of that oversight?

Mr. Lengees: Mr. Speaker, Sir, I do not agree with that.

Mr. Speaker: Very well! Next Question!

Question No.616

CESS PAYMENT BY CHINA ROAD/
BRIDGE CORPORATION

Mr. Speaker: Mr. Mboko is not in? Next Question!

Question No.018

RUNDOWN OF CITY COUNCIL ASSETS

Mr. N. Nyagah asked the Minister for Local Government:-

(a) if he could order the Chief Valuer of Nairobi City Council to reconcile the inventory of property held as at January, 1964 and separately indicate all surrendered plots (acquired through sub-dividing of utilities) and those others purchased up to and including 1999 by the Council.

(b) if he could give a breakdown of all property disposed of with reference to their authority for the same period as in part "a" above.

(c) how many properties were disposed of without authority of the Council.

(d) if he could reposes the properties sold without the council authority.

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

(a) I am not aware that a construction firm by the name of China Road and Bridge Corporation has not paid cess to Mtito Andei Town Council between---

Mr. N. Nyagah: On a point of order, Mr. Speaker, Sir. The answer that the Assistant Minister is giving relates to Mr. Mboko's Question. I would kindly request him to answer my Question No.018.

The Assistant Minister for Local Government (Mr. Kiangoi): Thank you Mr. Speaker, Sir, and hon. N. Nyagah. Mr. Angwenyi had engaged me in some talk.

Mr. Speaker, Sir, I beg to reply.

(a) The Minister has already ordered the City Council to reconcile the inventory of its properties up-to-date.

(b) Due to lack of proper records held at the Nairobi City Council, it is extremely difficult to avail this information at the moment. However, I have received an interim report from the Council which indicated that the following properties were disposed of with authority of the Council: Site and Service Scheme at Dandora Phases I to IV, Kayole, Kariobangi, Umoja, Huruma, Mathare North. The others were tenant purchase schemes such as Kahawa West, Kimathi Estate, Jamhuri, Uhuru, Harambee and Kariobangi.

(c) It is not possible to ascertain the number of Council properties which have been disposed of without proper Council Authority. However, I am aware that the general authority given by the Council under Minute No.3C of 1992 was abused by chief officers to dispose of prime and strategic council properties. Some of these properties include: Dandora Sewerage Works, City Park, Woodley staff houses, cemetery grounds below Kenyatta National Hospital, several car parks within the City, part of Lady North Home, virtually all senior staff houses and other plots.

(d) The Ministry, in consultation with the Nairobi City Council is in the process of identifying and processing information in respect of all Council properties disposed of without authority. Once this is done, necessary action will be taken with a view to repossessing properties illegally disposed of.

Mr. N. Nyagah: Mr. Speaker, Sir, you have heard the two answers that the Assistant Minister has given. He has said that the Ministry is not in a position to do this and the other. How do I proceed with the Question when the Nairobi City Council (NCC) is unable to give answers to what I have asked?

Mr. Speaker: Mr. Assistant Minister, I suppose the Question of disposing of public property is a matter that the Government should look into and take a serious view of. After listening to what the Assistant Minister has read out in his answer, I suppose he requires more time to come and deal with this matter finally and promptly. What time frame would you like to be given? I do not think that it is right that we just go through the motions of answering Questions of this nature.

Mr. Kiangoi: Mr. Speaker, Sir, the House will appreciate that hon. N. Nyagah has asked for particular details of properties disposed of since 1964 or in other words, since Kenya became Independent. That is why the Ministry has said that, indeed, there have been properties disposed of without our authority and we have given the particulars. The process is continuing and it is a tedious process. The NCC has not been computerised as of now and it may take quite a bit of time. I need to inform the House that I have information that certain other officers, who were working there previously and who may have abused office in respect of the properties that I have read out, went away with the records. The situation is extremely difficult and that is why we are doing all we can. I do not think, with all sincerity, that we can get the very manual details of every other property disposed of.

Mr. N. Nyagah: Mr. Speaker, Sir, once again, you have heard the answer from the Assistant Minister. He did not name Mr. Kuria wa Gathoni and Mrs. Wandera as the people who went away with the rolls which have the details of the properties of the NCC. A report by the extra ordinary inspection team of the NCC shows who should take action on what. The report indicates where a case should be taken up by the Kenya Anti-Corruption Authority (KACA), the Permanent Secretary and the Minister for Local Government. I have ten items which are listed as properties of NCC yet the Interim Report does not indicate this. If the Assistant Minister needs one, two or three months to answer this Question, I am ready to wait so that the nation at large can get a good answer.

Mr. Speaker: Which one do you require, Mr. Assistant Minister? Is it one, two or three months?

Mr. Kiangoi: Mr. Speaker, before I say how much time I require to investigate this matter, the Report that was compiled pursuant to the Minister's order, commonly known as the Mbogua's Report, was the one which was prepared after the Minister ordered the NCC to take action. That is why in part "a" of my answer, I have said that the Minister has already ordered the NCC to take action. That was the Minister's reaction to the Report that was produced by the Mbogua Team. I did not name names, but the records are not there at the moment. I have had meetings with these officers. We sat the whole afternoon yesterday with the Chief Valuer, the Town Clerk and other officers and it was not possible to get these records. If I say I need three months, I may not come up with the right answer.

Mr. Speaker: Have you ever gone to the Commissioner of Police?

Mr. Kiangoi: Mr. Speaker, Sir, the matters are already being investigated not only by the Commissioner of Police, but also by KACA.

Mr. Ndilinge: On a point of order, Mr. Speaker, Sir. If you heard what the Assistant Minister has said, it appears that the files are nowhere to be found. The previous officers went away with the files. He is now seeking more time to investigate the matter. Could he tell the House where he will get the files from since they have disappeared with the previous officers?

Mr. Kiangoi: Mr. Speaker, Sir, I have not sought more time.

Mr. Murungi: Mr. Speaker, Sir, it is very strange that the Government has admitted that it has been defeated by some criminals who have stolen public records. Could the Assistant Minister tell us what steps the Government is taking to follow up the officers who as he has told us have disappeared with the files, so that they can produce those files? This is a criminal activity.

Mr. Kiangoi: Mr. Speaker, Sir, this matter has been handed over to the right authorities or the investigating organs of the Government, the Criminal Investigating Department (CID) and KACA. These organs are not within my jurisdiction, but may I say also that the NCC has already been instructed on what to do and work is in progress.

Mr. N. Nyagah: Mr. Speaker, Sir, during the last Parliament, the Chair ordered this same Assistant Minister to take three months and then come and answer this same Question. We are now also requesting, through the Chair, that he be ordered to answer the Question within a certain time frame. He is unable to give a time frame. When an hon. Member asks a Question, he expects an answer, which I do not have. Can the Assistant Minister be ordered to give an answer to this House within two or three months?

Mr. Speaker: Mr. Nyagah, can I ask you a question? Supposing after three months, then he is also unable to give an answer?

An. Member: You will throw him out of the House!

Mr. N. Nyagah: Mr. Speaker, Sir, then we shall use the relevant legal procedures that we have in this House in our Standing Orders.

Mr. Speaker: I am sure it was not this Assistant Minister, who gave that time frame. Mr. N. Nyagah, can we leave it for now the way it is?

Mr. Muchiri: Mr. Speaker, Sir, we are talking about land which is an immovable asset. How can the Assistant Minister say that the files have been stolen when, in fact, land has not moved from its original position?

Mr. Kiangoi: Mr. Speaker, Sir, I was supposed to bring the particulars of those records to the House and not the physical land.

Question No.566

COMPLETION OF MWINGI BUS PARK

Mr. Musila asked the Minister for Planning:-

- (a) if the Minister is aware that Mwingi Bus Park has been under construction for over 12 years;
- (b) what the reasons behind this delay are; and,
- (c) if he could inform the House when this important public facility will be completed.

The Minister for Planning (Mr. Ndambuki): Mr. Speaker, Sir I apologise for coming late.

Mr. Speaker, Sir, I beg to reply.

(a) I am aware that Mwingi Bus Park has been under construction for 12 years.

(b) The delay in completion of the bus park and open air market project was due to the following reasons:-

(i) Delay in allocation of public land by the local county council, which was Kitui County Council then. The Council only set aside the land in 1992, three years after the funds for the project had already been utilised.

(ii) Redesigning of the project by the consulting engineer because the site availed by the council was too steep

for the approval of design.

(iii) The funds for the project from USAID got exhausted in 1991/92 Financial Year and since then, the Government has been using its scarce resources to ensure completion of the project.

This resulted in the release of inadequate funds which were, at times, delayed.

(c) All development projects had to be audited by a private firm contracted by the Government, during the 1999/2000 Financial Year. This morning, we paid the contractor to complete the work on the Mwingi Bus Park.

Mr. Musila: Mr. Speaker, Sir, the Question was first asked on 29th July, last year. I received almost a similar answer, as can be confirmed by a copy of HANSARD that I have here. On that day, the Minister confirmed that the Mwingi Bus Park was to be completed that Financial Year. I would like to confirm that, since that reply was given in July, 1999, nothing has been done up-to-date. Could the Minister tell the House why we should trust him this time round, that he will complete the bus park? He gave a similar answer last year and nothing has been done!

Mr. Ndambuki: Mr. Speaker, Sir, at that time, we expected to have some funds. However, we did not get any funds. But now, we have managed to have some funds. We paid the contractor this morning!

Mr. Munyao: Mr. Speaker, Sir, the dissatisfaction on the job being done at Mwingi is similar to several other jobs under the same Ministry. Last year, the reason given was lack of money for the contractor. I would like to give the Minister some examples of other bus parks which lie under his own Ministry uncompleted! There is Wote Market Bus Park. Could the Minister confirm to this House that, what has become of Mwingi Bus Park will not extend to Wote in Makueni?

Mr. Speaker, Sir, could he assure the House whether the bus park at Mwingi will be usable by June next year?

Mr. Ndambuki: Mr. Speaker, Sir, the Wote Market Bus Park is under construction. The delay in completing the work was similar to that of Mwingi. The people down there refused to avail land. But now, they have availed the land. The contractor is on site. With regard to Mwingi, I can assure this House that we paid the contractor this morning---

Mr. Musila: Could you supervise the work!

Mr. Ndambuki: I will not supervise, but he will move back to the site and finish what is remaining.

Mr. Musila: Mr. Speaker, Sir, in view of the experience that we had last year, I would like the Minister to give us a specific month when the project will be completed. That way, the House will hold him personally responsible in the event that the project is not done completed.

Mr. Ndambuki: Mr. Speaker, Sir, I have a copy of the cheque. We paid the contractor the outstanding figure of Kshs4.1 million. With that payment, I expect the contractor to move back to the site and complete the work before the end of the current Financial Year.

Question No.534

SUGAR FACTORIES EXPENDITURE
ON BOARD MEETINGS

Mr. Ochilo-Ayacko asked the Minister for Agriculture:-

(a) whether he could give a breakdown in terms of dates and expenses, the following sugar factories incurred for Board Meetings in the years; 1997, 1998 and 1999 - Sony Sugar Company Limited, Muhoroni Sugar Company Limited, Nzoia Sugar Company Limited and Mumias Sugar Company Limited;

(b) how much each company has in (a) above, spent on the Chairman's monthly allowances from 1997 to 1999, including expenses on the officers attached to them; and,

(c) whether he could justify the expenditure.

Mr. Speaker: Mr. Ochilo-Ayacko, I will defer your Question until Tuesday. It is all your fault for coming late!

(Question deferred)

Question No.616

CESS PAYMENT BY CHINA ROAD/
BRIDGE CORPORATION

Mr. Speaker: Is Mr. Mboko still not here. His Question is dropped. Let us move on to Questions by Private Notice.

(Question dropped)

QUESTIONS BY PRIVATE NOTICE
EFFORTS TO FULFIL DONOR CONDITIONALITIES

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

(a) Could the Minister table a progress report indicating the Government's efforts to fulfil the conditions set out by donors?

(b) What are the total emoluments in terms of salaries, house, medical and other allowances, payable to each of the six Permanent Secretaries seconded to the Government by the World Bank and other donors?

The Minister for Finance (Mr. Okemo): Mr. Speaker, Sir, I beg to reply.

(a) The Government has agreed on a broad economic programme with the donors, as outlined in the Interim Poverty Reduction Strategy Paper (IPRSP). The IPRSP was circulated to all Members of Parliament during the Budget week. Included as Annex Three to that Report, is the summary of all the governance measures that the Government is committed to implement. I would like to table the same Annex, but with an additional column indicating the progress that has been made to date. I shall table the same Annex from time to time, to keep Parliament informed on the progress that we are making. At this juncture, I would like to table the Annex.

(Mr. Okemo laid the document on the Table)

(b) The Permanent Secretaries and other Members of the Team called the "Dream Team" were seconded to the Government on exactly the same terms that they had with their private employers. This was a fair and practical way of obtaining their services without disrupting their personal lives. They had to keep their terms and conditions because they had commitments prior to their engagement with the Government such as schools, personal loans, mortgages and so forth. It was in the conditions of their employment that their salaries, allowances and other benefits would be kept confidential. The Government agreed to that. They had to continue to meet their personal commitments.

As it is customary in Kenya, the terms and conditions that each of the Permanent Secretaries had with their employers are confidential information between the employer and the employee. Just like other terms and conditions of Kenyans employed in the private sector and international organisations, they should be kept confidential. To make those arrangements possible, the United Nations Development Programme, the World Bank and a couple of other donors agreed to create a fund which is used to pay the bulk of the cost of compensating those Permanent Secretaries.

However, in terms of the order of magnitude for the benefit of the House, their total emoluments in terms of salaries, house, medical and other allowances relating to those six specific officers seconded to the Government by their private sector employers, is Kshs10.8 million per month. The individual amounts for each officer are confidential, as I have said, in order to protect those officers and their private sector employers. For the benefit of the House, the officers in question are: Dr. Richard Leakey, who is a PS and the Head of the Public Service, Mr. Martin Oduor-Otieno, PS, Treasury, Mr. Mwaghazi Mwachofi, Financial Secretary, Ministry of Finance and Planning, Prof. Shem Migot-Adholla, PS, Ministry of Agriculture and Rural Development, Prof. Wilfred Mwangi, Deputy PS and Director of Agriculture and Mr. Titus Naikuni, PS, Ministry of Information, Transport and Communications. The amount stated above comprises grants as well as credit from a number of donor institutions. Their payments are actually done on a reimbursement basis. In other words, they continue to receive their salaries from their employers. What the Government does is to reimburse their employers with the equivalent amounts. Thank you.

Mr. Ojode: Thank you, Mr. Speaker, Sir. There is nothing confidential in that! Anything to do with emoluments, especially for civil servants, must be approved by this House and it is in the Printed Estimates.

Mr. Speaker, Sir, the answer to part "a" of the Question is quite unsatisfactory because the Minister simply went and made a photocopy of the policy paper on Poverty Eradication Programme.

Mr. Speaker: What is your question? I think a lot of Members are interested in this Question.

Mr. Ojode: Mr. Speaker, Sir, could the Minister confirm or deny that:- One, Dr. Leakey, earns Kshs2.4 million, Mr. Mwachofi, Kshs2.4 million, Prof. Migot Adholla, Kshs2 million, Mr. Oduor-Otieno, Kshs1.5 million, Mr. Titus Naikuni, Kshs1.5 million and Prof. Mwangi, Kshs1.2 million per month.

Mr. Speaker, Sir, the Minister came up with trash---

Mr. Speaker: Order! Mr. Minister, would you like to respond, confirm or deny?

Mr. Okemo: Mr. Speaker, Sir, to give a very candid and honest answer, I did not have that information. I am hearing it for the first time.

Dr. Kituyi: Mr. Speaker, Sir, when the Kenya Government was about to sign its understanding with IMF and World Bank, the Minister came to this House and announced, in fact, heralded the arrival of money; that at long last, his negotiations were bearing fruits. A week later, the President said that he had taken charge of the negotiations

himself until he discovered that it was unpopular terms that he had accepted. The Minister kept quite.

On Tuesday, the President announced that he was not going to accept the conditions they had signed because some of them were very severe. The next day, this Minister announced that, actually the President did not mean that. He said that he is going to obey those conditions. Who should be trusted on this matter? Is it you, Mr. Minister or your President.

Mr. Okemo: Mr. Speaker, the Member will start by trusting the President and then myself, in that order.

(Laughter)

However, having said that---

Ms. Karua: Mr. Speaker, Sir, could the Minister tell the House what he meant when he said that, the private employers continue to pay the Permanent Secretaries and they are reimbursed? We know that Dr. Richard Leakey was employed by this Parliament and Parliament does not pay in millions. Is he still being paid by this Parliament or who are his private employers?

Secondly, so long as they are being paid on credit to the Government, payable by the people of Kenya, the Minister is answerable to this House. He must tell us how much they are being paid.

Mr. Speaker: I will make some correction first before the Minister responds. By the time Dr. Leakey became a PS, he was not a Member of Parliament. He was a Director of Kenya Wildlife Service (KWS).

(Loud consultations)

Order! Order, Members!

Ms. Karua: Mr. Speaker, to clarify, let the Minister tell this House, who Dr. Leakey's private employer is. Let the Chair not help him.

Mr. Speaker: Order! I was not telling you anything how! I was just correcting for record purposes in order for him to answer! Answer now, Mr. Minister.

Mr. Okemo: Mr. Speaker, Sir, in fact, you are absolutely accurate. Dr. Leakey was the Director of KWS before he became the Permanent Secretary.

Mr. Speaker: You can now answer the other question!

Mr. Okemo: Which is the other question? Could she repeat the other one?

Mr. Speaker: Hon. Ms. Karua, would you like to repeat the other question?

Ms. Karua: Mr. Speaker, Sir, the other question was: Since they are being paid partly from credits made to the Kenya Government for which the tax-payers are answerable, the Minister is answerable to this House and has to tabulate how much they are paid.

Mr. Speaker, Sir, KWS is a Government body and, therefore, there is no confidentiality, as the Minister is stating. Could we have the figures?

Mr. Okemo: Mr. Speaker, Sir, I actually thought that the objective of wanting to know this figures was to establish how much it costs the Government of Kenya to employ these six Permanent Secretaries. When I did give the figure of Kshs10.8 million per month, I thought I fulfilled that objective.

Mr. Speaker: Ask the final question, Mr. Ojode.

An hon. Member: That is the final question! Call Morogo now!

Mr. Speaker: Order! Order! I warned the House much earlier that I will call hon. Morogo at five minutes to 3.30 p.m. to make a Ministerial Statement.

An hon. Member: Mr. Speaker, Sir, he can do it next week. This is a very important Question!

Mr. Ojode: Mr. Speaker, Sir, I would like to ask the Minister one specific question. Why is he having three categories of Permanent Secretaries? There is one category which earns Kshs36,000 per month and there is a second category which earns Kshs300,000 per month and then there is this "Dream Team" who are still dreaming!

Mr. Speaker, Sir, could the Minister tell this House how long this secondment will be in place because the Kenya Government is spending over Kshs12.5 million for only six "dream teamers"? If we were to pay only Kshs100,000 to all the PSs, the Kenya Government would spend only Kshs1.5 million on them because they are 15 Permanent Secretaries. Why should we spend Kshs12.5 million on only six people who are still "dreaming" and yet there are people who are qualified to do those jobs? You are demoralising those other PSs.

(Applause)

Mr. Okemo: Mr. Speaker, Sir, I am finding it difficult to understand the question. What was the question?

Mr. Ojode: He is also dreaming, Mr. Speaker, Sir!

(Laughter)

Mr. Speaker: The final question, Mr. John Michuki!

Mr. Ojode: On a point of order, Mr. Speaker, Sir. I do agree that you are really trying to help the Minister, but not on this particular Question! I am asking a specific question!

Mr. Speaker: Order! Order! I am also helping you to ask that question. I am also helping him to answer you. That is what I am paid to do! And by the way, I am alert and not dreaming! Proceed! What was your complaint?

Mr. Ojode: Mr. Speaker, Sir, I asked the Minister a very specific question. Why do we have three categories in payment of salaries for the Permanent Secretaries? Secondly, for how long are these "dreamers" going to dream and when is the secondment ending? That is what I am asking!

Mr. Okemo: Mr. Speaker, Sir, I think the hon. Member should be fair to me because if this team is dreaming, I do not know when they began dreaming, how long they will continue dreaming and when they will stop dreaming. So, it will be very difficult for me to give him an answer on that question.

Mr. Ojode: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Order! Mr. Ojode, could you give the Minister a chance also to answer you, if you really want him to answer? Proceed!

Mr. Okemo: Mr. Speaker, Sir, as far as I am concerned, these specific individuals entered into contracts with the Government, each on their own terms and this was an exercise carried out through the normal arm of the Government; which is the Directorate of Personnel Management (DPM) and we merely received them in their respective Ministries and used their services. The whole objective of employing them was to be helpful in bringing about the reforms that we are undertaking today.

Mr. Speaker: Mr. Michuki, as you ask your question, and look at the clock. Please help me.

Mr. Michuki: Mr. Speaker, Sir, knowing that there is nothing secret to this Parliament, could the Chair invoke the Standing Orders? If the Minister thinks that he cannot answer that question in front of strangers, our Standing Orders provide that, all strangers leave this Chamber so that he can tell us what we want to know. Could you guide us on that situation?

Mr. Speaker: Who are you asking now?

An hon. Member: You, being the Speaker! We want the answer!

Mr. Speaker: Order! Order! To the best of my knowledge, I do not think, at any time, the Minister said that the information he has is secret.

An hon. Member: He said it!

Mr. Speaker: Order! Order! We will not have it this way. He said confidential, and in law, there is a difference between "confidential" and "secret".

An hon. Member: But he said it is confidential and he will not give it to the House!

Mr. Speaker: Order! To answer you, Mr. Michuki, if at the very initial time you brought that issue to my attention, yes, indeed, there is a provision in our Standing Orders that would allow me to expel strangers so that any confidential information could be given to the House in confidence. But as it is now, it is time to end the Question.

Mr. Ojode: Mr. Speaker, Sir, I believe you are a very good friend of mine. I would request you to defer the Question until Tuesday.

Mr. Speaker: For what purpose?

Hon. Members: Because we are not satisfied!

Mr. Ojode: Mr. Speaker, Sir, you know I wanted to ask a normal question but---

Mr. Speaker: I want you to let the Chair know the reasons for me to defer the Question.

Mr. Ojode: Mr. Speaker, Sir, because of the confidentiality---

Mr. Speaker: Order! Ultimately, it is me to decide and you have to convince me that there is a good enough reason for me to defer the Question. Tell me why I should defer it.

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

Mr. Speaker: Order! I have called you Mr. Ojode and if you Members continue that way, I will now go to the next order. What is it?

Mr. Ojode: Mr. Speaker, Sir, I am just requesting the Chair that because the Minister is unable to reply to my Question on the period the secondment is going to take place and because you can even see how my colleagues are also inquisitive on the part of this particular Question, I would beg and plead with the Chair that---

The Assistant Minister, Office of the President (Mr. Haji): On a point of order, Mr. Speaker, Sir.

Mr. Ojode: Wewe! Kaa chini!

(Laughter)

Mr. Speaker: Yes, what is it?

Hon. Members: But he is on a point of order!

The Assistant Minister, Office of the President (Mr. Haji): Do not be hecklers!

Mr. Speaker: Order, all of you!

Mr. Katuku: He should sit down!

Mr. Speaker: Will you sit down first? Sit down, Mr. Haji. Order now! Now, we will not have it this way. Please, let one person talk at a time. In any case, Mr. Ojode must now finish because any time from now, I will go to the next Order. Unless you give hon. Ojode time to tell me what he wants to say, I will go to the next Order. I am bound by law to proceed to the next Order.

Mr. Ojode: Thank you, Mr. Speaker, Sir. I am not going to take much of your time. I am only pleading with the Chair to defer my Question up to Tuesday. This is because, firstly, the Minister has not satisfactorily answered part "B" of my Question. Even if you check the answer to part "A" of my Question, it is just a photocopy which was made out of the Poverty Eradication Strategy Policy Paper. So, I am requesting and pleading with you that you defer my Question up to Tuesday.

Mr. Speaker: Order! I will make the following ruling: If the hon. Member is dissatisfied with the answer, he can proceed under Standing Order No.18 and bring it to my attention. I will give you up to the end of the sitting day and if Mr. Michuki will bring that to my attention, then his supplication to withdraw strangers for all this to be communicated, I will do that and he can proceed under Standing Order No.18. Next Order!

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

Mr. Speaker: You are out of order now. Next order! Time is up!

Hon. Members: But you have not made a ruling on the other Questions by Private Notice!

Mr. Speaker: Order! All the other questions automatically not reached during normal time are deferred to the next sitting day.

NON-PAYMENT OF SALARIES
TO NAIVASHA DAIRY SCHOOL WORKERS

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

(a) Is the Minister aware that workers at the Naivasha Dairy Training School have not received their salaries for the last two years?

(b) When will these workers be paid?

(Question deferred)

DISBURSEMENT OF FUEL LEVY MONEY

(Eng. Toro) to ask the Minister for Public Works and Housing:-

(a) Could the Minister give a breakdown of the current liabilities and commitments of the Fuel Levy Fund?

(b) What is holding the transfer of money held by the Fund to the Kenya Roads Board Fund?

(Question deferred)

Mr. Speaker: Next Order!

COMMITTEE OF SUPPLY
*(Order for Committee read
being Fifth Allotted Day)*

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

The Minister for Medical Services (Dr. Anangwe): Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair to enable me initiate debate on Vote No. 11, that of the Ministry of Health. As hon Members are aware, the Ministry of Health has now---

Mr. Mwenje: On a point of order, Mr. Speaker, Sir. When we moved to this business, there was a very important issue that hon. W. Morogo was supposed to bring to the House.

Mr. Speaker: Order! Mr. Mwenje, you are actually out of order. We passed that stage. I had warned the House that there was a Ministerial Statement to be given by the Assistant Minister for Roads and Public Works, which I indicated was of great interest to all of you and I had told the House that I intended to end Question Time at 3.25 p.m. You took away the time. So, the Assistant Minister will see me next Tuesday. If you will not take away the time, I will give the Assistant Minister the time to tell you what you wanted him to tell you.

For now, the law says that we must be on this business and so we are. Proceed!

Mr. Kiunjuri: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Sorry! You are out of order!

The Minister for Medical Services (Dr. Anangwe): Mr. Speaker, Sir, as hon. Members are aware, the Ministry of Health has the overall mandate to provide and promote quality preventive, promotive, curative and rehabilitative health services to all Kenyans. It has the responsibility of improving, promoting and safeguarding the health of all people residing in Kenya. To achieve this important goal, the Ministry has concentrated its efforts on increasing coverage and access to health care services by establishing a network of hospitals, health centres and dispensaries and promoting primary health care activities in all districts in the country.

Mr. Speaker, Sir, in order to achieve its policy objectives, the Ministry is committed to the policy of creating an enabling environment for non-governmental, private organisations and communities to complement Government efforts by actively participating in the delivery and improvement of health care services in the country. The main goal of health meta-policy that has been pursued by the Ministry since Independence has been the provision of integrated health services which include preventive, promotive, maternal and child and curative care health services that meet the basic needs of the population. The Ministry has concentrated its efforts on increasing coverage and access to health care in under-served areas and further, consolidating preventive and promotive, curative and primary health care services by pursuing the following policies as elucidated in the Kenya Health Policy Framework Paper of 1994, namely: To ensure equitable allocation of Government resources; to reduce disparities in health status; to increase the cost-effectiveness and cost-efficiency of resources allocation and use; to continue to manage population growth; to enhance the regulatory role of the Government in all aspects of health care provision.

(Loud consultations)

Mr. Speaker: Order! I think it is in the health of the nation that we listen to the Minister for Medical Services. Proceed!

The Minister for Medical Services (Dr. Anangwe): To create an enabling environment for increased private sector and community involvement in health services provision and finance and to increase and diversify per capita financial flows to the health sector.

Mr. Speaker, Sir, all these policies clearly underscore that good health is a prerequisite for the country's socio-economic development. Pursuance of the above policies has resulted in considerable improvement of the health status of Kenyans since Independence, despite rapid population growth from 8.9 million people in 1963 to 28.7 million people as per the 1999 National Population Census.

During this period, health facilities run by the Ministry have increased from 58 hospitals and 603 rural health facilities to 122 hospitals, 447 health centres and 1,537 dispensaries countrywide. Considerable progress has been made towards improving the health status of Kenyans. Among the gains achieved in the sector since 1963 to date, are the reduction of crude death rates from 20 to 12 per thousand. Infant mortality rate from 120 to 74 per thousand live births and child mortality rate from 156 to 112 per thousand, while life expectancy has risen from 44 to 54 years during the same period as per the Kenya demographic health survey of 1994. However, this has been exacerbated by the HIV/AIDS pandemic and the situation is likely to worsen unless urgent mitigating measures are put in place. With the implementation of Structural Adjustment Programmes (SAPs) that were necessitated by the global macroeconomic crisis of 1980s, the Ministry of Health was forced to cut back on its expenditure from a level of US\$9.50 per capita in

1980-81 to the present US\$3.50 per capita in the Recurrent Expenditure. The sharp decline in per capita expenditure on health has been inversely related to a disproportionate increase in the burden of disease. The HIV/AIDS pandemic has caused a serious upsurge of tuberculosis which presents a major public health problem.

Mr. Speaker, Sir, poverty levels have increased in the recent years with a present 53 per cent of the population living below the poverty line. This has had a negative impact on affordability of health care services in the privately owned institutions resulting in more people resorting to cheaper medical services at Government health facilities. This has led to an overstretching of public health facilities.

Mr. Speaker, Sir, another major challenge has been posed by the resurgence of communicable diseases that previously had been put under control, such as typhoid, cholera and outbreak of chloroquin resistant strains of malaria in the highlands west of the Rift Valley.

Mr. Speaker, Sir, in order to deal with these daunting challenges, the Ministry has elaborated the policies and strategies in the policy framework paper as mentioned earlier. The paper presents a detailed situational analysis of the sector and a series of strategies developed by the Ministry. It mirrors the situational analysis and identifies the major strategies and interventions to be employed to improve the over-all functions of the sector. This will be through promoting and improving the health status of all Kenyans by deliberately restructuring the health sector to make all health services more effective, accessible and affordable.

Mr. Speaker, Sir, in order to achieve the strategic imperatives outlined above, the policy framework paper presents a detailed agenda for reform that has been operationalised in the National Health Sector Strategic Plan of 1999-2004. A key policy articulated in both documents is further decentralisation of planning, management and resource allocation criteria and enhancing the regulatory role of Government in all aspects of health care provision.

In line with the objectives outlined in the policy framework paper which emphasise cost effective use of resources available to the public health sector, I wish to assure hon. Members that the funds that were approved for the Ministry during the last financial year were put to proper use. The Ministry would have done even better, if more resources had been available to meet the ever increasing demand for health services. At this juncture, I wish to inform hon. Members that this year's expenditure estimates that are before the House, represent a major milestone by directly linking the policy objectives contained in the Kenya Health Policy Framework Paper of 1994 and the National Health Sector Strategic Plan 1999-2004 with those in the Medium Term Expenditure Framework (MTEF) 2000/2001 to 2002/2003, through shifts in budgetary allocations that will address the poverty reduction strategic articulated in the Interim Poverty Reduction Poverty Strategic Paper.

Mr. Speaker, Sir, it is pertinent to link health policy priorities with planning and budgeting in line with the newly introduced MTEF for which this is the first budget year. I wish to elaborate further on the above subject in order for hon. Members to see the rationale for some budgetary shifts that have been proposed in the Ministry's Vote for 2000/2001 Financial Year as follows: Within the framework of the MTEF guidelines provided by the Treasury and the sectors quality priorities and core functions and in order to address poverty reduction, the Ministry in its budget proposals has sought to enhance equity, quality, access and affordability of basic health care through better targeting of resources to the poor, especially in the arid and semi arid areas and towards preventive, promotive primary health care service and efficient use of resources. There is also a commitment and budgetary allocation to implement high priority activities within the essential package of the health services with particular emphasises on women and children who constitute the majority of out patients as well as to improve accountability, transparency through improved supervision and internal control.

Mr. Speaker, Sir, to improve access for the poor, charges for treatment of diseases of public health concern such as leprosy, TB, STD, HIV/AIDS as well services to children under five years as well as ante-natal services and vaccinations are exempted from user charges in all Ministry of Health facilities. On top of this, readmissions for the same episodes within 14 days are also exempted. Also patients from charitable and destitute homes, are not charged. The same applies to the NYS trainees as well as prisoners and persons under police custody. Also, after 14 days, patients are exempted from daily in-patient charges. The Ministry has put in place an elaborate waiver system for the very poor which will be streamlined and strictly enforced.

Mr. Speaker, Sir, the most striking features of the current year's budget estimates are the proposed real shift of financial, human and other resources away from tertiary and acute curative services to preventive, promotive rural health services Sub-Vote. This will translate stated health policy objectives into targeted activities supported through the MTEF process and redirect health resources to those areas that provide maximum benefits to the majority of the vulnerable group. This group constitutes a significant proportion of our population as spelt out in the National Poverty Eradication Plan.

Mr. Speaker, Sir, control of HIV/AIDS is central to an effective poverty reduction strategy. The Government has declared AIDS a national disaster. Consistent with this, the Ministry of Health proposes to allocate significant financial and other resources towards management and prevention of transmission of HIV among the vulnerable

groups; particularly the youths, women and children.

Mr. Speaker, Sir, control of malaria is another Ministry of Health's top priority for effective poverty reduction. Malaria constitutes 30 per cent of the burden of diseases handled by the health sector. Currently, malaria control has been strengthened and decentralised to the district level through the District Malaria Control Programme in order to respond more effectively to contemporary needs of the public.

Mr. Speaker, Sir, women in the reproductive age group account for 20 per cent of the population. They contribute to the economic development of this country and the Ministry of Health will continue to lay emphasis on their health and that of children to ensure safe motherhood.

Mr. Speaker, Sir, for the Ministry to perform and meet the aforementioned objectives, the Government has proposed a gross total of Kshs13,861,287,160 for Vote 11 both Recurrent and Development in the year 2000/2001 Printed Estimates. On the whole, this year Budget indicates a major shift from the conventional allocation and reflects the priorities in the health sector. Special mention has been given to increasing the budgetary allocations to preventive, promotive and rural health services. The Recurrent Vote alone has been allocated with a gross of Kshs9,928,759,360 compared to Kshs9,356,074,068 provided in the 1999/2000 Financial Year. This is a nominal increase of Kshs534,187,412. The Development Vote has a provision of a gross total of Kshs3,932,527,800 compared to Kshs3,913,334,450 in the year 1999/2000. Hence, a nominal increase of Kshs19,193,260.

As can be seen from those comparisons, Mr. Speaker, Sir, the increases are insignificant. However, the Ministry in its endeavour to go along with its stipulated policy statements and priorities as approved under the MTEF has shifted the emphasis on funding those Votes which take care of the vulnerable groups, especially in preventive and promotive healthcare, which is more cost-effective than curative interventions. The increases are therefore, notable on rural health services, family planning and maternal child health, communicable and vector born diseases. This is because prevention is cheaper and more cost-effective than curative health services. Hence the increases of the same are as follows: Rural Health Services have been allocated Kshs3,111,025,060 compared to Kshs1,275,483,700 in the last financial year, which reflects an increase of 143.93 per cent. Preventive medicine and promotive health have been allocated Kshs461,761,462 up from Kshs254,062,820 which is an increase of 81.8 per cent. Curative care has been allocated Kshs3,796,328,146 down from Kshs5,210,965,285. Hence a reduction of 27.1 per cent. Health training and research has been allocated Kshs768,471,116 compared to Kshs764,684,360 allocated in the last financial year, showing an increase of 0.5 per cent. General Administration has been allocated Kshs361,710,913 down from Kshs406,966,180 provided for the same in the last financial year marking a reduction of 11.1 per cent. Medical Supplies Co-ordinating Unit has been allocated Kshs41,973,510 which is 4.5 per cent reduction from the last year's provision of Kshs43,943,350. Kenyatta National Hospital (KNH) will get Kshs1,349,631,273 compared to last year's allocation of Kshs1.4 billion. Hence a reduction of 3.6 per cent.

The Ministry's Recurrent Budget amounting to Kshs9,928,759,360 also reflects increases in crucial items for efficient service delivery. Of the total Recurrent Budget, Kshs5,219,548,795 will go towards personal emoluments and allowances. Operations and maintenance will take Kshs2,436,517,548 while the remaining Kshs2,272,693,017 will go to parastatals namely; Kenyatta National Hospital, Kenya Medical Training College (KMTCC), Kenya Medical Research Institute (KEMRI) and Moi Teaching and Referral Hospital, Eldoret. Out of the allocations for operations and maintenance, drugs alone will take Kshs1,148,278,889 which is an increase of Kshs301,908,289 over last year's allocation. Patients' food and rations will take Kshs319,415,616 showing an increase of Kshs16,181,616 over last year's allocation. Water and conservancy expenses will take Kshs114,192,660 which is an increase of Kshs18,100,820 from last year's allocation.

Under the Development Vote, a total of Kshs3,932,527,800 has been allocated in the following areas: General Administration and Planning - Kshs149,555,000; Curative Health - Kshs927,835,676; Preventive and Promotive Health - Kshs1,322,069,532; Rural Health Services - Kshs1,217,647,592; Health Training and Research - Kshs307,020,000 and Kenyatta National Hospital - Kshs8.4 million. Included in the above budgetary allocations is the Government of Kenya contribution of Kshs638,691,520 to support donor projects in accordance with their specific conditionalities.

Mr. Speaker, Sir, in line with the Medium Term Expenditure Framework (MTEF) Budget, there is a little provision for the stalled and on-going projects. Kshs45 million has been allocated for the rehabilitation of mortuaries. Modest amounts have also been allocated to finance on-going projects as follows: Karatu Health Centre, Kshs5.6 million; Lodwar Medical Training Centre, Kshs3.2 million; renovation of district hospitals, Kshs8 million.

It is hoped that in the next financial year, the completion of stalled and on-going projects will be provided for adequately. At this juncture, it is pertinent for me to point out that, for this financial year, the Government has given priority for allocation of financial resources for physical infrastructure, the energy and communication sectors of the economy, and hence the limited funding for the development of the health sector infrastructure.

In conclusion, the proposed strategy and Budget allocations will help to stimulate a reversal of adverse factors

that have brought about a decline in health status indicators. The proposed Budget for this financial year is now better prioritised and focused. It has also been desegregated in a separate booklet to reflect the district allocations. I wish to assure hon. Members that the Budget allocations will be used effectively and efficiently for its intended purposes to meet the outlined health sector priorities.

Mr. Speaker, Sir, with those remarks, I beg to move that the Expenditure Estimates of Kshs13,861,287,160 be approved for Vote 11 - Ministry of Health, to meet the expenditure for the year ending 30th June, 2001.

Mr. Speaker: Order! Mr. Minister, you have moved the wrong Motion. So, I cannot accede to that. You must move the Motion that is before the House, which is: That Mr. Speaker do now leave the Chair.

The Minister for Medical Services (Dr. Anangwe): Mr. Speaker, Sir, with those remarks, I beg to move that Mr. Speaker do now leave the Chair.

Mr. Speaker: Very well; the Seconder may now proceed.

The Assistant Minister for Health (Dr. Wako): Mr. Speaker, Sir, I stand to second the Motion.

As the Minister said, the Ministry of Health is actually dealing with the health of Kenyans, and it is supposed to be one of those Ministries---

Mr. Speaker: Order! Order! Dr. Wako, please, sit down; your time is not running. Maybe, the Minister does not understand why I said that the right Motion to be moved is "That Mr. Speaker do now leave the Chair". The Minister is supposed to move the Motion that he moved at the end of his address after the Question of the Motion, "That Mr. Speaker do now leave the Chair", has been put and agreed to, and after the House has moved into Committee. He is supposed to move that Motion in the Committee. I believe that he now understands.

Proceed, Mr. Assistant Minister.

The Assistant Minister for Health (Dr. Wako): Mr. Speaker, Sir, this is one of the Ministries that are looking after the lives of Kenyans. The Ministry has been doing so for quite a while, with a lot of appreciation. The Ministry has been undergoing restructuring. As we all know, we are moving from curative to preventive health management. So, we are trying to allocate more money for prevention of diseases. As we are all aware, this country has the problems of HIV/AIDS scourge, malaria and other vector-borne diseases, which have brought about emergencies that have taken a lot of the Ministry's resources. Today, HIV/AIDS patients occupy about 60 per cent of public hospital beds despite the fact that HIV/AIDS is preventable. Equally preventable is malaria. In Kisii District alone, we took care of about 700 cases of highland malaria-infected people in the last one year.

Also, the Ministry has decentralised medical services and put in place District Health Management Boards (DHMBs), through which local leaders participate in the Ministry's activities. Hon. Members, who are also members of the DHMBs, are supposed to actually look into the hospitals' revenue raised through the hospitals' cost-sharing programme as well as that allocated to those hospitals and ensure that those moneys are used to finance health services in those hospitals. The creation of DHMBs has helped most district and provincial hospitals.

The implementation of this approach was first and successfully started at Kenyatta National Hospital and spread out to all provincial hospitals countrywide. As a result, most provincial hospitals now take care of their own revenue. A good example is Coast General Hospital, which has increased its revenue collection to Kshs6 million per month. Also, Nyanza Provincial Hospital and most other provincial hospitals countrywide are doing very well. Revenue collection in district hospitals has equally improved. Some district hospitals have managed to buy their own ambulances, and cater for many other activities, and maintain their own facilities. The same is also true at the health centre level. Therefore, as Members of Parliament, we should participate in health improvement initiatives.

Mr. Speaker, Sir, we appreciate that some hon. Members have taken the initiative of trying to help improve health facilities at some districts; they have conducted Harambees to raise funds for the construction of some facilities at hospitals. They have participated in the management of those hospitals, leading to improvement, especially in hospital revenue collection. As we are all aware, public hospitals have been hit by shortage of medical personnel due to the employment freeze that has been put in place by the Government for the last two years, and the Ministry has had to do with the few staff it has. This lack of sufficient medical personnel has caused hue and cry countrywide. Consequently, the Ministry is trying to restructure and redistribute its human resources so that staff can be available at all health institutions.

I think hon. Members have now realised that there is lot of improvement in distribution of drugs since the Ministry took the initiative of distributing drugs to hospitals, mostly to those in rural areas, from the Central Medical Store (CMS). As hon. Members are aware, the CMS is now a parastatal, and we have used the administration---

Mr. Shaaban: On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to say that the Ministry of Health is so efficient that drugs are supplied to hospitals as and when required when Mandera District Hospital was last supplied with drugs months ago? The other Members of Parliament from Mandera District will bear me witness that the Assistant Minister is misleading this House.

The Assistant Minister for Health (Dr. Wako): Mr. Speaker, Sir, I am sure that the hon. Member knows

that I am not talking about Mandera District Hospital alone. I am talking about the general distribution of drugs in the country, which has really improved. We now use district security personnel to escort medical personnel transport drugs to ensure that drugs actually arrive at their hospitals of destination.

Mr. Speaker, Sir, the other problem that we are experiencing as a Ministry is that of staff remuneration. The Ministry had many qualified doctors spread all over the country. However, most of those doctors have left the country to look for greener pastures in other countries due to the poor remunerations at the Ministry. The Ministry is now looking into this issue with a view to finding a way of coping with this problem. The Ministry, in conjunction with its partners such as the Catholic Church and the (NGOs), has done a good job in supervising and ensuring that medical services reach the people. These partners constitute about 40 per cent of the health sector. They are actually part and parcel of the health service providers in the country. The Ministry has done everything possible to ensure that its partners in health provision work closely with it.

With those few remarks, I beg to second.

(Question proposed)

Mr. Kibicho: Mr. Speaker, Sir, the Minister's statement that the Ministry is committed to providing qualitative, quantitative and affordable medical services is a mere statement. You cannot provide quality medical services unless you have an environment which looks healthy. If you go to our hospitals in this country, without any exception, and even the Kenyatta National Hospital (KNH), you will find unhygienic conditions, which are incompatible. It does not cost a lot of money to make the environment conducive to good health. That is negligence! If you go to most of our hospitals, you will find patients sleeping on the floor and sharing beds. If you look at the linens, you will not even like to look at them. Whenever you go to a hospital in Kenya to see a patient, without any exception, you feel like wanting to go out of that hospital very fast because of the conditions. I therefore urge the Minister, if he is serious on what he is saying, to start off by improving the environment in our hospitals.

You cannot also claim to be offering quality services if you have the type of nurses we have in this country. You have people who have taken nursing as a career, and they took it because they had no other choice. They are hostile both to the patients and the visitors who go to see the patients. A patient requires encouragement; he or she does not require the kind of attitude that we see in our nurses. It means, therefore, the money which the Minister is asking this House to vote for, some of it must be used to retrain the nurses. Their attitude must change. If you go to the Nairobi Hospital, you will see a welcoming nurse; one who cares for her patient. If you go to the KNH, or to any district hospital, you will find a nurse who is hostile; one who seems to be so much displaced. Maybe, it is because of the salaries that they offer to them. This is because life is such an important thing, and its cost cannot be valued. Why would you not pay those people well, so that they like their work, if it is lack of money which is making them not perform well?

You cannot talk of quality medical services when you go to a district hospital and you find that there is only one doctor who is only qualified in medicine. There are no specialists, and even if a patient requires specialised care, there is no ambulance to rush him or her to the nearest hospital where there are those services. Those things are so minute, but it is part of good management, because that is what is lacking, apart from medicine and money. You have hospitals which are completely disorganised.

The Minister also states that they are committed to transparency. How can you talk of transparency when in our institutions we have cost-sharing, and you do not even publish those accounts? If the Minister is serious on what he is telling us, then, he must take it upon himself to have all the hospitals, where there is cost-sharing, to have their accounts published. You cannot also talk of transparency when we have members of the district medical boards hand-picked; where the local communities have no say as to who is to sit on those boards; where we have situations where the DCs would like to appoint some people to those boards and they are unqualified. If we are serious in this country, we must encourage our hospital boards to also tell the public how they used their money. I have in mind places like Kirinyaga and Kerugoya district hospitals where there are boards. We told his predecessor that we would like the boards to be composed in a certain manner, and he promised but nothing happened. Then, after a very short time, we saw some names of people in the *Kenya Gazette* whom we do not know whether they can manage anything. That is besides the point.

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

If medical services in this country are going to help our poor people who have no income, and who must be assisted,

they have to be streamlined.

I remember in an answer to a Question asked in this House, the Minister did say that those people who cannot afford medical fees would be exempted. If this is a Government policy, why is it not properly publicised so that people who cannot afford medical fees know where they could go to hospitals and get medical services free? We are in a problem in this country. We are in a situation where we are being told that 60 per cent of bed capacity is occupied by patients who are HIV/AIDS positive. We also have a situation where cases of HIV/AIDS scourge continues to rise and where the Provincial Administration officials are making statements which are contrary to the Government policy; where the PCs are condemning the Members of Parliament who sit in the district medical boards and who are part of the constituency committees established to control HIV/AIDS. One gets surprised that a PC would talk from a position of not being informed; a PC would talk of money being given to the MPs, when the Ministry knows that they have not received any single cent. That is a clear case where civil servants would like to control money for the purposes it is not intended for. I would expect the Minister, when he is replying, to take that issue into account because what matters when we are fighting a serious disease like HIV/AIDS is credibility of the people who are involved. This is because if a Member of Parliament is committed in his or her constituency to campaign against the spread of HIV/AIDS and the public are made to understand that he or she is a thief; that he or she is the one who has taken their money, is it not dangerous? We must be serious in this country and be a people who are focused and who argue from informed positions.

In Kirinyaga, we would request the Minister, when he will be allocating money, to consider uplifting Sagana and Baricho health centres to sub-district hospitals. Those two institutions are serving a very large area, and those people have no access to good medical services, and they seriously require those services. When we come to Kerugoya Hospital, you will find that we have a problem with its sewerage. The raw sewage flows to the river. We were told that some money from the donors will be given for that to be repaired, but to date, we have not seen any results. Life being what it is, and such an expensive item, a Government worth its name must make sure that its population is healthy.

With those few words, I beg to support the Motion.

Mr. Kajembe: Mr. Temporary Deputy Speaker, Sir, I stand to support the Motion, but I think it is important to advise the Minister in some of these areas where his attention is very much needed. Cost-sharing in hospitals has become a burden to patients. Some of the patients cannot meet their share of the costs. There are instances where patients have failed to meet their share of the cost and some of them have ended up dying because they cannot be treated. The Ministry of Health is out to take care of the health of Kenyans. What is the Ministry doing to assist when a patient cannot pay hospital bills? This is one area which the Minister should address and make sure that no patient is sent home without receiving treatment. It is also important that the Minister tells this House how much money is collected by Government hospitals in this country.

The money which is collected from the patients should be inclusive of whatever is being budgeted for by the Ministry. It is important for Kenyans to know how much they are putting into the health services. Kenyans, especially from Coast Province, Kisii and other areas, have suffered a lot from the malaria fever which kills faster than HIV/AIDS. The Ministry is playing a minor role in ensuring that mosquitoes are wiped out. This role has been left to the local authorities which are not financially stable to fund this project. It is my hope that the Ministry of Health will pay more attention to wiping out mosquitoes. In developed countries, malaria has been eradicated. The time has come for Africa, and particularly Kenya, to conquer this disease. In my constituency, Changamwe and in Mombasa, we have Port Reitz Hospital which is a district hospital, but if you go there they have nothing. They do not have a theatre, ambulance or any equipment which would take care of health services.

Former Ministers for Health have visited the hospital and promised to provide equipment, theatre facilities, ambulance and everything else, but nothing has been done. Under the wise leadership of this Minister, I think he will do something to ensure that Port Reitz Hospital is improved. The other area where other provinces have suffered a lot is in the intake of students to the Kenya Medical Training School. Some provinces have benefitted a lot in this area. I am not ashamed to say that you will hardly get boys and girls from Coast and North Eastern Provinces being admitted into the medical school. Maybe, there is some favouritism practiced. We need our children from the Coast and North Eastern Provinces to be health experts by getting admission into this school. We have been denied this facility.

Hospital land is being grabbed countrywide. Hospital administrators have been fighting with these grabbers. The time has come for Kenyans to portray transparency and accountability. Something must be done to prevent the Commissioner of Lands from allocating hospital land. This is happening every day. Kenyatta National Hospital is a parastatal organisation within this Ministry. The time has come to make the Coast General Hospital a parastatal as well. I would also suggest that the Rift Valley General Hospital and Nyanza General Hospital be upgraded to parastatal status. The time has come for this Ministry to consider allowing these hospitals to run on their own. If that is done, it will facilitate the smooth running of these hospitals. I want to thank this Ministry and the Board for what they are doing at the Coast General Hospital. The hospital now has facilities and it is very clean. We want hospitals to portray good

image and staff to be very kind to patients.

There is shortage of doctors in most of our hospitals. I would request that the number of students undertaking medicine in our universities be increased. If they were taking 40 students per intake, let the number be raised so that we have more doctors. As you can see, most of the hospitals do not have an adequate number of doctors. The situation has been very bad in the Government hospitals because most of the doctors there have their own private clinics. They leave the hospitals during working hours and go to work in their private clinics. In some areas, these doctors even take blood from the Government hospitals to these clinics. The Ministry should do everything possible to ensure that these Government doctors do not go to their private businesses during working hours. The Government, for that matter, is not in favour of Government doctors practising outside, but that is happening. I do not know how best the Ministry will deal with this matter.

The Ministry should come up with new ideas for rural areas. The distance between one hospital and another is very long. The Ministry should introduce mobile health centres in rural areas, so that patients can be treated. We have a problem because most of the health services in this country, for example, the diagnosis of eyes, ears and throat ailments, is done free of charge by rotary clubs. The Lions Club provides these services.

Mr. Temporary Deputy Speaker, Sir, I support the Motion.

Mr. Dondo: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this chance to speak on the Vote of this very important Ministry. I was rather surprised that the Minister for Health, and our friends who advise him on matters which touch on health, should allow the Government to vote only Kshs9.8 billion for this Ministry. This is a very unfortunate incidence in this country. Again, this is another case where a Ministry which knows that it is charged with the responsibility of looking into the health of Kenyans cannot go there and demand sufficient money to make sure that it is run efficiently. It is pathetic that we should sit here deliberating on how to spend Kshs9.8 billion which is not enough to run the Ministry of Health.

If you look at the way the Ministry of Health is being run, you will agree with me that it is very wanting. The morale of all the staff is very low. I know and understand that the Minister knows very well why the morale of nearly everybody who works in this Ministry is low. The working conditions are poor and, of course, remunerations are poor. When you have such a Ministry where everybody there deals with the health of the citizens of this country and then you have such a low morale, you obviously know that we are leaving our health in the hands of people who are not committed to what they do. I do not want to blame the workers in the Ministry of Health, but I would like to blame the senior officials in the Ministry, right from the top, who are charged with the responsibility of making the Government aware of the necessity of making the Ministry of Health one of the most important Ministries in this country. Those who are charged with the responsibility of making sure that the Government is aware of the inadequacies of provisions of health facilities are not doing their jobs. This is because they have presented a Kshs9.8 billion budget and, yet, they know very well that this amount of money cannot look into health facilities for the people of this country. We as hon. members of Parliament, our biggest problem in the constituencies is coping with the health of the people we represent. I would be very happy here if the Ministry came up with a proper budget; even if they asked for Kshs18 billion, we would convince our colleagues to give them the money, so that you can do the job properly. But now, presenting a Kshs9.8 billion budget and, yet, they know very well that it is not enough and allow other Ministries which are not handling health matters of the nation to take most of the money, it is very unfortunate. I would like the Ministry officials to re-look at the whole budget issue in the next Budget and come up with something which they know can improve the standards of health in this country.

Mr. Temporary Deputy Speaker, Sir, I was rather surprised that the Ministry of Health, apart from looking into Government hospitals, has no clear policy on private health centres. Those in the private health centres are actually left to operate as if there is no regulatory body which works with them. As a result, we have had hospitals which perform far much below the level of standards for provision of health care. The Ministry does not have administrative capacity to supervise those private health centres. So, I would have thought that the idea of health care should involve all of us, as leaders. I was very happy when we went to Mombasa and the President pronounced the formation of the National AIDS Control Council (NACC). We were encouraged, as hon. Members of Parliament, to try and look into the issue of health care as leaders, but what you see in the Press today is very discouraging. If you look at today's newspapers, you will find a DC from Siaya telling hon. Members of Parliament not to involve themselves in the programme for HIV/AIDS, and yet, it is this Ministry, at that time, before this programme was moved to the Office of the President, which actually encouraged us to get involved in those things. I, as the Member of Parliament for Gem Constituency, have gone out and visited all the health facilities in my constituency. I have given them the first priority, but what I see now is the local DC abusing hon. Members of Parliament that they are using money--- You know very well that the Ministry has not allocated any money, especially in my constituency to help in HIV/AIDS control. The Ministry of Health and the Office of the President are keeping quiet about these things. So, what you are doing, actually, is to discourage hon. Members from helping the Ministry and the Office of the President to try and see if they

can involve themselves in health provision. This is because if you have a DC who stands up and says that hon. Members of Parliament have misappropriated money from the AIDS Committee, and, yet, you know very well that no money has been given to hon. Members of Parliament, then what are you doing to the health programme in this country? I know that the HIV/AIDS control programme is under the Office of the President, but I would like to plead with the Minister to liaise with the Office of the President because this is an effort which we all want to join in. So, the Provincial Administration should be cautioned not to be over-zealous in the way they do things. I know that when they do not handle money, they feel very unsafe. So, when they hear that another person will handle money in the district, they do not want it.

I would like to say that the people who have messed up this country are from the Provincial Administration. When you look at the money which has been allocated to the districts to be disbursed to various Ministries, you will find that they do not reach them. So, I think it is important that the Ministry of Health rises up to its responsibility and gives a proper budget to the Government. If there is a problem, let hon. Members of Parliament know it, because this is where we want to spend money. We are the ones who determine the amount of money which can be spent on a particular Ministry and you should not be afraid. If the morale is low, tell us what you want and we will vote money for you. But if you will come here, sit there and start telling us to approve Kshs9.8 billion, what is that for the Ministry? It is peanuts! You know that this is the place where the Minister can come and fight for proper allocation for health provision. I would like to encourage my colleagues in the Ministry not to be intimidated when it comes to budget allocation. I understand that Permanent Secretaries were carrying on, like in an auction system, during budgeting. It is unfortunate that you find that Ministries which are doing things which are not relevant to the wellbeing of Kenyans are allocated more money to spend. So, I would like to urge the Minister for Health to go back to the drawing board and tell us the amount of

money he needs in the next Budget, and I can assure him that we, as hon. Members of Parliament, will do our best to make sure that, that money is provided. This is because we do not want to bury people whom we know should not die from diseases which are curable.

Mr. Temporary Deputy Speaker, Sir, I can tell you that, as hon. Members of Parliament, most of the things that we do over the weekend are just to bury people. This is not something which we would like to happen to people, especially to those who are suffering from treatable diseases. These are especially small children who suffer from treatable common diseases. We know very well that we can vote money to make sure these diseases are managed.

I would request one thing before I finish my contribution. On the condition of hospitals, I would request that in the next Budget, we should set aside money for the maintenance of the hospitals all over the country. Most hospitals are in very pathetic states.

With those few remarks, I beg to support.

Mr. Angwenyi: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to contribute to this important Motion.

At the time of Independence, our fore-fathers fought so that we could eliminate diseases in this country by providing health services to every citizen of this country. As you know, in the last six to eight years, we have made health services unaffordable to the majority of Kenyans. It is no wonder that today there are a lot of deaths; people cannot just afford the cost of health services. I was surprised that the Ministry of Health was allocated such a small amount of money, with which it cannot extend adequate services to our people. I would have thought that instead of allocating, for example, to the Directorate of Personnel Management (DPM) or to the Department of Defence so much money, we should have allocated this money to the Ministry of Health. This Ministry reaches every person in this country. Every person in this country needs health services.

Mr. Temporary Deputy Speaker, Sir, you have seen that there is a high demand for medical training in this country, yet, we have not allocated adequate resources to expand medical training facilities in the country. Recently, the Ministry opened a medical training facility in Kisii, but it only admitted 21 students in an area which caters for about three to four million people. I would have thought that the Ministry would go back, maybe through the Supplementary Estimates, to seek adequate resources to provide medical training facilities throughout the country. Public health in the country is in tatters. Formerly, you could find a meat inspector in a market who inspected meat, but these days, the Ministry is retrenching public health officers. So, the Ministry will expose our people to diseases that could have been avoided. I would have thought that the Ministry could not retrench public health officers. In fact, the entire Ministry should not have retrenched anybody because we need medical services. We have diseases, for example, HIV/AIDS and related diseases, which are opportunistic diseases and we need more manpower that can handle these types of diseases.

Mr. Temporary Deputy Speaker, Sir, the Ministry has improved in terms of corruption. We do not have many cases of corruption these days. In fact, we have not had any in the last one year and we commend the Ministry for this. We want to urge the Ministry to put down its foot and say there will be no corruption in the Ministry at all. Currently,

we have a Permanent Secretary in the Ministry of Health who had run Kenyatta National Hospital very well. We hope that he will run the Ministry even better than he did KNH, so that the Ministry can provide services that we need.

Recently, I was in England where they provide health services to everybody. The largest budget of the Government goes to health services. Unless a country is able to provide health services to her people, there will be no difference between a human being and a wild animal. A human being is differentiated from a wild animal because he can access health services.

For the last few years, the Ministry of Health has not constructed or provided physical facilities, for example, for dispensaries and health centres. We now depend almost entirely on the donor agencies. I request that the Ministry during the next Budget, and maybe even during the Supplementary Estimates, seeks higher allocations to enable it construct dispensaries, health centres and renovate hospitals.

If you went to Kisii Hospital, for example, you would think that you have gone to a slaughter house. The place is dirty. In fact, if you went there having contracted one disease, you will contract ten diseases. It is a terrible sight. I wish the Ministry would make sure that its facilities are clean and hygienic, so that when patients go there they are in an environment whereby, if they are treated of any disease, they are unlikely to pick up another disease from the medical facility.

Mr. Temporary Deputy Speaker, Sir, KNH is a referral hospital. I wish that facility was decentralised so that we get referral hospitals at Kisii, Machakos and other places, so that people can access the referral service that they seek at KNH. When a person comes from Turkana or Tana River Districts, for example, it takes him a week to get to Nairobi to get the referral service. In the process, the person gets probably more ill or sometimes that person might die on the way coming to a referral hospital.

One of the medical services sought at the referral hospital is treatment for heart related diseases. But the cost of treating heart-related diseases is so high that a vast majority of Kenyans cannot afford it. If you went to KNH, you would be asked to deposit Kshs300,000. Even hon. Members who raised their allowances recently cannot afford Kshs300,000 as a deposit before they are treated. I would urge the Ministry to provide the services before asking for deposit. The person should be treated and let to go out there and make money. If he owes the institution money, he can go out there and make money and pay up his bill.

I would like to touch on the aspect of providing doctors to every health centre in this country. Right now, we are training an adequate number of doctors. Some of them are not employed by the Ministry. Could the Ministry make it a special project to hire all qualified doctors from our universities and abroad, and send them out to every health centre in the country? We must make a difference. That is what used to happen in 1983. What is happening today? As you know, at the demise of our Founding Father Mzee Jomo Kenyatta, medical services were free. Now, I wonder what will happen when our beloved President hands over power to another person! What type of medical services will he hand over to the other person? The Ministry of Health should prepare a proper plan and a budget. The Ministry should lobby this House, if necessary. They should lobby in the corridors of the State House. They should lobby in the corridors of power-makers, some of whom are in the Front Bench here! That way, we can go back to the old times when we used to provide medical services free of charge.

With those few remarks, I beg to support.

Ms. Karua: Thank you, Mr. Temporary Deputy Speaker, Sir. I would like to begin with preventive health services. I think that, although the Ministry appears to be moving in the right direction, there is something that leaves a lot to be desired. It is better that we spend a little bit more money on preventive health services, than on curative services. After declaring AIDS a national disaster, we are yet to see action from the Ministry, with regard to giving the right information to the people, on how to avoid the disease! Maybe, that is because the Office of the President, which has nothing to do with health, arrogated itself the portfolio of the National Aids Control Council. It is time the Ministry took back what properly belongs to it, to enable it to formulate policy. The public radio stations should start with a cautionary message on AIDS. It is time that they close the news with a message on AIDS. It is not enough to just make public statements that AIDS is a national disaster. We must be seen to be doing something. It is almost one year now, since AIDS was declared a national disaster. Is the information getting out? Before the Ministry congratulates itself, those are the questions that it should ask itself. What is the Ministry doing in terms of liaising with other Ministries to fight AIDS? For instance, has the Ministry liaised with the Ministry of Education to make sure that, the school curriculum for both secondary and primary schools is sending out messages about AIDS? Has the Ministry liaised with the private sector to see that the advertisements that they sponsor on national radio, television and other private media give a slot for AIDS? We are all interested in having citizens of this country healthy. If it is the employers, they are interested in having labour tomorrow. Have we tried to co-opt the private sector to help in the fight against the AIDS scourge? We have not seen the Ministry take leadership. It is not enough to tell Members of Parliament to constitute constituency AIDS committees. The Ministry has to do something tangible, even as we, Members of Parliament and other Kenyans, try to assist. The Ministry has more influence to get the message across

than any one of us.

What is the Ministry doing about the irresponsible utterances by the Provincial Administration; whether it is the Provincial Commissioner, Central Province, accusing Members of Parliament misusing AIDS money, which we are yet to receive; or a DC in the Rift Valley doing the same? Why is the Ministry silent when Government officers contradict Government policy? That is the kind of leadership that we expect to see in the field of preventive health services. I am also wondering whether the Ministry has done anything to ensure that, when the constituency AIDS committees go out giving messages about AIDS, they also talk about immunization. We know that the number of mothers taking their children for immunization is going down. Are we going to wait until we declare the low level of immunization a national disaster? Why can those messages not be sent out together? That is the kind of leadership that we expect from the Ministry. We expect the Ministry to have slightly more money on the area of preventive health services. The figure of Kshs500 million is not enough for that kind of service. We need to spend more and eventually, spend less on the curative health services.

We also need to send other simple messages about basic hygiene standards. The Ministry will have to liaise with the Ministry of Water Development to ensure that, clean drinking water is accessible to all. So long as we have polluted water, it will continue to impact on health. We will continue spending money that we cannot afford on curative health services. Is the Government co-ordinating the various Ministries? If there are health issues, it is the Ministry of Health that has to do the "wake-up call" to the other relevant Ministries, on what needs to be done.

Mr. Temporary Deputy Speaker, Sir, on the pathetic state of our hospitals, the Seconder of the Motion patted the back of the Ministry, by saying how the delivery of services has improved. I want to state categorically that the delivery of services is yet to improve. Making Members of Parliament part of the Boards running the district hospitals is not a cure. Members of Parliament are busy people. They have to be in Nairobi to attend Parliament. They attend parliamentary committees. They are trying to organise the district AIDS committees. We shall simply not be effective as managers of the district hospital boards. We need to be *ex-officio* members and not members who count. We are not there on a daily basis. We should re-think that issue. We should begin by setting a criteria of who should be a member of the district health board. After setting that criteria, we should have a nomination panel. This is the era of democracy. Let the Ministry not sit and pinpoint people, only for us to come and complain later. Let us have a nomination panel. Let us get boards that work and manned by people who have the time to devote.

Mr. Temporary Deputy Speaker, Sir, I would like the Minister to know that, we are not getting medicines in the hospitals. If you have increased the delivery of drugs to the hospitals, be aware that those drugs do not get to the patients. The drugs either end up in the pockets of the doctors, or other staff in the hospitals. In my District, at the Kerugoya District Hospital, every patient knows that when there is no medicine, which particular pharmacy in Kerugoya Town to get the drugs from. How do the personnel at the hospital know the pharmacies? Is it that they transport our drugs there? What is happening? A patient will be told that there are no drugs for malaria and when a Member of Parliament appears, apologies are given and he or she is told: "Maybe it is this type, but we have another drug." I am saying that the administration of hospitals leaves a lot to be desired. Let the medical officers of health in the districts and provinces, and the Director of the Kenyatta National Hospital, start to take personal responsibility for the pathetic state of their institutions. I know that it is humanly difficult for one person to oversee every department. But as a going concern, the buck stops with the Chief Executive. Why are our public health institutions filthy? Every Member of Parliament is complaining! It is the same health professionals who are employed in Government hospitals, who later give services at the private hospitals. It is their counter-parts at those hospitals. A doctor at Kenyatta National Hospital will also be practising at Nairobi Hospital. Why is the service of that doctor sub-standard when it comes to the health institutions? Could the Ministry have a policy which will make it mandatory for any doctor employed in the public service, not to practise elsewhere or run a private health clinic? If that is done, more attention will be paid to our health institutions.

Mr. Temporary Deputy Speaker, Sir, I visited Kenyatta National Hospital the other day and, I noticed that there is a very nice and clean wing. Some of the doctors see their patients and the consultants have their offices. Why can the wards not be as clean as those offices? What is lacking? If it is the morale of the staff working there, let us give them more money. Health is so important! We shall never eradicate poverty or develop as a nation if we cannot safeguard our health. Something is lacking and we have got to have a turn-around in our policies.

When it comes to the health of women and children, it is all very well for the Minister to tell us that more money has been allocated. That is a good start! Is this money giving women and children the health services they deserve? The answer from me and my constituents is no! Women in maternity clinics are still being told to provide gloves and the other necessities, including basic things like cotton wool. So, where are the supplies that the Assistant Minister was talking about? Who is pocketing them? We have to re-think of an efficient way of ensuring that monies voted are not wasted. It is a challenge to our professionals in the health sector; that the rot in the health sector will not end unless we as Kenyans take it upon ourselves to assist ourselves as citizens in cleaning up the mess. This goes for

every other service, not just the health sector.

We are letting our country down, when a doctor does not give the required services or the required information. When a nurse is rude or callous to a patient, it is us who are letting ourselves down. Even if more money is voted, unless the administration in our health services is reorganised, we are not going to get the services we deserve.

Mr. Temporary Deputy Speaker, Sir, on the rural health, we want to see more efficient management of the National Health Insurance Fund (NHIF). We should extend this to cover everybody; not just people in formal employment, but people in the informal sector also. How about taxing the farmers just a little bit so that they are covered; so that even out-patients get their medicine without paying for it?

As Members of Parliament, we cannot be able to subsidize the cost of health services. Let the Government come out with a comprehensive plan and let us be able to rescue the health of this nation as the Ministry considers checking what is happening elsewhere.

I beg to support.

The Assistant Minister for Labour and Human Resource Development (Mr. Leting): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute and support this Motion.

First of all, I must thank the Minister for well-presented policy guidelines of his Ministry and what he intends to do. The only disadvantage that the Minister will have, as everyone else has pointed out, is that the money which he has been allocated is nothing compared to his long list of items to be dealt with by the Ministry.

Mr. Temporary Deputy Speaker, Sir, if the Ministry of Health is charged with the responsibility of making this nation healthy, then definitely, it needs more money. In fact, the way I look at it is that, in future, those who allocate money ought to consider the Ministry of Health as second to security in importance. We should allocate money to security first, health second and the rest of the money should be shared as convenient. Otherwise, we will continue with this embarrassing situation of asking the Minister for Health to look after the health of Kenyans and yet we are tying his hands.

I am glad that the Minister is now stating the issue of preventive health care instead of curative health care. At the moment, most Kenyans are motivated to listen to preventive care more than curative because of the inability to afford treatment cost. There is no better time than now for the implementation of preventive health care. Recently, I met some people who were talking about cost-sharing and they were complaining that they are unable to pay hospital bills because it is expensive. So, they were asking me what they should do. I told them that, if they wanted to prevent themselves from the headache of payment they should live in healthy conditions and prevent diseases from reaching them. So, really this preventive approach is very much welcome.

Mr. Temporary Deputy Speaker, Sir, I would like to add to what other speakers have said. We do not know how much we are going to succeed in health care because unless other Ministries are brought in to contribute to preventive treatment measures, we may not succeed.

I would like to add to what hon. Martha Karua said that people should have access to clean water. They need to get in touch with the Ministry of Education so that some of the preventive measures can be put through educational institutions in order to reach everybody quickly. Other Ministries should be used also as appropriate.

Mr. Temporary Deputy Speaker, Sir, I am not sure which measures should be employed because in the old days, we used to have some young people who were teaching other people how to take care of themselves health-wise. For example, there was a time when it was compulsory for every family to have a pit latrine, but as time went on, people are not strictly having those facilities. Does the Ministry have a method or a machinery for ensuring that everyone has got a pit latrine so that prevention of infectious diseases is dealt with? The Ministry needs to come up with a lot of practical methods of carrying out preventive health care.

Mr. Temporary Deputy Speaker, Sir, the Minister mentioned steps the Ministry is taking to deal with those who are unable to pay for treatment. I think, there is still a lot to be done here. However, I welcome the steps the Minister has taken already to make sure that nobody is denied treatment because he is unable to pay.

I am glad the Minister talked a lot about the health centres and dispensaries. These are very important institutions which help to ease congestion in district hospitals. I suggest that a lot of effort be made by the Ministry to forward more resources to such health centres and take over more of them so that they can qualify to get drugs because these centres are nearer to wananchi. In some cases, district hospitals are very far, but the health centres and dispensaries are very handy for wananchi. So, this is an area that the Ministry should concentrate on in order to uplift the health status of the common man.

The other area is the training of medical staff. The training of medical staff is not uniform in all the districts. In some districts, for example, Nandi District, we need a bigger quota than what we have at the moment.

Some districts have no trainees and when some of them are sent to districts which are not of their origin, they leave after a few months. So, I think we should strengthen this idea of training people from the districts, of all cadres of the medical personnel. Especially now that we are to strengthen health centres, we need more of the people from the

local areas to man them. So, we have to re-examine the quotas of the districts. There are districts that are perpetually neglected or only a few trainees from those areas are taken and continue having shortage of staff.

Mr. Temporary Deputy Speaker, Sir, coming to the district hospitals, I want to talk specifically about Kapsabet Hospital. In this hospital, there are buildings which are about ten years old and their completion has stalled. It is my hope that this time round, the work will resume on the completion of those staff houses, the mortuary and the construction of a new maternity wing. I would like to tell the Minister that Kapsabet Hospital is one of the oldest in the country. It is more than 65 years old and so, most of the facilities are really out of place for this Century. It also lacks an ambulance. I thought it was mandatory that every district hospital should have an ambulance. It is interesting that we do not have one in Kapsabet. The last point is that I would like to urge you the Minister to make arrangements to post more doctors to rural areas than concentrating all of them in the City or towns. I know you have mentioned that you have lost some doctors who have gone outside the country but try to invent any method to persuade most of these doctors to help in the rural areas.

Mr. Minister, the last point is the upgrading of the hospital management boards. At the moment, they are still in their infancy. I think the Ministry should examine their role so that eventually, you can decentralise some of the services to be done by district management boards, so that a day will come when the district health officer will be under the district management board. This is to make services more efficient at the district level.

With those few remarks, I support the Motion.

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, one is full of compassion and sympathies for the Ministry of Health in this country because as you have heard, every speaker who has stood up to contribute to this Motion has made the point that the Kshs9 plus billion is grossly inadequate to cope with the demands of health services in this country, and that is true. Regrettably, that will continue to be the position until the economy of this country improves. Indeed, health services in this country are in a pathetic situation. There is no way in which the Ministry of Health can cope, unless this sort of money is perhaps multiplied by four or five times.

Mr. Temporary Deputy Speaker, Sir, I would suggest that perhaps, it is necessary for the Ministry of Health to sit down with the officers from the Ministry and draw some strategies, blueprints and road maps of what they can do with the little money which is available in the immediate short-term and in the long-run. They need that road map. You need to accept that they cannot cope with the demand and, therefore, prioritise how they are going to spend the little money that is being made available to them in terms of medium-term strategies while they wait for the economy of this country to improve.

Mr. Temporary Deputy Speaker, Sir, however, the question of health services in any country is one of the most fundamental and important issues and the horror stories that one hears and sees in practically all the district and provincial hospitals, if we were to appoint a public inquiry to find out the number of lives that are lost in this country, lives that could have been saved because of lack of drugs and services, the percentages would be very surprising. Today, diabetes is a very major cause of deaths in this country and so is high blood pressure and there are people in the countryside who simply cannot afford the drugs to contain diabetes and high blood pressure. I was horrified the other day when I was talking to one of my constituents and she told me that these days when they get sick, they wait for the disease to leave the body because there is nothing more that they can do. It is a pathetic situation.

Mr. Temporary Deputy Speaker, Sir, what I am saying is that we need to do everything we can as a nation to get the economy of this nation going again, so that we can afford proper health services for our people. Everybody is living under stress in this country. When you get somebody falling sick in a family or in the village, then it is a Harambee which in turn stress people looking around for the money, this is not the way life should be. We should have affordable health services as a nation. It is the right of every Kenyan and human being to be able to afford health services and where they cannot be able to afford, it is for the Government to be able to pay for them. So, that should be the objective of the nation, but as I am saying, until the economy of this country is able to accommodate the financial demands, then the Ministry of Health needs to come up with priorities so as to know how to spend the little money that we are giving it.

Mr. Temporary Deputy Speaker, Sir, it is actually ironical and contradictory that when a lion is injured in Maasai Mara, it is given tranquilisers, airlifted to an hospital in the Animal Orphanage Nairobi and treated, thus meaning that the sort of services that we are giving to wild animals in this country are of better quality than to human beings. There is a contradiction in the way we are managing the health sector. I see the hon. Member for Kilgoris laughing. It is true that the animals in his area are being looked after better than his own constituents.

The Minister of State, Office of the President (Mr. Sunkuli): On a point of information, Mr. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Mr. Imanyara): Is it a point of order really?

The Minister of State, Office of the President (Mr. Sunkuli): Mr. Temporary Deputy Speaker, Sir, it is a point of information which my learned friend has accepted. Actually, I want to agree with hon. Muite on one thing;

that, we do treat our animals very well but we treat human beings better.

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, I was also talking to my learned friend here from Kajiado and I request the Minister to visit Kajiado Hospital and then go to see the way animals in Maasai Mara are treated, and then come back and tell me who is receiving better treatment: Is it animals or human beings?

Mr. Temporary Deputy Speaker, Sir, but I would like to move to a different point. I do wish to appeal to the Minister for Health to tell his Cabinet colleague in charge of Provincial Administration, to have a word with the Central Provincial Commissioner, Mr. Peter Kiilu. He is not "a prefect" over the elected leadership in Central Province. We are elected by our constituents who happen to be our bosses. First of all, hon. Martha Karua said that the AIDS money should be administered by the Ministry of Health and we ask that it goes back there from the Office of the President. The Office of the President is already overworked and overbloated with too many portfolios and Peter Kiilu the PC who is a Presidential appointee and not elected by anyone, generalises and makes grave allegations that Members of Parliament from Central Province are using AIDS money to campaign for the next elections. Please, ask him to apologise. The Minister for Health should have a word with his counterpart who is in charge of Provincial Administration. Nobody has asked Mr. Peter Kiilu to be a "prefect" of elected hon. Members of Parliament. If there is any hon. Member from Central Province who has misappropriated AIDS money, let him or her be mentioned by name, but not to generalise whatsoever. In regard to the composition of AIDS committee, practically every constituency has nominated and elected people who are able to deliver. If any hon. Member of Parliament misappropriates AIDS money, his constituents will deal with him in the next elections. We do not want this habit of police abusing the elected leadership in Central Province. It is certainly not his business---

The Assistant Minister for Education, Science and Technology (Mr. Karauri): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Member to insinuate that some hon. Members have misappropriated AIDS money, as if they already have it? Do they have the AIDS money to misappropriate?

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, it is not me who is saying hon. Members have misappropriated AIDS money, but it is Mr. Kiilu, PC, Central Province. I am saying that if he is aware of any hon. Member who has misappropriated AIDS money, let him name that hon. Member instead of generalising. After all, he is the chairman of the Central Province Security Committee. Let him report that particular person to the police to be dealt with, but not to insult the entire elected leadership in the Central Province. As the hon. Member said---

Mr. Wamae: On a point of order, Mr. Temporary Deputy Speaker, Sir. I hate to interrupt my good friend, but you cannot misappropriate money that you have not received. Is it in order for the hon. Member to insinuate that AIDS money has been misappropriated and, therefore, wananchi will punish somebody in the next elections when there was no money received?

The Temporary Deputy Speaker (Mr. Imanyara): Mr. Muite is commenting on what Mr. Kiilu said. But there is no money in the first place.

Mr. Muite: Mr. Temporary Deputy Speaker, Sir, I think what hon. Members want me to clarify is that, in fact, most constituencies, including my own constituency in Central Province, have not received this money. So, it is not even possible to misappropriate money that you have not received. We want that money. We do not know why the Office of the President is dragging its feet on this matter. Perhaps, if that money is channelled through the Ministry of Health, we might receive it and a little quicker.

Lastly, Mr. Temporary Deputy Speaker, Sir, since the Ministry of Health is very important to the health of our people, I would plead that a very strong case be put up by the Minister for Health, so that it is spared from this ill-advised retrenchment. It is already understaffed. We do not want any retrenchment in the Ministry of Health.

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

The Minister of State, Office of the President (Mr. Sunkuli): Mr. Temporary Deputy Speaker, Sir, in support of the Vote of the Ministry of Health, I wish to take this early opportunity to congratulate the Ministry of Health for its performance and I speak for Trans Mara District. For the last four years, Trans Mara District has had a big problem of malaria. It has been the biggest single killer in the district; much more even than the HIV/AIDS scourge. By mid 1995 alone, St. Joseph Hospital reported 594 deaths of malaria. As late as last year, with the *El Nino* rains, malaria was a very dreadful killer in Trans Mara District. The major reason for this was that the drugs which were used by the Ministry of Health at that time to treat malaria had become ineffective. The use of chloroquine to treat malaria has long been seen even by AMREF researchers as ineffective. And since we complained, we have had a good response from the Ministry of Health. I wish particularly to commend the current Permanent Secretary who was the Director of Medical Services at that time, for visiting the area. Since that time, chloroquine has stopped being used and they have now gone to the second level of treatment of malaria; namely, Fansidar and Metakelfin and in its worst case, they use quinine. This has assisted us a lot and I wish to ask the Ministry of Health not to treat malaria with chloroquine. They should continue treating it with drugs that are effective. The other drugs have become ineffective. But I think the best cure for malaria, because it is basically an environmental disease, is the primary health care. The

department of public health should become more active than the department of clinical medicine. This is because if we spray and clean the environment, it becomes much better. Organisations such as AMREF should assist people in my area as they have done in other areas, to provide subsidized mosquito nets because that will protect people from being attacked by mosquitoes which are the prime carriers of malaria. The AMREF together with the Ministry of Health have assisted our people, but a lot more needs to be done along this line.

Mr. Temporary Deputy Speaker, Sir, the Ministry should endeavour to ensure that in Trans Mara District there is a district hospital. This is because to date, the only thing we have there is a health centre. It has only grown up by name. It used to be a dispensary, but it has been changed to a health centre. But I think some money must be devoted to building a district hospital, so that the district can also be served with proper care.

Mr. Temporary Deputy Speaker, Sir, the one disease that the Ministry has not addressed is brucellosis. This is a disease that is caused by milk that has not been properly treated, but it is a very bad disease. The Maasai people call it "*Nang'ida*" which means a happy disease. This is because it affects your bones and muscles and yet, you appear a happy man when people look at you. But the treatment for this disease is almost impossible. I do not know whether the Ministry is doing something about it. This is because, if you get brucellosis, you must undergo 21 injections. If you default with one injection, you must begin all over again. I do not know what happens; after all injectable parts of the body are injected, where else will they inject you? I think it is possible for the researchers to start looking for a better treatment for this disease because it is becoming more common among the nomadic people of Maasailand. It is everywhere now. The medics do not seem quite equipped to deal with it. I do not know whether it is a viral or bacterial disease. All I know is that I better not drink milk at home because I become a subject of 21 injections. I grew up quite afraid of injections and I do not know how I will be able to face them. I think there should be an oral way of treating it. If there is, then the Ministry of Health that is well represented here could, in fact, consider introducing this treatment. I know that the treatment of this disease could easily be found in USA. This is because in western parts of USA, this disease used to be common with the cowboys. I am sure they must have a better way of treating it. If the Minister could ensure that proper research is done on this, it could be better.

Mr. Temporary Deputy Speaker, Sir, I wish to say nice words, but UNICEF apparently has fallen victim of the other NGOs. It has not travelled nationwide in its activities. The UNICEF has the speciality of looking after young children. As you know, young children are everywhere in the Republic of Kenya. But the activities of UNICEF have not been nationwide. I wish to request the Minister to kindly discuss with UNICEF, so that they can spread their activities to Maasailand. This is because if they restrict their activities to Nairobi or areas surrounding Nairobi only it will not be fair for the children of Maasai. We also require immunization like other people. We also require other methods of child care. A situation where NGOs do not come to places where we live is not favourable to us.

Mr. Temporary Deputy Speaker, Sir, tuberculosis has become a major disease in Trans Mara, and as you are aware, tuberculosis is the main conduit of HIV/AIDS. People who suffer from tuberculosis, if they also suffer from HIV/AIDS, are likely to die very quickly. Whereas the Ministry has set up a tuberculosis village in Kilgoris Town, I think this should be spread out into other areas.

But, Mr. Temporary Deputy Speaker, Sir, I wish again to say that the Ministry has done very well and they do deserve to be given the money they have requested for.

With those few remarks, I beg to support.

Mr. Katuku: Mr. Temporary Deputy Speaker, Sir, today, we are discussing the Vote of the Ministry of Health, but on a light note, it is also great for me because I have known the Minister for Health. I thought it was the other one; I congratulate him.

On a serious note, Mr. Temporary Deputy Speaker, Sir, this Ministry deserves a lot of money. Maybe, Ministers, Members of Parliament plus the Permanent Secretary and his staff have a medical scheme, but Kenyans out there have no medical scheme. We are rendering our people helpless especially this time when we have a lot of problems facing them. In my view, the Kshs9 billion allocated to this Ministry is too little. This Ministry deserves a lot of money. This Ministry and the Ministry of Agriculture are very vital. When it comes to allocation of funds, I would urge the Government to seriously consider the Ministry of Health because, without a healthy nation, there will be no productivity. As I speak now, people are moving towards the private hospitals because of the fact that whenever they go to seek treatment in public health institutions, they are told there are no drugs despite the assurance by the Minister that they have improved the supply of drugs. Maybe, that is happening in other districts and constituencies but not in my district. If you go there, as hon. Karua said, you will be told to go and buy drugs from a certain chemist. I am saying this from experience. Machakos District Hospital is the main hospital in our district in addition to health centres and dispensaries in Mwala. However, if you go to this district hospital, you will find that there are no drugs and yet, the Minister is telling us that they ensure that those drugs are delivered and at times, they ask the PCs and DCs to escort them. I think that is where the problem is. I think they are getting lost there. It is better even to ask Members of Parliament to escort those drugs because we are accountable to the people. But the PCs and DCs are accountable to

only one man and he is very busy. It is high time these drugs were taken to where they are supposed to be.

Mr. Temporary Deputy Speaker, Sir, the other day, one of my workers was sick and when I told him to go the nearest health centre, he told me "it is a waste of time." He had to go to a private clinic. Maybe, the Ministry delivered drugs to this health centre the other day. I will challenge the Minister and officials of the Ministry to make a follow-up to hospitals, like in Moyale or Machakos District Hospital, to confirm that the drugs which were delivered there were received. He can send his secretary two days after the drugs have been delivered to that hospital and you will be told to buy the drugs from a private chemist. I would want to be specific on the issue of one of my health centres. You will recall I had asked a Question here about an X-ray machine which had broken down about four years ago in Mwala Health Centre. The same Minister who has presented the budget said he had no money to repair that X-ray equipment. He said that they had no money to repair the X-ray equipment and he challenged me to organise a funding raising and invite him to be the guest of honour. I did exactly that two weeks ago and I raised money to repair the generator. Is this the correct way to go about issues touching on health, when taxpayers are paying money? Why can the Government not be serious about improving on what it has?

Mr. Temporary Deputy Speaker, Sir, the Minister talked about allocation for money to develop these physical facilities. In my constituency, there is no single dispensary or health centre which has been constructed for the last 20 years. I wonder what is happening. Where is this money we are allocating to the Ministry? The only way to go about it, is to organise Harambees and put up a dispensary and we are given only one nurse to man a dispensary. I have so many cases in my constituency and once that nurse falls sick, services in that area are paralysed. For example, we have Kinale Dispensary, Tulila Dispensary and many others. We have so many health institutions being manned by only one officer who, in my own view, is not qualified. We are talking about the morale of civil servants, especially nurses; we need to do something to improve their morale. Our nurses are not giving our people what they deserve and that is why people have turned to the private sector for assistance because of the attitude. It is better to have a few but well remunerated officers with the right attitude, because a patient needs a lot of care.

Mr. Temporary Deputy Speaker, Sir, I do not know what has gone wrong also with the issue of immunisation. We have a big problem with immunisation because when a mother gives birth, she is told to go home before the baby is immunised, or maybe she gives birth at home and takes the baby for immunisation, but she is told there are no drugs. She goes back home and the type of people we have will ignore to come for immunisation next time. What has gone wrong? The Minister should look into the issue of immunisation. If it is not happening in his constituency, it is happening in my constituency. Young babies have not been immunised. What are we exposing ourselves to? This is very dangerous.

Mr. Temporary Deputy Speaker, Sir, the management of these health centres is a big issue. The people who are nominated to the boards, like the District Health Management Board and health centres management boards are not nominated because they are competent. They are nominated to those boards but, first, the procedure is not known to anybody. It is the DC and the officer in charge of that health centre who knows who is to be nominated there. In most cases, they nominate the politically-correct people who have no knowledge at all. People to be nominated to those boards should be persons with knowledge, for example, retired officers who know what they are supposed to do, and they also have time to attend the board meetings. One should not be nominated because he knows the DC or the officer in charge of the health centre or he is politically-correct. In my own district, that is the problem we are facing. People are nominated to those boards because they support the ruling party, KANU. One is not nominated because he is capable. How do you expect someone who has not gone to school to know when the doctor is selling drugs and so on?

Mr. Parpai: Even blind people!

Mr. Katuku: I agree with hon. Parpai that blind people are nominated to those boards. He is nominated to sit in the board because he is a KANU chairman. What do you expect? So, the Minister must be serious about this issue and issue guidelines on the criteria to be used for the appointment of members to the medical boards. Drugs must be available at every health centre. All the required medical facilities should be provided to the staff in the field, to enable them assist our people. We do not want to entertain stories of drugs having been supplied to public medical institutions when in actual sense those drugs are being diverted to private clinics.

Mr. Temporary Deputy Speaker, Sir, I would also like the Ministry to come up with a very clear policy regarding mobile clinics and health centres, so that medical practitioners who have specialised in eye, tooth and ear problems can move around and treat people. This will enable most of the people in the rural areas, who cannot reach district hospitals where these specialists are based, to access those services. I would, therefore, urge the Minister to consider providing mobile health centres with doctors.

With those few remarks, I support.

Mr. Shaaban: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity.

I would like to object to a statement made by one of the Ministers in the Ministry. He claimed that the Ministry of Health renders quality services at this country's district hospitals and health centres. The issue of drug

supplies, for example, has raised a major concern countrywide, particularly in the North Eastern Province, and mainly in Mandera District. Mandera District Hospital does not receive its share of medical supplies. Unlike other hospitals, Mandera District Hospital does not receive its rightful share of medicines. I visited that hospital recently and learnt that the last time it received its drug supplies was about six months ago.

While I was in my constituency recently, a fatal accident occurred in which eight people died and 35 others were seriously injured. The casualties were taken to Mandera District Hospital, but the hospital did not have even the most basic facilities with which to handle them. Mandera District Hospital is very far away from any referral hospital. The nearest referral hospital is Kenyatta National Hospital (KNH). Garissa Provincial Hospital is very far away from Mandera District, because it cannot be reached by road due to the poor state of roads in the North Eastern Province. It was, therefore, easier for us to transport those patients, to KNH by air. So, the Ministry should do something about the issue of drug supplies to hospitals, particularly to those in the North Eastern Province.

Mr. Temporary Deputy Speaker, Sir, imagine what would happen if drugs are not supplied to such a district hospital, which is about 1,200 kilometres away from Nairobi, for six months. The nearest alternative hospital for the people of Mandera District is Wajir District Hospital, which is about 400 kilometres away, and which experiences similar problems. How would you expect patients who are involved in accidents, or who are suffering from other serious diseases, to be treated at such an hospital? Even if the hospital has the required personnel, how would that personnel treat such patients?

This is a perennial problem we have had for a long time. We tried all along to have the problem addressed by the Ministry's officials, without success. We are, therefore, appealing to the Minister to find a lasting solution to this problem and ensure that drugs are supplied to Mandera District Hospital in the same way they are being supplied to other district hospitals. The location of Mandera District Hospital is such that if at all drugs reach it, they are used to cater for the health needs of three countries. We are at the border point with Ethiopia and Somalia. Our Ethiopian neighbours have no properly equipped hospitals, while those on the Somalia side lack a government. Therefore, the people of Somalia, Ethiopia and Kenya who reside in that neighbourhood depend on Mandera District Hospital. So, whatever small amounts of drugs are supplied to that hospital are shared amongst the residents of the three countries, and hence run out very quickly. We would, therefore, like the Ministry to increase the drug supplies to that hospital, so that the hospital can support all those people from within that locality, who may seek medical services.

Mr. Temporary Deputy Speaker, Sir, another issue I would like to talk about is the establishment of health centres in Mandera District, particularly in my constituency. My constituency is about 200 kilometres long and 150 kilometres wide, the district headquarters included. However, other than the district hospital, there is no single health centre in that constituency. This kind of provision of health services to my constituents is unrealistic. How long will a patient who is 200 kilometres away take to reach the district hospital? Since Independence, some 37 years ago, our mothers have never seen a maternity wing. The only hospital from which people who stay 200 kilometres away can seek medical services is the district hospital, and this is a matter which needs to be considered seriously. The people of Mandera District, sometimes wonder whether they belong to the same country with the rest of Kenyans.

I would now like to talk about the issue of retrenchment. We, from that part of the country, have very few well-trained personnel. As you know, because of the hardship nature of that area, many Kenyans from other parts of the country would not like to serve there. A good number of the few trained personnel who hail from that area have also been retrenched. Consequently, hospitals in that area are now in even worse conditions than they were previously. We would, therefore, like the Minister to be considerate and ensure that local persons trained in the medical profession are not retrenched, so that we can have services. Because of the long distance between Mandera District and Nairobi and its isolated location from the rest of the country, we would like the Minister to consider establishing a medical training college in that district. This will ensure that we have enough medical personnel at the hospital in that district. Whenever there is shortage of medical staff, medical trainees can help in delivering services at hospitals in that area. The establishment of a medical training college in that district is long overdue.

Mr. Temporary Deputy Speaker, Sir, I was at KNH recently. We took some patients there who had been referred to that hospital. I must say that there is a lot of positive change at KNH; it is now much cleaner. I think its staff are now more hardworking than before. The only problem I noticed at that hospital is the very acute water shortage. The patients who had been referred to that hospital from Mandera District Hospital had to wait for up to four days before they could be operated on, because water was not available. I think if water had been available at KNH, its environment would have been better. I must say that KNH is now much better than it was five years ago. I believe that if its staff are better remunerated and given some incentives, KNH will stand out as a good example to other hospitals. Since KNH was privatised, its services have improved a great deal.

I would like to support my colleagues who spoke on the issue of HIV/AIDS. A lot needs to be done about the control of HIV/AIDS countrywide. In particular, that very dangerous disease was not easy to find in the pastoral areas and in particular, in the North Eastern Province. Five years ago, you could hardly find anybody with HIV/AIDS. It has

increased considerably, and it is spreading very fast. Probably, five years ago, there was less than 1 per cent of people in those areas, and in particular in Mandera district, with that dangerous disease. But today, the case is different. When I recently visited the Mandera District Hospital, where there have been blood samples taken from people who visited the hospital, I was surprised to find that it is estimated that about 20 per cent of the people in Mandera District have that incurable disease. It is a serious matter, and we are particularly concerned about the disease spreading to the other pastoral areas.

I beg to support.

Mrs. Ngilu: Mr. Temporary Deputy Speaker, Sir, I stand to support this Motion. A healthy nation is a productive nation. However, regarding the funds that have been allocated to this Ministry, which is so important, I think that it is too little compared to other Ministries. A Ministry that is meant to serve at least 85 per cent of Kenyans who live in the rural areas, should have a bigger allocation than compared to other institutions like the Department of Defence which got an allocation of Kshs15 billion, yet we have not been at war and we do not expect to be at war for a long time. We have only seen the Department of Defence parading the colonels and majors during our national days. We have not seen them doing anything. I think that is where the Minister for Health should have asked for more money to go to the Ministry of Health.

The Kshs9 billion allocated to the Ministry is far too little, and I do not know whether the Minister arrived at that figure with his officers, and whether he ever travels out to the rural areas and inspects the district dispensaries to see what goes on there. People are dying in their thousands. I was in the Committee on Health, Housing, Labour and Social Welfare where we formulated some of the rules; that people should not be attended by what we called "roadside doctors". I think we are now having so many roadside doctors because that is what many Kenyans can afford, if they have to survive.

On the 22nd of September, and that incident is extremely painful to me, two mothers walked to my house in my constituency carrying two little children on their backs. They had diarrhoea, vomited and were totally dehydrated. I looked at them and told them: "Please, this is not a hospital. Let me quickly take you to the hospital." By the time we reached the Kitui District Hospital, those two little children were dead. On the 26th of September, as I was launching my HIV/AIDS committee in Kitui Town, a young man called Francis came over and told me: "Mheshimiwa, please, you must come because my young 17-year-old sister is dying in the hospital." I told him I would not attend to him until 5.00 p.m. At 5.00 p.m., I went to see him. Mrs. Mumbi Jeremiah had a caesarean operation on the 22nd of September, and she had not been given any drugs. I asked the nurses: "Can I see Mumbi Jeremiah; how is she getting on?" What I saw from the nurses' faces were only tears flowing down, and they told me: "There is Mrs. Mumbi Jeremiah." Mrs. Mumbi was very dead because she had not been given any drugs for her caesarean section, and the baby was still crying by her side, and she was dead. That is one of the cases that I can talk about and which I know of and saw. I am sure in the rural areas where we do not reach, we have many more cases.

Last year, I personally delivered two women outside the maternity ward of Kitui District Hospital in my car. They were there, and they were about to deliver. The nurses came out and told me: "Mheshimiwa, give us gloves." I was surprised, and I asked them to repeat what they had said. I want you to know that today I know how to carry gloves in my car because you go to a hospital - and that is not just Kitui District Hospital - and it is possible to miss gloves. I believe it is happening everywhere. In 1996, Ms. Matulu lost three children in one day, and she came to my house, asking for assistance in order to bury her three children. I asked her what caused their deaths, and she told me that three of her children had not received inoculation against measles, and we had to bury three children of Ms. Matulu. Yet, the Minister for Health, the Permanent Secretary and the Director of Medical Services tell us to approve, for the Ministry, Kshs9 billion. Is that not a sure way of saying that Kenyans will continue dying? We approved, for administration purposes, Kshs400 million. Surely, is that enough money to pay the members of staff in order to give them the morale that they require to have so that they can serve our people? Who prepares that budget for the Ministry of Health? If the Department of Defence can get Kshs15 billion and the Ministry of Health is getting Kshs9 billion, what would you say?

The amount that we are being asked to approve today for the Kenyatta National Hospital (KNH) is Kshs1.4 billion. The KNH is the nation's referral hospital, meaning all those cases that cannot be dealt with outside Nairobi would have to be referred there. Is that money enough for the KNH? For the rural health centres and the districts that take in 85 per cent of Kenyans, he is asking for Kshs1.275 billion. I think something is very wrong with that amount. We will approve this Vote, but it will not help Kenyans. I believe in future, this House should have an Estimates Committee so that we decide which Ministry should be given more money because as long as we continue like that, our people will continue to suffer. Just compare that small budget of Kshs10 billion with those other budgets; for instance, even the smaller Vote of the Ministry of Agriculture and Rural Development, which asked for only Kshs5 billion; you will be surprised. Today, we have so many people suffering because they are hungry. A hungry person goes to hospital and it does not matter the amount of drugs that person would buy or he or she is asked to buy, since

that person cannot survive. I think time has come for us to be more serious about some of those estimates so that we can give those people who are working in hospitals a chance to live well. I do believe that we have very qualified people in our hospitals, but they are extremely frustrated because of the facilities that they have.

I want to say that the health care members of staff we have in the country are very good, if they still work there. But now, most of them - because of the low morale that has been caused by the difficulties that they have had to go through - have all opened their own clinics. Surely, if we intend to have our people taken care of, we have got to raise the morale of the Ministry of Health staff. Just the other day, we gave approval for MPs to get higher salaries. I think if I were to be asked who should be given a little more salary, I would say the staff of the Ministry of Health so that they can save the lives of Kenyans.

Mr. Temporary Deputy Speaker, Sir, we have the National Hospital Insurance Fund (NHIF). This is one of the organisations that we have in this country that is still very liquid. I do believe that the Ministry of Health should explore ways of getting funds from the NHIF to be used to support development of new facilities in our hospitals because, after all, these funds have been contributed by the same people who go for support.

Finally, I would like to make a proposal that anybody who goes to a hospital, he is very sick and cannot afford to pay for treatment, he should be treated. It is wrong for somebody who is very ill to get to a hospital only to be turned away. In Kenyatta Hospital today, we still have people who have been kept there waiting for their parents or next of kin to come and bail them out of their problems. In cases where people get accidents, we need to put funds aside for those cases until they get the next of kin.

With those few remarks, I beg to support.

Mr. Sambu: Mr. Temporary Deputy Speaker, Sir, in supporting this Bill I want to refer the Minister to the fact that Uasin Gishu District has no district hospital. The district hospital has been transferred to the Moi Referral Hospital for treating students and for handling severe cases from the outlying districts. I want the Minister and his Permanent Secretary to support the establishment of Eldoret District Hospital, regardless of whether it will be in town or not. It must be established as soon as possible. If this will be done through Harambee, so be it. Let companies like the Panpaper and Tri-Plywoods who have exploited the resources of those areas contribute for once. These Panpaper Indians are ferrying all our money to India. They declare losses of Kshs300 million per year. Why can they not put up even two wards? This should be made open to them because I see nothing in the Budget for establishing a district hospital in Eldoret.

When we discussed AIDS, the Government tried to establish committees in the constituencies for the sake of informing people. Kenyans are informed or made aware of the dangers of reckless sex or other ways of contracting HIV/AIDS. I have no objection to this. We will establish the constituency committees, but let me say that a lot of the money just goes into seminars and wasteful meetings. It is time the Government considered subsidising anti-viral drugs. The spread of AIDS is not as fast in developed countries as it is in our country. This is because the anti-viral drugs are cheap and readily available in the developed countries. If the patent laws make the drugs very expensive then let us amend them so that we can produce these anti-viral drugs cheaply and make them available to our people. People will be willing to buy them. If they test positive, they will know where to buy the medicine at a good price. As long as these drugs are expensive it will be *mundu khu mundu* for Africans. We will spread the message that let us use these things but it is difficult. Let us try and make the anti-viral drug available. I suggest that the money from donors should not be used for these seminars and meetings. Let us use part of it for those seminars, but let us also subsidise the anti-viral drugs.

Regarding the situation in hospitals now, I want to speak about two issues one of them being the cost-sharing money. The cost-sharing money collected in the health centres must not be sent to the districts first. The issue of those controlling the Health Management Boards in the districts is a sad one because we do not know where the Minister gets the names. In Nandi District, for example, we nominated people whom we thought could help the doctors manage the hospital, but for some reason we found that other people had been gazetted. Why do you not listen to the leaders? We know these things. What democracy do we practise? Why do you come here to request this Parliament to vote money and yet you cannot listen to them when they nominate people who should manage the hospitals? On distribution of the cost-sharing money, the district accountant and the DC should have nothing to do with it. The money should remain at the health centre where it was collected and should be used for improving those facilities. It gets lost when it goes to the district accountant because you will find strange invoices there. You will find that something which costs Kshs100 in the ordinary shops is going for Kshs1,000. The money must remain at the health centres and the hospitals and there should be no referring it to Nairobi.

I want to thank the Government for opening the Ketewa Hospital. This hospital has remained stagnant since 1988. The people are grateful that it has been opened. I am requesting the Minister to make it work properly first, by gazetting the board elected by the people and not those who have imposed themselves. The Minister was there and he knows that the staff houses and a lot of other things are not complete. The water project is also not complete. If you

want those things to be completed, you should cooperate with the people and gazette those who have been elected by the people to the management board. If you impose people like in the case of the current board, including the current chairman, the people will simply look at you and no development will go on. We have to give credit where it is due. At least this year, the Medical Training College (MTC) was transparent in selecting the students. We could see in the newspapers that at least each district was represented. We want this transparency to continue and for Parliament to have a say in how the students are selected to join the MTC.

There are a lot of facilities which are lying idle. In Nandi District, we have the Lessos Polytechnic which was built using Government money. They should be opened as an MTC so that it can use Kapsabet Hospital as its feeding centre. They can also come to the Moi Referral Hospital. The demand for MTC places is so high that I would request the Ministry to set aside funds and allow other bodies, such as missionaries or NGOs, to open MTCs and they should be recognised. Conditions should be relaxed. Many more Kenyans are going to the universities where they are offering the parallel programme than used to be the case when we only relied on the selection board; the direct entry to the university. The parallel programme has helped people. Let us have some kind of parallel programme in MTC. Hon. Leting spoke about Kapsabet Hospital. I want to add that Kapsabet Hospital is in a sorry state of affairs. The mortuary there was established in the colonial days. We are a rich district. We produce, maybe, 20 per cent of the tea this nation sells outside and, yet, our hospital is so deplorable. It was established in 1895 when the British started colonising us. Why can this wealth not be ploughed back, at least, to improve the district hospital in Kapsabet?

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

Mr. Murathe: Mr. Temporary Deputy Speaker, Sir, the importance of the Ministry of Health cannot be over-emphasised. The delivery of health services in this country has continued to deteriorate over time. It is not clear whether it is as a result of inadequate financing or bad management. The amount of money that the Ministry is asking for is clearly inadequate to service the health sector in this country. In the new multi-sectoral approach to the problems facing this country, I am not convinced that we have laid enough emphasis on the health sector. Previously, we have had cases of misuse of funds at the Ministry headquarters; scandals involving drug purchases, and the channel, in terms of the health management system from the centres to the rural areas, has been wanting.

As we sit here, the current restructuring which is being proposed by the Ministry, in terms of community participation and involvement, is being misunderstood, misused and in some cases, in terms of application, the people on the ground are not clearly prepared to handle some of these issues. In our case in Thika District, we are at the centre of about seven districts, namely; Garissa, Kitui, Isiolo *et cetera*, and most of these cases are referred to Thika District. But every time you talk about drugs, it is always the case of drugs not being available. We also have several health centres which we have requested to be registered. I am talking about Mukurwe and Kewara Health Centres, but they now even require people to contribute money to buy drugs. What is happening with the management of these sub-district hospitals, is that the money that is being demanded by the management committees and boards at the health centre level is sometimes even higher than the cost of drugs out there. Like hon. Ngilu said about demoralisation of staff, you find that many health staff also establish their own private clinics, pharmacies and chemists. Therefore, they refer people to their own business to purchase drugs. I think we need to have a clear policy guideline on the health sector, which will ensure that this Ministry is given adequate funds, so that there is enough drug supply in the hospitals.

Mr. Temporary Deputy Speaker, Sir, I am even surprised that the Government has shifted the AIDS Control Programme from the Ministry of Health to the Office of the President. That is okay, but we need to see co-ordination with the Provincial Administration. But quite clearly, the Ministry is saying that they are not up to the job of managing the AIDS funds. Like another speaker has said, these are related to other diseases. So, in the total structure of tackling AIDS, as an environmental issue, we are also looking at other viral areas which interrelate and cause the AIDS problem.

We must also thank the Ministry for working under very difficult circumstances, but we must also challenge them to try and streamline the drugs channel. We are aware that we need to decentralise some of these specialised facilities which are only found at the Kenyatta National Hospital (KNH), probably, to the provincial hospitals, and better still to the district level, because it is becoming too congested, in my own opinion, to refer every minor case to the KNH. I wish to concur with my colleagues that liberalisation structures which are being forced on us by donors, and even asking us to privatise the delivery of health services, should be resisted. We should stand up and say "no". One of the principal roles of the Government is to provide health care to its people. There is nothing that this Government has put on paper clearly outlining its health care programme.

About the National Hospital Insurance Fund (NHIF), which the hon. Member alluded to, we are convinced that it has not served its purpose, because the subsidies that it gives, or the ratio of the amount of money that they pay for the contributors, have been negligible for a long time. It is probably time that the contributions are increased both by the employers and the employees, so that we can get a higher level of subsidy to the patients.

One other issue that has been of concern to Kenyans has been that of some of the private hospitals,

particularly, Asian hospitals. They have been very ruthless with people that even dead people cannot be released from hospitals until bills are paid up. If you go to most of these private hospitals, you will find title deeds and commitments by people to pay up bills. A system must be found where we will say that the Government has a fund that can subsidise or undertake to pay up the bills. In fact, many of our people in our rural areas are even scared to send their people to these hospitals where they can get this sort of treatment because the patients will be detained. The Ministry must put down, in terms of health services, that there should be no justification for any hospital to hold on to patients, because the more they do that, the higher the bills go. Probably, they should be required to release these patients the minute they are discharged with some form of commitment to pay. But you will find that they detain them in the hospital until they can come up with some money and every day the patients are in that hospital, they are required to pay more money. Otherwise, we must say that we have noticed some changes in the management of the Ministry of Health. There have not been as many scandals as we used to read in the newspapers two or three years ago and we want to inform the team that we will support them. But like several hon. Members have said, please, try and involve hon. Members of Parliament in coming up with a realistic budget. We will support that the health sector be given more funds, so that it can address the health problems of Kenyans.

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

The Assistant Minister for Education, Science and Technology (Mr. Karauri): Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to contribute to this debate on the Ministry of Health. While the officials of the Ministry of Health are doing a commendable job, we need to point out a few shortcomings. First, only people who have qualified to practise as medical personnel should be licensed to do so. The practice today, is that doctors hire out their licences; they start clinics which they do not attend to at any time. The Chair will be surprised by this incident where students discovered that a person who was manning a private clinic was not qualified and yet he was doing examination tests for blood, stool and so on. The students were told to go back to school and bring stool the next day. The students went and took avocados and bananas. They mixed them and presented the mixture as stool. The result was that the student had amoeba. That was a mixture of avocados and bananas. The Ministry of Health must be very watchful to make sure that the people who are manning these private clinics are qualified. There is a lot of bad practice going on there. If you are feeling pain on the left leg you are injected, but you do not know what kind of an injection it is. The Ministry must be careful on who is running these private clinics.

Mr. Temporary Deputy Speaker, Sir, more money should be set aside for research. I know that in Africa even qualified people and the most learned people have no time for research. They are busy looking for their livelihood because they have to educate their children. If they are employed in gainful employment, they prefer to stick there. But if sufficient funds were set aside for research so that those who are researching can also earn their livelihood, just like the people who are employed on a daily or a monthly basis, we would come up with cures for even diseases that we do not dream of. I believe that the traditional medicinemen in Africa had a lot of cures for a lot of diseases. Today we dismiss them, just because we want to dismiss them. Even professionals would want to dismiss them, just because they want to dismiss them, but do they have time and the money to carry out research on what this traditional medicine is all about? There even used to be a cure for the snake venom in Africa. There used to be a cure for almost every disease. But do we have time and money to research on these things and improve on the traditional medicine? The Minister for Medical Services should set aside a lot of funds for research next time. That is the only way in which we can move forward.

Mr. Temporary Deputy Speaker, Sir, there are things that I cannot say publicly like what an hon. Member has asked me to do. But if he has asks me, I will tell him what used to cure a snake venom and what used to cure what he has asked me about, but this should be researched on because I am not a doctor.

Hon. Sambu, who has just walked out, said that there has been proper balancing in admissions to the Kenya Medical Training College (KMTC). That is not true. Maybe, hon. Sambu was talking about his district. The KMTC admitted students from districts. I come from Meru North District and I am not sure about what happened to Meru Central and other districts, but from my District, KMTC admitted four students. Out of those four students, only two bore Meru names. Although the students were admitted from there, we do not know who recruited them and how they were recruited. We do not know whether somebody was advised to go and do an interview in that district and finally be admitted into KMTC as somebody coming from Meru North District. I have names and photocopies of certificates of those who qualified in the subjects required. They acquired grades B- and C+ in those subjects that were required, but they did not qualify for admission. Those who qualified from the district were not even from that district. The moment you look at their names, if you are a Meru, you will know that their names are not Meru names. Then how did their names appear on that list?

Mr. Mwenje: On a point of order, Mr. Temporary Deputy Speaker, Sir. I do not want to interrupt hon. Karauri, but is he implying that there are specific names for Meru and that nobody else could be called Mwenje from Meru?

The Assistant Minister for Education, Science and Technology (Mr. Karauri): Mr. Temporary Deputy Speaker, Sir, I am a Mumeru and I know what I am talking about! If the distribution has to be fair, let us take students from that district. We should not take people who have migrated to that district to stay for one month. We should not take children of Government officers who work in such places. They have a chance in their own districts. I am talking about fairness.

Another issue that I would like the Minister to clarify in his reply is who should appoint the health management committees. We have been told that people are electing the people to manage dispensaries and clinics. That is what the Minister said here. That is not true. Whom do they ask? As a Member of Parliament, do I know who appoints them? If it is in a division, it is the District Officer (DO). He gives them names of people he could work with. Do you know what "working with" in Kenya means? It means corruption. So, whenever money is given for development, because the committee is his, he does not care how it is used. Let us be allowed to elect management committees. Let them be sensitised on the use and role of the management committees. They should be called to a meeting and elect the right people to manage health facilities in their areas. But today, you hear that there is a district health management committee. If you ask how it was appointed, nobody seems to know. Maybe, only the DC knows how they were appointed. Everybody should be involved in the management. Let the local Member of Parliament, councillor and everybody else be involved. They will get the right people to manage those health centres. But today, when the Minister stands here to say that they are elected by the communities, he is misleading this House. Maybe, they may fear him in his own district because he is the Minister. Maybe the elections are carried out. But I doubt. I think names are submitted by the DC and that is wrong.

With those few remarks, I beg to support.

Mr. Mwenje: Thank you, Mr. Temporary Deputy Speaker, Sir. When we discuss health, we must discuss the environment. The environment that we live in causes a lot of problems in terms of health. For those of us who live or are elected in this City, we have many people who are suffering from malaria. We know that there is not much malaria in the City. But we have a lot of mosquitoes.

Mr. Temporary Deputy Speaker, Sir, previously, all stagnant water used to be sprayed. But today, that has stopped. The Minister for Public Health must liaise with the Nairobi City Council to find out why stagnant water is not sprayed. We have a lot of mosquitoes in the City. I am sure those who live here know that the mosquitoes have become a menace. There is a big problem that should be addressed immediately.

Mr. Temporary Deputy Speaker, Sir, there is one area that we need to check. Of late, we have had a lot of herbalists treating people with herbs. There are Chinese doctors. We need to know from the Minister how genuine those doctors are. Are they genuine? Have they been? Can we go to them? Who are they? How genuine are the herbalists? Are they recognised? Could we go to them? Sometimes, people come to ask for my advice. But I do not know what to tell them. I went to them twice and took their medicine. They told me they could treat me for my diabetes. But they did not treat me. I did not get healed. I do not know how true they are. We need to know the position about the herbalists.

Mr. Temporary Deputy Speaker, Sir, HIV/AIDS is a dangerous disease which is now being addressed by almost everybody and it is causing havoc in this country. Literally, everyday, I find about 10 people coming to my home seeking help because their beloved ones have died from HIV/AIDS. We have formed the Constituency AIDS committees (CACs) and a lot of Members have been referred to these Committees. During the launching of these committees, we were told that money will come. I spent my own money to launch the CAC at my constituency and I have not been refunded. I am told some more money is coming.

The other day, I read about the Provincial Commissioner, Central Province, saying that Members of Parliament have stolen money meant for HIV/AIDS patients. This is a very serious allegation because everybody is now seeing Members of Parliament as people who can even steal money meant for HIV/AIDS patients.

The Temporary Deputy Speaker (Mr. Imanyara): Mr. Mwenje, if you were here early, you would have heard hon. Members say that the money was not even there. So, there was no money to be stolen.

Mr. Mwenje: Mr. Temporary Deputy Speaker, Sir, we have to say this because the Provincial Commissioner is a representative of the President, and he dared insult Members of this House and no action has so far been taken against him.

This is serious! We do not want to be seen outside there, with our integrity as hon. Members, as people who can steal patients' money. This is serious and we demand that action be taken against the Provincial Commissioner, Central Province. Otherwise, up to today, he has not retracted those words. We cannot do that and I think the Minister for Public Health is the one who is supposed to oversee the disbursement of this money. It should not pass through the Office of the President. The situation must be corrected. I am appealing to the Office of the President, which is handling this money, to put the record right, that this money has not even reached Members of Parliament yet, and therefore, we could not steal it. It is wrong for a PC to say such a thing!

Mr. Temporary Deputy Speaker, Sir, we know what they want. We know they want the money to go there so that they can steal it as usual. This will not be allowed at all! We know we have had some people in the Ministry of Health who have worked quite well and we thank them. We visited Kenyatta National Hospital when Prof. Meme was heading it and it was doing very well. The other day I visited the Hospital and the situation has changed. So, we know that there are a few officers who can work well but not those ones in the Provincial Administration, we know how they are.

Mr. Temporary Deputy Speaker, Sir, on the question of medicine, it is time the Government subsidized the price of drugs. Not many people can afford medicine from pharmacies. So, I want to appeal to the Government and the Minister for Public Health to come up with a formula on how medicine sold by the pharmacists can be subsidized and their prices reduced.

Most of our people are dying, as Madam Ngilu was telling us here. They are dying because there are no drugs in those hospitals. If the price of medicine was subsidized in the chemists, everybody would then rush there to buy drugs when they need them. But with the current prices of medicine, a common man will not afford. So, the Government should come up with a formula of reducing the price of medicine in those chemists.

Mr. Temporary Deputy Speaker, Sir, one other thing which is still worrying is about public health. A Question was asked in this House about the whole country being littered with polythene papers. The Ministry of Public Health will have to come up with a solution on how to curb this problem of polythene papers littered literally everywhere. These polythene papers are not easily destroyed. If you try to burn them, they do not get destroyed.

The Public Health Department, which I hardly see in the field, must come up with a solution and tell us how we are going to destroy these polythene papers. If anything, the usage of polythene papers should be banned in this country. Most countries have now banned the usage of polythene papers. It should now be banned in this country because it is now going to cause havoc. I do see a lot of polythene papers being dumped in Dandora area. If you walk along any road anywhere in the City, you will see polythene waste scattered everywhere. You can neither destroy it nor handle it. Could the Ministry of Health come up with a solution and tell us how to handle the problem of polythene papers because it is a nuisance and it is becoming a menace?

There is one organisation that is doing a good job and that is Africa Air Rescue (AAR). It needs quite a lot of support. However, I would appeal to the Minister to talk to them now, so that they can also have their own hospitals and instead of having to treat only outpatients, they should also have inpatients. It is time organisations like AAR were encouraged to have their own hospitals, so that they can at least treat our people.

Mr. Temporary Deputy Speaker, Sir, there are so many dispensaries in this City which were constructed and cannot be opened. I want to appeal to the Minister to liaise with the Nairobi City Council to have all its dispensaries opened, so that we do not have people going to Kenyatta National Hospital, when we have dispensaries within the estates which cannot be opened.

With those few remarks, I support.

MEMBERS' HALF-HOUR STATEMENTS

NON-COVERAGE OF HON. MWIRARIA'S
CONTRIBUTION BY KBC

Mr. Mwiraria: Mr. Temporary Deputy Speaker, Sir, I rise to ask for an explanation from the Minister for Information, Transport and Communications. On the 23rd, September, His Excellency, the President conducted a very successful Harambee in my constituency for the Kenya Methodist University.

In attendance were the Vice-President, Ministers, Assistant Ministers and many Members of Parliament. When KBC reported on the Harambee that evening and the next morning, it gave the names of all the MPs and the amounts they contributed but left me out, despite being the constituency Member of Parliament and having contributed Kshs30,000, the second largest contribution after the Vice-President. I want to know why this big omission took place. Is it an attempt to sabotage or obliterate me from the development map in my constituency?

The Temporary Deputy Speaker (Mr. Imanyara): Where is the Minister for Information, Transport and Communications? He is not here. Dr. Anangwe, would you like to stand in for him?

The Minister for Medical Services (Dr. Anangwe): Mr. Temporary Deputy Speaker, Sir, in the absence of the Minister for Information, Transport and Communications, I undertake to bring this matter to his attention so that next time, there is a response, preferably on Tuesday next week.

The Temporary Deputy Speaker (Mr. Imanyara): Mr. Mwiraria, you also wanted to know something about planting seeds for the four Meru districts?

Mr. N. Nyagah: On a point of order, Mr. Temporary Deputy Speaker, Sir. My position is now in question. The Minister for Information, Transport and Communications is quite aware, and I communicated to you before 4

o'clock as required by our Standing Orders, that each Minister must have information as to who is going to bring up any matter under Standing Order 20 (A). I had formally done so. This would be a matter for the Minister to come and do his job.

The Temporary Deputy Speaker (Mr. Imanyara): While answering hon. Mwiraria's question, maybe, he will also tell us why he was not here to give the answer. Now, Mr. Mwiraria, can you continue.

PROVISION OF SEEDS TO
THE MERU DISTRICTS

Mr. Mwiraria: Mr. Temporary Deputy Speaker, Sir, I rise to seek information from the Minister for Agriculture. When responding to the debates on Votes R10 and D10 yesterday, he informed this august House that his Ministry proposes to make seeds available to 26 districts which have been badly affected by drought. The four greater Meru districts have never experienced the kind of drought they have gone through in living memory.

I would like to know whether they are included in the list of 26, and if not, I would like the Minister to tell the House what special consideration he is making to ensure that the Meru people, who have been taken as wealthy people but who today are really faced with famine, get seeds to plant during the forthcoming rains.

The Minister for Agriculture (Mr. Obure): Mr. Temporary Deputy Speaker, Sir, I talked about two categories of the seed that we intend to supply to assist farmers. One category was in respect to cotton planting seed. I said that through the budget availed to us in the Ministry, we have already embarked on assisting farmers to access cotton seeds because this is one industry which we believe has the capacity to assist in fighting poverty to generate money for rural people. So, I want to inform the House that we have already issued authority to incur expenditure to a number of districts.

I would like to confirm that in Meru, we have done that through the District Agricultural and Livestock Extension Officers (DALEOs). Some little money has been made available to buy seeds, multiply and then give away to farmers. This has already been done and I would request the hon. Member to check with his District Agricultural Officer. I want to confirm that Meru Central, Meru South and Tharaka districts have been provided with some funds to purchase seeds for planting.

Mrs. Ngilu: On a point of order, Mr. Temporary Deputy Speaker, Sir. The Minister is talking about the "little money" that will be provided for seeds. We do not have seeds and he is talking about "little money." Where does he expect our farmers to get seeds from? How much is "little money"?

The Temporary Deputy Speaker (Mr. Imanyara): Yes, in fact, the question is about seeds.

The Minister for Agriculture (Mr. Obure): Mr. Temporary Deputy Speaker, Sir, we are talking about cotton. We are saying this is a token of our commitment out of the little budgeted provision made available to us.

The second category I talked about was seeds for planting of food crops. I said the bulk of these seeds will be provided by FAO and other related donor agencies. We have no control over them. We will have little control over seeds that we will provide through our own budgetary provision. But I would like to inform the House that most of these seeds will go to districts which were badly ravaged by drought and districts which are already on famine relief right now.

Also, the three districts I have just mentioned now will also get these seeds. These are Meru Central, Meru South and Tharaka districts. We hope that they will be able to get some of these seeds distributed to them.

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Imanyara): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until Tuesday, 17th October, 2000 at 2.30 p.m.
The House rose at 6.45