

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 15th July, 1998

The House met at 2.30 p.m.

[Mr. Speaker in the Chair]

PRAYERS

POINT OF ORDER

MOTION OF ADJOURNMENT UNDER STANDING ORDER No.23(1) - COMMITTEE OF SUPPLY BUSINESS
CANNOT BE INTERRUPTED

Mr. Orengo: On a point of order, Mr. Speaker, Sir, I wish to move a Motion under Standing Order No.23.

Mr. Speaker: Order! Order, Mr. Orengo! Have you handed in any Motion to Mr. Speaker?

Mr. Orengo: Mr. Speaker, Sir, under Standing Order No.23, I do not need to give notice.

Mr. Speaker: Order, Mr. Orengo! It is not for you to need, but for the rules to be obeyed by you and all hon. Members. Take that book and read Standing Order No.40. It deals with Motions. Standing Order No.40 says that a Motion is properly before the House if it has been approved by Mr. Speaker after the hon. Member has given the same to Mr. Clerk to be approved by Mr. Speaker. I have not seen any Motion let alone approving it. In any case, you cannot move a Motion when it is time for giving Notices of Motion.

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

(Mr. Orengo moved to the Dispatch Box)

Mr. Speaker: Order, Mr. Orengo! Order! Order! First of all, go back; you are not in the Front Bench. There may be a precedent, but you must follow the rules. The Order No.5 on the Order Paper deals with Notices of Motion. I hate the idea that Mr. Orengo all the time takes over from the Chair and becomes the Speaker and a Member. As far as he is concerned, the Speaker is an unnecessary nuisance. You must respect the Chair. You are just one of the 222 Members of this House. So, you cannot supersede anyone and I have the authority of the House to be the Speaker. You must obey the rules of the House. Now, can you, please, obey them.

Mr. Orengo: Mr. Speaker, Sir, you should listen to me.

Mr. Speaker: If you cannot listen to me, I will not listen to you. Proceed.

Mr. Orengo: Mr. Speaker, Sir---

Mr. Speaker: Order! Order! Order, Mr. Orengo!

Mr. Orengo: Mr. Speaker, Sir, under Standing Order No.45, I do not require to give you a notice.

Mr. Speaker: Order! Order, Mr. Orengo! There are two things that I might say about your deliberate misuse of the so-called Standing Order No.45.

Mr. Njuki: On a point of order, Mr. Speaker, Sir. Is it in order not to listen to what Mr. Orengo has to say? There must be something that he wants to tell the House.

Mr. Speaker: Indeed, hon. Members, look at your Order Papers and you will see that right now, we are not in business. It is just a question of Notices of Motion. You can only give Notice of a Motion if it is approved in accordance with Standing Order No.40. How do we now stop transacting business to hear what Mr. Orengo has to say when he is already talking about Standing Order No.45? Order! First of all, Mr. Orengo you are not going to dictate to the Chair.

An hon. Member: On a point of order, Mr. Speaker, Sir.

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

Mr. Munyao: On a point of order, Mr. Speaker, Sir. I am going to plead with the Chair this afternoon to allow hon. Orengo to talk. For Heaven's sake, just give him a minute because the country is in chaos. If you listen to the outside, you will hear what is happening. Mr. Speaker, Sir, sympathise with this House and at least give him

one or two minutes to tell you what he has to say. What he has to say has got the support of this House. I do plead with you!

Mr. Speaker: Well, Mr. Munyao, sit down. The plea is taken and I give him two minutes.

Mr. Orengo: Thank you very much, Mr. Speaker, Sir, and Mr. Munyao, for interceding on my behalf. First, I want to mention that on 4th April, 1998, when this House met at 9.00 a.m, a Motion of Adjournment was moved for the House to adjourn to enable Members attend the burial of the 25 girls who died during the fire tragedy at Bombolulu. That is a precedent that is clear. There was no Notice of Motion given and the matter was discussed barely for 30 minutes and the House did adjourn.

Mr. Speaker, Sir, you also remember that on 5th May, 1998, when it was desired of the Members of Parliament to attend the Mbagathi Economic Forum, a Motion was moved without notice and the House adjourned because it resolved to go to Mbagathi. I am an experienced Member of this House and I know that it is not right to interrupt a Committee of Supply.

An hon. Member: You are in order!

Mr. Orengo: Mr. Speaker, Sir, this is regulated under Standing Order No.143 which says that the Committee of Supply cannot be interrupted on an allotted day. That is why I am rising up at this particular time, instead of waiting until 3.30 p.m. when the business allotted for the day is presented by the Minister in this House. But under Standing Order No.23, I can move a Motion without adjourning the debate. The Minister, who was then the Leader of Government Business, moved for the adjournment of the House under Standing Order No.22. I cannot use that Standing Order because it can only be used by a Minister. However, under Standing Order No.23, any hon. Member can rise and move a Motion for the adjournment of the House.

Mr. Speaker, Sir, if, at the end of the day you feel that my Motion is frivolous, then you may even decline to allow debate on it. In *Erskine May on Parliamentary Practice*, from which you quote a lot, there is a heading "Extraordinary Adjournment." For example, if one of us or even the Head of State died, the House would naturally be adjourned. That is known as an extraordinary adjournment.

Mr. Speaker, Sir, I beg that this House should be adjourned, particularly when we are in the Committee of Supply. This Committee entails the Votes that are based on the Budget which was presented here by the Minister for Finance. We do not know the Government's position as far as the Estimates are concerned. We do not know whether they contain teachers' salaries as proposed last year. Already, the Government is saying that it will renegotiate teachers' salaries. Until there is a clear consideration on the Government's stand on this issue, I think this House should adjourn in order to give the Government time to withdraw the Bill which was recently published.

Mr. Speaker: The House should be adjourned until when, Mr. Orengo?

Mr. Orengo: Mr. Speaker, Sir, the House should be adjourned until tomorrow.

Mr. Speaker: So, we have no business before this House, Mr. Orengo?

Mr. Orengo: Yes, we have no business, Mr. Speaker, Sir.

(Applause)

I say this because we want to give the Government time to tell us whether the recently published Bill concerning the teachers salaries will be withdrawn, or whether it will be brought before this House. From what I have seen out there, even the Minister for Health will not be able to get in here to present the Vote for his Ministry. If hon. Musyoka was out there, then he would also not be able to get in. I am sure that many hon. Members from the Government side will not be able to get into this House. In fact, I was with hon. Prof. Saitoti earlier on and he was quite fearful. He was not ready to go out and meet the teachers there.

I beg to move that this House do now adjourn. The Government must come out and withdraw the recently published Bill concerning the teachers salaries.

(A number of hon. Members stood up in their places)

Mr. Speaker: Why are you standing, hon. Members? Order! Order, all of you! Let me tell you, hon. Members, that the Chair does not politicise the Standing Orders. I apply them the way they are. We are now on Order number five, which allows hon. Members to give notice of any Motion that they intend to raise in this House. I do not think that anybody has done that and Mr. Orengo is contravening our rules. Hon. Orengo is asking

for the adjournment of the House without first giving a notice of Motion. I gave him a chance to say his bit even before we got into business. Order No.1 to Order No.6 on the Order Paper of the day are listed as matters other than business. Therefore, as a matter of fact, this House is not in business. We are dwelling on formalities of giving notices of Motions, Petitions, Communication from the Chair and Questions. Questions are not part of the business of this House. A Motion has been irregularly raised by the hon. Member for Ugenya, that the House should adjourn under Standing Order No.23. He is entitled to do so at an appropriate time, but certainly not during matters other than business.

If you look at our Standing Orders, which I am supposed to enforce--- I would like to bring to the attention of hon. Members Standing Order No.143 (3) and 143 (4). I will read this Standing Order to this House because of three reasons, namely:

- (1) For the House to understand what those provisions in the Standing Order provide;
- (2) For the House to understand that when a rule exists, it is the business of the Speaker to enforce it; and,
- (3) It is for this House to make up its mind in one way or the other.

Are we going to follow our rules as they are from time to time, or shall we disregard those rules to meet particular political conveniences? I will read the whole rule because it is important that this House understands that there will be no contest between the Chair and an hon. Member. There can only be a contest between the rules and an hon. Member.

The Standing Order says:

- (1) "The Government shall have the right from time to time to set down an Order Paper for the Day for Committee of Supply for the purpose of dealing with Motions (other than Motions arising out of the financial statement on the annual Estimates) in respect of the business of Supply."

Therefore, the Government has a right to place on the Order Paper the business of Supply which it has done today.

"Provided that no Order of the Day shall be set down as aforesaid on any day on which business other than Government business has precedence"

This rule applies to a Wednesday morning, which is a private Members' Day.

- (2) The provisions of paragraphs (2), (3), (4) and (5) of Standing Orders 142 (Procedure in Committee of Supply) shall *mutatis mutandis*, apply to Supplementary Estimates.

- (3) On any day on which an Order of the Day for Committee of Supply has been set down under this Standing Order, the business of such order shall commence not later than three hours before the time for interruption of business and, unless the House otherwise orders that such business shall continue for more than one day, the Chairman shall, half an hour before the time for interruption of business forthwith put every the question necessary to dispose of the Motion then under consideration and shall then forthwith put severally the questions necessary to dispose of the business of Supply under the same Order of the day.

If you look at the Order Paper, today is a Supply Day that shall commence three hours before the House rises. Which means, it will rise at 5.30 p.m. today. I would like the whole House to listen very carefully.

"On any day upon which the Chairman is under this Order directed to put to forthwith any question the consideration of the business of Supply shall not be anticipated by a Motion for adjournment of the House, and no dilatory Motion shall be moved in relation to that business, and the business shall not be interrupted under any Standing Order."

Now, hon. Members, that is the rule of the House. It says: "There shall not be a dilatory Motion". Among dilatory Motions is the Motion for Adjournment of the House. It is the rule which says before your eyes, that on a day like today, the business shall not be interrupted under any standing order. If that be the law, which to this very minute has not been amended, and the Chair cannot amend, I ask you, in all honesty, because I am getting a little upset by continuously being asked to breach the rules of this House, which each one of us has sworn to uphold. What am I supposed to do? Close my eyes against that rule or deliberately allow the House to breach its rules?

Hon. Members, I can assure you that when history comes to judge as to who was in charge when the rules were deliberately being subverted, it will not be an individual Member. The person occupying the Chair will face the brunt of the judgement of history. I have a history to keep, and I do not intend to allow it to be dented for the political convenience of anybody. I will apply the rules the way they are. If you think any rule is bad, amend it, and I will apply it as amended. I will have no further clarifications on this, because any further discussion is, in fact, in breach of this Standing Order, which says: "No dilatory Motion shall anticipate a Supply Day. It is very clear. So, please, can we now proceed!

(Several hon. Members stood up in their places)

Order, hon. Members! I hope hon. Members understand that these rules are made for the benefit of this House and they have the force of law until they are amended. It is my business to ensure that they are complied with, so long as they are not amended. I am the custodian of these rules on your behalf. Now, can we continue to the next Order!

Mr. Maitha: On a point of order, Mr. Speaker, Sir. I would like to seek guidance from the Chair. We have had occasions where the House has adjourned and you have never read that Standing Order. We would like your guidance as to what hon. Orenge has raised. Please, give us guidance.

Mr. Speaker: Mr. Maitha, even if I were to stand here and give guidance for the whole day and yet hon. Members do not want to listen, what do I do? In all occasions which Mr. Orenge has mentioned, when the House has had to adjourn, in none of them was the business of Supply under consideration. That is the truth and that is the law. I would like hon. Members to be honest to themselves and Kenyans. In May, we did not have the Budget. The Budget was read to us on 11th June. On no day ever, did we have to adjourn the business of the House when the business of Supply was under consideration. So, I have clarified very clearly, that the rules are there. If it was tomorrow, for example, if we are not considering the business of Supply, maybe you can have a case. But, certainly, not when the rules themselves are clear. I think hon. Members must understand that you must build Parliament and not destroy it. The minute we throw our rules to the wind, it is the day we completely finish the institution of Parliament, and I will not be part of that destruction.

(Several hon. Members stood up in their places)

I can give all of you time to raise your points of order, and you will lose all your Questions. When it reaches 3.30 p.m. we will go straightaway to the business of Supply. But, in the meantime, we will be continuously breaching our Standing Orders. So, can we proceed!

Mr. Ojode: On a point of order, Mr. Speaker, Sir. Now that you have refused to grant the extra ordinary adjournment, would it be possible for us to amend the Motion which has already been put by hon. Orenge, so that instead of adjourning forever, we can adjourn for about two hours to discuss this issue.

Mr. Speaker: Order! Mr. Ojode, where were you when I read the rule? You want me to read it again? Hon. Members, do you want me to read it again?

Hon. Members: No!

Mr. Speaker: Mr. Ojode, you can hear the House is very clear on this issue. I have read to the House the rule that guards against adjournment of the House and during the business of supply, the House cannot be interrupted under any Standing Order. I have already read to the House, and the House is very clear about it. What else do you want me to do?

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

Mr. Speaker: Order, Mr. Ojode! Hon. Members are not amused, because I read to them the Standing Order and they have all understood. Unfortunately, the best I can do is to let the House know what the law is, and it is my business to be a goal-keeper as you can see.

Mr. Ojode: And those who are not amused!

Mr. Speaker: Order, hon. Ojode! You have become a heckler! Hon. Members, can we proceed! You have read the rules. It is not Mr. Speaker who is refusing you to adjourn. Hon. Members, you should understand that even if it is tomorrow and you move a Motion that we adjourn to January, and I put the Question and you agree, I will be very happy. I will take leave.

Mr. Wamae: On a point of order, Mr. Speaker, Sir. There are extraordinary events that are happening outside. We have never had an occasion in this House, where Members of Parliament have been prevented from getting into Parliament. But now, they cannot get in. The Minister for Health is not here to deal with the issues at hand. How can we proceed when hon. Members are physically prevented from coming into the House by the teachers outside, because of their grievances?

Mr. Speaker: Hon. Wamae, you have raised a very interesting issue. The constitutional duty of Parliament is to transact business and make laws. This is provided for under Section 46 of the Constitution of Kenya. It reads:

"Subject to this Constitution, the legislative power of Parliament shall be exercised by Bills thus passed by the National Assembly".

That is among the most important functions of Parliament. It passes Bills and also allot of money to the Ministries. Hon. Wamae has raised a very cardinal question; hon. Members being unlawfully stopped from

getting into Parliament. As the Speaker of the National Assembly of Kenya, I have a few things to say. I have no control over what is happening at the gates. But I have a concern raised by hon. Wamae, that Members of Parliament must have been denied access into Parliament and out of Parliament. I can also say this: It is the right of Members of this House to deliberate on issues that come before this House without duress or coercion. Every Kenyan has a right to lobby the Members of Parliament. But you cannot hold Members of Parliament hostages. Members of Parliament must have free minds to think whether or not to pass a certain legislation. They must have free movement in and out of the National Assembly. I do sympathise with hon. Wamae, and I do beseech Kenyans not to stop Parliament from operating. It is unconstitutional and illegal for any person of good mind to stop Parliament from operating. I do appeal that whatever else is happening outside, whoever wants to lobby Members of Parliament can do so in a courteous manner. They should put their case across to Members of Parliament and they will consider it. Now that you have raised that there is something to do with a Bill, I would like to tell the House that a Bill makes an entry to this House by being formally read the First Time. To the best of my recollection, no Bill concerning the teachers has ever made an entry into this House. So, as far as this House is concerned, there is no Bill affecting the teachers, that is before us. That is the truth and the law. There is no---

(Mr. Orengo interjected)

Hon. Orengo, I do not know why you have the least respect---I do not know whether it is for the Speaker generally, or to Mr. Kaparo as a person. I am getting upset. Now, can I say that as far---I want to tell you this legally as your Speaker. There is only one lawful way in which a Bill can get into this House. That is by being read the First Time.

(Mr. Orengo interjected)

Hon. Members, what do I do with hon. Orengo?

Hon. Members: Throw him out!

Mr. Speaker: Hon. Orengo, may I tell you that if you have a real problem with Mr. Kaparo, you should not bring it here. Bring it elsewhere. But this is the Chair and there is nothing you can do about the Chair. I am speaking as the Speaker and there is nothing you can do personally about the Speaker. Will you now keep quiet?

To get the emotions down, I would like to tell the House - as I am part of this society too and I am a Kenyan - that to the best of my knowledge, there has never been a Bill introduced in this House to do with anything about the teachers' remuneration. If it is elsewhere, I have no control over it elsewhere. I have only control of this House. So, hon. Members know that if the Bill ever comes before this House, when it is read for the First Time, it will not even go directly to the Second Reading, it will be referred to the appropriate Departmental Committee. Hon. Members, we are taking away time on a matter that does not exist. It is not in this House! It is not a reality! It is an imagination! So, can we come back to reality?

(Mr. Muihia interjected)

Order, hon. Muihia! You can see certain things. If you see this Bill before it ever comes to this House, it is not a Bill; it is a piece of paper. So, whatever you have seen is certainly not a Bill until it is introduced. Let us proceed with the Questions.

An hon. Member: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Order! Order! If you persist, you will be disorderly. Next order, Mr. Oloo-Aringo.

ORAL ANSWERS TO QUESTIONS

Question No.388

ILLEGAL ARRESTS BY CHIEF

Mr. Oloo-Aringo: Mr. Speaker, Sir, because we are all concerned with the orderly conduct of business in this House, it will be improper for me to ask this Question until this issue is resolved.

(Applause)

Mr. Speaker: Very good. Order!

Mr. Orengo: On a point of order, Mr. Speaker, Sir---

Mr. Speaker: Order, Mr. Orengo! Well, Mr. Oloo-Aringo, your Question is, therefore, dropped. Next Question, Mr. David Sudi.

Hon. Members: Do not ask it!

Mr. Oloo-Aringo: On a point of order, Mr. Speaker, Sir. You did rightly say that you are loyal to the House, and the House is insisting that these matters be resolved before we proceed with the rest of the business of the House. This is important. You asked us whether there is a provision in the Standing Orders to allow you to be upset. Maybe you should tell us if that Standing Order ever exists. You should not even get upset. We do not expect our Speaker to be upset.

(Applause)

Mr. Speaker: Mr. Oloo-Aringo, you would have helped your own Speaker, if an hon. Member persistently showed disrespect to the House and to the Speaker, and was dealt with in accordance with the Standing Orders. But to come to your own question about your not being willing to ask your Question until this matter is resolved, honestly, Mr. Oloo-Aringo, and I have a lot of respect for you, how else do you want me to resolve this issue more than reading to you the relevant Standing Order for the day, which says that the business of the House shall not be interrupted under any Standing Order? How, honestly, do you want me to help this House? Are some Members telling me, irrespective of the provisions of the Standing Orders, that Mr. Speaker, to please us, must totally ignore those Standing Orders and do as we want." Is that what I am being asked to do? I am saying absolutely no, and I have already ruled on that matter, and I do not need to rule on it again. So, any Member who does not want to ask his Question will have it dropped.

Mr. Oloo-Aringo: On a point of order, Mr. Speaker, Sir. I reciprocate your respect, but I also wanted to say that after President Moi and hon. Kibaki, I am the longest serving Member of this House. I still think that this House must be given due respect and I agree with you that we must stick to the Standing Orders, but we are also concerned with this country. If there are issues which are abnormal, they must be addressed in those abnormal situations. The situation in the country at the moment is abnormal.

(Applause)

Mr. Speaker: Hon. Members, you are the ones who make the rules, I do not. If the hon. Members feel that way, there are three options: First, you can amend Standing Order No.143. Secondly, you could add another Standing Order that probably says that on a Committee of Supply Day, if there is something extra-ordinary or of national importance, the House can sit after the allotted time. But that must be understood on the Standing Orders. I think the third option is that Members can address this issue. Today, being a Committee of Supply Day, when we discuss whether or not to allot money to the Ministry of Health, Members can use that to state, and maybe, say that they do not want to give any money to the Ministry of Health, and that all that money must be transferred to the Ministry of Education and Human Resource Development. You can use the debate to address the issue quite effectively. So, you have an avenue. Hon. Members, I do not think it is in the interest of this House when Members cannot get a way through the Standing Orders to engage unnecessarily on Mr. Speaker. It is not right. If the Standing Orders have blocked us, let us get a way out, and I have already suggested that.

(Several Members stood up in their places)

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

Mr. Speaker: No more! Mr. Oloo-Aringo, are you asking your Question?

Mr. Oloo-Aringo: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Order! Mr. Oloo-Aringo, are you asking your Question?

Mr. Oloo-Aringo: On a point of order, Mr. Speaker, Sir. You have a way out and I want to suggest it. In a situation such as this one, Mr. Speaker can just walk out of the Chair.

Mr. Speaker: Order! Order! When I am asking for a suggestion, I am honestly not asking for jokes. I am

truly asking for serious suggestions. If Mr. Speaker were to walk out of this House, it means this House has walked out of Parliament, and I am not just about to do that. I am much more serious than that, and I think the House must be a little more serious than that. We cannot just walk out, because the rules are there.

Mr. Anyona: On a point of order, Mr. Speaker, Sir. It is a question of this Parliament sorting out its own rules and the priorities of this nation. I believe that every matter that concerns this nation must find its solution in Parliament not in the streets, not even in Government offices, because sometimes the Government is part of some of those problems. I would be averse to any process which says that Parliament disbands and goes into the streets to fan up the fires that are already burning there. I think it is true that we have a serious problem right now, and is up to us as hon. Members to find out within our procedures how we can deal with it. For a start, you have stated quite clearly that in today's business, it is not possible to accommodate that kind of business on the Order Paper. As I was walking out there the teachers asked me to address them, but I told them the Bill is not before the House, and when it is in the House, we will address it. I also want to bring out the issue that right now, when we start discussing the problems of the teachers in the context of the Bill, we are, in fact, breaching the rules of the House, because then we are anticipating debate on this Bill. All we are saying is that the Government should keep that Bill as far away from this Parliament as possible for the time being. In fact, I have been having a discussion with the Minister for Education and Human Resource Development this morning and that is precisely what we were saying that this Bill should stay out until we resolve this problem as a national Parliament.

Mr. Speaker, Sir, I was going to suggest this: We are not impervious to what is going on out there. It is not just the question of the teachers. It is only that the rest of the society has not risen up, and it can rise up. Tomorrow is Thursday. I believe that tomorrow we have normal business that does not tie our hands like today. Why can we not use Standing Order No.20 tomorrow and send the message to our people that we are concerned, and that tomorrow afternoon, we can use the provisions of Standing Order No.20 to ventilate on this issue? I do not believe that would be the answer, but it will express the concern that we feel as leaders of this nation.

Mr. Speaker, Sir, in the meantime, the solution as far I am concerned is this: We have a committee of Parliament that deals with education. That committee should have got down to business with the Minister to ask him why he is unable to meet the demands of the teachers. They should try and talk to teachers and explain to them if there is anything to be explained. Parliament has the machinery because there is a committee. Now, we want to disband Parliament although we formed a committee to do just that.

Mr. Speaker, Sir, now, in the absence of that, I want to appeal to Members of this House who feel strongly for the nation and our people, to get together even informally like what we are doing right now. We are going down across County Hall to draft the amendment to the Bill. We should get together, assist the Minister, Government, teachers and our people and get the solution.

Members: Get together with who?

Mr. Speaker: Order! Order, Members! Can I put this thing to rest? I think I have already explained that there is no Bill before this House. So, that is very clear. There is no Bill pending for discussion before this House. It has not come. If it is an intention, I do not deal with intentions; I deal with reality. There is no Bill concerning the teachers pending before this House. That is the truth.

As for the second issue that Mr. Orengo raised on whether the House can adjourn business tomorrow when it is not the Committee of Supply day to deal with this problem that is before us, now hon. Members, tomorrow has not come and tomorrow is not a Committee of Supply day. If anybody was to make an application, then the Speaker will proceed. I am part of this society. So, any Member who feels that he really wants to have this matter discussed, can file his or her Motion for tomorrow since it is not a Committee of Supply day and then it will be considered. For now, let us proceed and then tomorrow you can discuss it, if you so wish. However, I cannot say that I am going to allot two hours tomorrow to an unknown Member on a Motion that has not been presented to me. So, it is up to the Members who feel strongly about this issue to file their Motion and show reason why we should have it discussed tomorrow, since we will be in this House tomorrow. For now, I do not think we have anything to do. I think it is time for me to have a Communication from the Chair and then we go to---

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

Mr. Speaker: Order! I have already said that any Member who wants to discuss any matter---

Hon. Members: What do you mean by that? More hon. Members are not coming in---

Mr. Speaker: Order! I know that. I can hear and I see that Members cannot come in. There is a lot of *kelele* all over the place. I have also said that as much as I also sympathise, and as much as I can facilitate this House to discuss matters affecting the nation, I think I have also said equally strongly that Members of this House should never be intimidated and they should never be stopped from coming into the House to discharge their duties. So, in simple language; Let any Member bring a Motion under Standing Order No.20 for debate tomorrow.

If I get that Motion, I will consider it, depending on its gravity. Maybe, by tonight, who knows, the teachers will have got everything that they want and then they will go back to classes. However, if tomorrow the situation should continue, then hon. Members will be at liberty to do so. So, can I now say that all Questions have been shelved? I do not like shelving things. These Questions are deferred to next week because the Order Paper for tomorrow will be interfered with. They are deferred to next week. I will now make a Communication before we go to the business of Committee of Supply. I think I have cleared the issue and any Member wanting to make a Motion, please, do it and we will see if it can be raised tomorrow afternoon.

Question No.335

OVERFLOWING OF RIVER NYANDO

(Question deferred)

Question No.388

ILLEGAL ARRESTS BY CHIEF

(Question deferred)

Question No.421

INTIMIDATION OF MARAKWET OFFICERS

(Question deferred)

Question No.352

SUGAR FACTORY FOR NYAGWETA

(Question deferred)

Question No.237

NUMBER OF VEHICLES PURCHASED BY MINISTRY

(Question deferred)

Question No.379

POLLUTION BY INDUSTRIES IN ATHI RIVER

(Question deferred)

QUESTIONS BY PRIVATE NOTICE

ILLEGAL TOLL STATION AT KITHAAYONI BRIDGE

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

(a) Is the Minister aware that an illegal toll station is being operated at Kithaayoni Bridge in Kathama Location, Mwala Constituency, by 10 young men and a local Chief in which vehicles, bicycles and domestic animals crossing the bridge are charged amounts ranging from Kshs10 to Kshs500?

(b) Is he further aware that the local residents have reported the matter to the Provincial

Administration and Mwala Police Post and that no action has been taken?

(c) If the answers to "a" and "b" above are in the affirmative, what immediate action is the Minister taking to ensure that the motorists and pedestrians using the bridge are not charged illegal fees and that the culprits are arrested and charged accordingly?

(Question deferred)

EXPULSION OF KCPE CANDIDATES

(Mr. Anyona) to ask the Minister for Education and Human Resource Development:-

(a) Is the Minister aware that the Headteacher of Kiomonso Primary School in Kitutu Masaba has sent away standard eight pupils, Jacobsen and Esther Meroka, since May 1998 on account of failure to pay Kshs27 for holiday coaching and Kshs30 for morning preps?

(b) If the answer to "a" above is in the affirmative, could the Minister investigate this case and ensure that these KCPE candidates return to school immediately to prepare for the examination?

(c) Could the Minister also make a statement regarding school charges and fees on activity, building, coaching, mock and preps?

(Question deferred)

COMMUNICATION FROM THE CHAIR

ORIENTATION SEMINAR FOR MEMBERS

Mr. Speaker: Hon. Members, it is with great pleasure that I take this opportunity to announce that the Kenya National Assembly with the assistance of the Commonwealth Parliamentary Association (CPA) and United Nations Development Programme (UNDP) have organised an orientation seminar for all hon. Members of the Eighth Parliament from 3rd to the 7th of August, 1998. The seminar will take place at the Kenya College of Communications Technology, Mbagathi. Registration of participants will start at 8.00 a.m.; and the official opening will be held at 9.00 a.m. the same day. This is, therefore, to formally extend an invitation to all hon. Members to attend the seminar and share with their visiting colleagues their experience of parliamentary procedures and practices in different Parliaments of the Commonwealth. There will also be an opportunity to share with local consultants ideas dealing with our current social economic issues. Members are reminded that they have been issued with copies of a report of a similar seminar held in August, 1993.

Thank you.

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 Health on 14.7.98)

(Resumption of Debate interrupted on 14.7.98)

Mr. Speaker: Who was on the Floor?

An Hon. Member: It was Mr. Lotodo.

The Minister for Natural Resources (Mr. F. Lotodo): Thank you, Mr. Speaker, Sir, for giving me this opportunity to join my colleagues who spoke yesterday on Vote 11 of the Ministry of Health.

Mr. Speaker, Sir, I would like the Minister for Health to know that Kapenguria District Hospital has a training wing which has not taken off the ground. Over 10 years ago, the Netherlands Government gave the Kenyan Government a lot of money to expand Kapenguria District Hospital plus a training wing. The training wing, the dormitories and the dining hall were built minus staff houses. The staff houses have not been built and, therefore, the training wing cannot take off the ground. I am appealing to the Minister that if he cannot get funds locally, he should go back to the same Netherlands Government and ask for more funds so that the staff houses can be built and the training wing can take off the ground.

Secondly, I would like the hon. Minister for Health to open more health centres and dispensaries because right now we have three health centres and seven dispensaries. Out of those seven dispensaries, about six, along with the district hospital, were built about ten years ago.

The last thing I would like to inform the Minister is about ambulances. West Pokot happens to be one of the rural districts with difficult communications and at the moment, we do not have even one single ambulance for Kapenguria District Hospital. While considering to get ambulances for hospitals, Kapenguria should be given first priority.

Thank you, Mr. Speaker, Sir.

The Minister for Lands and Settlement (Mr. Ngala): Bw. Spika, nakushukuru kwa kunipa nafasi hii. Kwanza, nataka kumshukuru Waziri wa Afya kwa namna alivoeleza Bunge juu ya mambo ya pesa za Wizara yake. Nataka pia nimshukuru Waziri kwa jitihada zake anazofanya kama Waziri wa Afya. Maongozi yake yana nia njema ya kujaribu kutafuta njia ya kuifanya Wizara ya Afya iwe na msimamo thabiti na iweze kutoa huduma kwa raia wa nchi ya Kenya.

Bw. Spika, pesa ambazo Waziri anazihitaji ili kuweza kufanya mipango na miradi mbalimbali kwa Wizara yake, ni pesa nyingi ambazo tunatarajia ya kwamba zitaweza kutimiza mahitaji muhimu. Nilifurahi jana niliposikia Waziri akizungumza juu ya mambo ya mipangilio aliyo nayo kuhusu miradi mbali mbali ya Wizara yake. Nataka kumuunga mkono sana kwa msembo wake aliotaja juu ya hospitali kuu ya Pwani, ambayo alisema itapata pesa za kuweza kuirekebisha na kuifanya iwe ni hospitali ambapo magonjwa mengi yanawezwa kutibiwa. Hospitali hiyo ya Mkoa wa Pwani inayoitwa Coast General Hospital, ni hospitali muhimu sana, na kwa miaka mingi, imekuwa haifanyi kazi yake sawa sawa, kwa sababu kumekuwa na matatizo sampuli mbali mbali, kuhusu vifaa na mambo fulani ya usimamizi. Kwa hivyo, ni vizuri ikiwa Wizara ya Afya itaweza kumulika hospitali hiyo na kuipatia nafasi ya kujipanua na kuweza kujengwa vizuri, ili iweze kuhudumia Mkoa mzima kama ambavyo hospitali nyingine zinahudumia wananchi kwa kuchukua kesi za wagonjwa na kuweza kuziangalia zaidi. Nataka kumpongeza Waziri wa Afya kwa kitendo kama hicho.

Bw. Spika, kuna miradi mingi ambayo inafanywa na Wizara ya Afya. Ninawakilisha sehemu ambayo ni ya mashambani, kwa jina inaitwa Ganze. Kuna miradi huko ambayo ni ya mambo ya huduma za hospitali. Mwaka jana, kulikuwa na matatizo ambayo yalifanya huduma za afya kuwa haba sana. *El Nino* iliharibu barabara nyingi na ikaleta shida. Ninaomba hivi sasa ambapo hali imegeuka na kuna barabara za kuweza kupitika na kupeleka vifaa, Wizara ipeleke vifaa na madawa ili tuweze kupata usaidizi. Nina hakika Waziri wa Afya anafahamu kwamba kuna miradi miwili ambayo ilikuwa ni mizito sana. Mtu mmoja alipewa kandarasi ya kujenga Ganze Dispensary. Huyu mtu alipewa kandarasi hiyo, kwa miezi mingi sana, hata ijapokuwa tulikuwa na shida za *El Nino*. Lakini aliondoka kutoka kwenye mradi huo na hakuweza kufanya hiyo kazi. Lakini nashukuru kwa bidii za kamati zinazohusika; walifikiria upya na wakampa mtu mwingine kandarasi hiyo. Hivi sasa, mambo yanaendelea. Tunatarajia ya kwamba fedha zile ambazo zilikuwa zimepangwa kwa mradi huo, ambazo ni laki saba au laki tano, zitaweza kupatikana ili mradi huo uweze kukamilishwa na watu wa sehemu hiyo waweze kuhudumiwa.

Kuna mradi mwingine ambao umepata shida na ambao natarajia kwamba kupitia kwa afisi ya Waziri wa Afya, ataweza pia kuutilia maanani na kuutilia mkazo zaidi. Kuna dispensary nyingine inayoitwa Vitengeni Dispensary. Hiyo ni dispensary ambayo kwa miaka kadhaa, ilitaka kusaidiwa kujengwa nyumba ya mfanyakazi. Lakini ile nyumba ya mfanyakazi haikuwepo. Hivi sasa, natarajia ya kwamba kutakuwa na nafasi katika makadirio ya pesa hizi tuweze kupata nafasi ya nyumba hiyo kujengwa, ili huduma iweze kutolewa katika pahali hapo. Hii ni kwa sababu watu wa sehemu hiyo, kwa miaka mingi, wamekuwa bila usaidizi wa huduma. Sababu nyingine kubwa ambayo ningetaka Wizara ya afya ijaribu kupanua zaidi mipango ya mambo ya hospitali na afya katika sehemu ninayowakilisha--- Tunashukuru serikali, tulibahatika kupata tarafa nyingine mbili mpya. Na tunatarajia ya kwamba, tarafa hizo mbili ambazo ni mpya zitataka mambo yaweze kupanuliwa. Ni lazima kutakuwa na maofisi mbalimbali; DO mpya, msimamizi wa afya mpya, na wengine. Kwa hivyo, kutakuwa na uhitaji mkubwa wa kufanya mipangilio mzuri kifedha na kiujenzi katika sehemu hiyo, ili tuweze kupata nafasi nzuri ya kuweza kusaidiana. Tungetaka Waziri atueleze zaidi kuhusu mpango wa Wizara wa kujenga vituo vya afya. Kwa miaka kadhaa, hakuajawa na mpango mzuri; hawakupendelea kujengwa kwa vituo vya afya kila pahali. Walikuwa na mpango wa kwamba kuwe na kituo kimoja ambacho kingehudumiwa na kituo kingine kando kando.

Ikiwa mpango huo bado uko, basi ni vizuri tuweze kupatiwa nafasi ya kupata misaada ya kujenga vituo vya afya, ikiwezekana, katika kila lokesheni, na dispensaries ziweze kusaidia. Hii ni kwa sababu uhitaji wa matibabu utazidi kuongezeka katika miaka ijayo.

Bw. Spika, jambo alilozungumza Waziri kuhusu mambo ya magonjwa, na hasa ugonjwa wa ukimwi ni jambo ambalo sisi, kama Wakenya, tunahitajika sana kutilia maanani. Umeharibu, na unaua, na lazima njia zitafutwe za kuelimisha na kuendelea kuelimisha raia wetu namna ya kujikinga na kujilinda katika mambo haya, kwa sababu ni ugonjwa hatari. Utafiti ni kitu muhimu. Na ikiwa kuna mipango ya kufanya utafiti kama ilivyosemekana, wanaofanya utafiti wafanye kwa njia ambayo itakuwa ni ya kujenga imani kwa raia. Utafiti wa kudanganya raia kwa sababu ya pesa si utafiti mzuri. Tunatarajia ya kwamba wale wanaokuwa na hamu na wanataka kufanya utafiti, watafanya utafiti kwa njia iliyo sawa ili tuweze kupata imani.

Bw. Spika, Bamba Health Centre inahitaji generator. Tupewe generator katika huo mradi.

Kwa hayo machache, naunga mkono.

Dr. Kituyi: Mr. Speaker, Sir, naturally, you will understand that my conscience normally will dictate that I should not be here at this time for reasons that have sent out most of my colleagues from this side of the House. But before I join them, another constituency demanded my attention in contribution to the debate on the Estimates for the Ministry of Health. I have been obliged to raise this matter, which I hope the hon. Minister for Health will address. It is a matter concerning Mr. Basil Wainwright, alias Dr. Stone. This whiteman has been going around purporting to be treating people who have AIDS, extracting a lot of money from Kenyans and impoverishing the future orphans of AIDS sufferers. I will very much appreciate, either through a Ministerial statement or when the Minister will be responding to the proposals made by hon. Members, that he tells the House, if he is aware that Basil Wainwright is not a medical doctor. Mr. Wainwright, alias Dr. Stone, is only purporting to be a doctor. We would like the Minister to explain to the House the following: The immigration status of this Dr. Stone; under what conditions he is resident and practising medicine in Kenya; whether or not he is being sought for by the INTERPOL; whether or not he is a fugitive who has jumped parole in the United States of America; whether or not he has served a term in prison in the United Kingdom because of being convicted of conning; under what circumstances he brought to Nairobi the unfanned liberal of South African politics, Ms Winnie Mandela, to try to justify to Kenyans that he is a doctor.

Mr. Speaker, Sir, I will be very glad if, in his speech, the hon. Minister could just pay attention to those questions. Thank you.

The Assistant Minister for Education and Human Resource Development (Mr. Awori): Asante sana, Bw. Spika kwa kunipa nafasi hii ili nishirikiane na wezangu katika kuzungumza juu ya pesa za Wizara ya Afya.

Kwanza, ningependa kuwashukuru wafanyakazi wa Wizara hii kule mashinani kwa sababu wengi wao wanafanya kazi katika mazingara magumu sana lakini wanawahudumia wananchi. Ningependa pia kuwashukuru wakuu wa Wizara hii walio katika ofisi kuu kwa kazi njema wanayoifanya. Wameshirikiana na Waziri kutenengeneza mambo haya yanayotufanya tujadili pesa ambazo zitamwezesha kuziendesha shughuli za Wizara yake. Kama nchi hii ingekuwa tajiri sana, basi tungeweza kumpatia Waziri wa Afya pesa nyingi kuliko zile ambazo wametuomba. Lakini kwa sababu ya uhaba wa pesa katika nchi hii, ni muhimu kwa Wizara kujua jinsi ya kuzitumia pesa itakazopata.

Pesa zote ambazo zitapitishwa na Bunge hili ni lazima zitumiwe kwa njia nzuri. Wafanyakazi wote wa Serikali ni lazima wawe waaminifu katika kazi yao. Ikiwa wanahitajika kununua kitu fulani kwa bei ya Kshs1, wasipandishe katika hesabu yao na kuandika bei ya Kshs4. Ikiwa watafanya hivyo, Kshs3 ambazo watakuwa wameongezea juu zitakuwa ni hasara kwa wananchi na zinaweza kuwanyima huduma muhimu katika maisha yao.

Tunataka wafanyakazi wawe na bidii kubwa katika kazi yao. Bidii ninayozungumzia ni kwamba tusiwe na mfanyakazi anayeingia ofisini na kupiga domo kwa nusu siku na kufanya kazi nusu siku. Hivyo sikutumia pesa za umma vyema.

Jambo la tatu, Bw. Spika, wakati Bunge hili litakapopitisha pesa hizi, wafanyakazi ni lazima wawe na utu na uzalendo wa kupenda nchi yao na kujua ya kwamba kuna uhaba wa pesa. Kwa hivyo, pesa ambazo zitatolewa ni lazima zitumiwe kwa njia nzuri. Mara nyingi kule nje na hata katika Bunge hili, mambo ya ufisadi na uzembe katika Wizara ya Afya yametajwa. Kuna msemu ya kwamba ukiwa na samaki mmoja ambaye ameoza na umuweke kwenye samaki wazuri, basi uvundo utaenea kwa samaki wote kwa sababu ya samaki huyo mbaya. Ni vivyo hivyo kwa wafanyakazi wa Serikali. Maofisa wanaohusika na ufisadi ni wachache sana. Wengi wa wafanyakazi katika Wizara hii ni wazalendo na wanafanya bidii katika kazi yao. Lakini majina yao yanaharibiwa na hawa maofisa wachache wanaohusika na ufisadi. Ningependa sote, kama viongozi, tuwaunge mkono wafanyakazi wanaofanya kazi kwa uaminifu na tusiwalaumu maofisa wote wa Wizara kwamba ni wafisadi. Hata hivyo kuna mifano michache ya ufisadi katika Wizara hii. Ikiwa ofisa fulani katika hospitali anafanya kazi ya ukunga au kazi nyingine yote, na badala ya kuwatumikia wananchi katika hospitali za umma anaenda kufanya

kazi katika kliniki ya kibinafsi, huo ni ufisadi.

Bw. Spika, tuna shida kubwa sana katika hospitali kuu ya Wilaya ya Busia. Ninaweza kulieleza Bunge hili ya kwamba kuna barua kadha ambazo zimeandikwa na daktari mmoja ambaye amestaafu na amesema kwamba anasaidiana na sisi katika kupiga vita ufisadi. Amemwandikia barua Director of Medical Services. Barua hii iliandikwa kabla ya Prof. Meme kuteuliwa kuwa Director of Medical Services. Ameeleza vile mkuu wa hospitali ya Wilaya ya Busia amewapa madakatari nafasi ya kuwa na kliniki zao. Hata sasa ukienda katika hospitali hiyo ya Busia wakati huu, si ajabu kutowapata madaktari wa zamu. Nina furaha kuona ya kwamba kuna majibu kutoka kwa Daktari Gaturuku akisema hivi:

"Thank you for your letter dated 9th June, 1997, on professional negligence by some doctors and general laxity in the provision and supervision of medical services in Busia District. What you described is of great concern and totally unacceptable. I look forward to visiting your district in the very near future".

Bw. Spika, lakini ningemuomba Prof. Meme amtume huyo daktari kesho, badala ya "in the near future", ili akazione shida zinazowakumba watu wa Busia na ambao wangepata usaidizi kutoka hiyo hospitali. Sisi wengine tunataka kuwaunga mkono; hatutaki kuwashtaki watu bure. Lakini mambo kama haya yakifanyika, hugaribu.

[Mr. Speaker left the Chair]

[Mr. Deputy Speaker took the Chair]

Bw. Naibu Spika, Busia iko karibu na mpaka wa nchi yetu na ile ya Uganda. Ukimwi umezidi kuenea katika sehemu hiyo. Kwa sababu tuko karibu na mpaka wa Kenya na Uganda, watu wetu hujumuika na madereva wa malori kutoka sehemu mbalimbali. Inasemekana kwamba madereva hao wanabeba viini vya ugonjwa wa Ukimwi. Watu wetu wanaambukizwa virusi hivi na kufariki kwa wingi. Tungetaka kutangaza vita dhidi ya huu ugonjwa; tuongeze juhudi katika kuwaelimisha watu wetu juu ya athari za kutoishi maisha mema. Vile vile, tungetaka kufanywe utafiti ili kutambua jinsi tunavyoweza kuepuka kuambukizwa virusi vya ugonjwa huu hatari; sio tu kutegemea maneno machache yanayosemwa kama vile kutumia mipira watu wanapofanya mapenzi, na kadhalika. Inatakikana Wizara iongeze juhudi katika kuwaelimisha watu ili tuweze kuangamiza huu ugonjwa.

Bw. Naibu Spika, magonjwa mengine ambayo yanatusumbua sana katika sehemu yetu ni kipindupindu na malaria. Haswa, magonjwa hayo yalizidi kufuatia mvua ya *El Nino* ambapo, watu wengi walifariki kufuatia kuzuka kwa magonjwa hayo. Hii ni kwa sababu, wakati mwingine wagonjwa hawakuweza kupata huduma ya kutosha.

Gharama za matibabu katika nchi hii ziko juu sana. Wakati mwingine mimi hushangaa watu wengine hujimudu namna gani. Siku hizi, mtu akienda hospitali kutibiwa mara moja peke yake, hulipa kati ya Kshs10,000 na Kshs15,000 ama zaidi. Tunataka Wizara itafute njia za kupunguza gharama za matibabu katika hospitali. Tunataka Wizara ichunguze sana hazina ya taifa ya huduma za matibabu, yaani National Hospital Insurance Fund (NHIF), kwa madhumuni ya kuifanya igharamie mahitaji yote ya wananchi. Wakati huu, kwa mfano, kampuni za bima haziwezi kutoa huduma kwa wazee kama mimi. Ukishafikisha umri wa miaka 60, huwezi kupata bima na hii---

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

(Several hon. Members stood up in their places)

Mr. Deputy Speaker: Hon. Members, you should not stand up in your places when the time for the Member who is on the Floor is not yet up. It is not in order for you to do so.

Hon. Ndubai, proceed!

Mr. Ndubai: Thank you, Mr. Deputy Speaker, Sir. Maybe, hon. Members on the Government side of the House are surprised to see me here. I came to this Parliament through the votes of my constituents and, therefore, I am under no obligation to do what other hon. Members are doing.

(Applause)

Nevertheless, no matter how much we sympathise with the teachers' situation, we must take the interests of this country at heart. Also, the consideration of the country must over-shadow all other things. With that remark, I would like to say that the Ministry of Health is one of the most important Ministries in this country and,

therefore, we must dearly contribute to its Vote to give its officials guidelines on how they should manage the affairs of the Ministry.

Mr. Deputy Speaker, Sir, there is a saying that Napoleon lost the Battle of Waterloo because he forgot the infantry and that he only continued to lead the most elite units of his army. I believe that our Government also has that parallel; where we are comparing it with Napoleon and the Battle of Waterloo. The Government tends to forget the citizens of this country when it comes to medical attention. That is why I am saying that the Government has either forgotten, or is intentionally refusing to listen to the peoples' demands for medical care in the country. Medical services in this country have been completely neglected in the sense that the Ministry has failed to control the number of members of the Asian community who have come into this country through dubious means to practise medicine and, now, they have taken over the medical sector completely.

Mr. Deputy Speaker, Sir, if you go to any part of this country, be it in Nairobi, Mombasa or Kisumu; all practising doctors are people of Asian origin. There is no country which can allow the lives of its citizens to be played with. If you go to Westlands today, you will find a Chinese who has put up an oriental clinic where he cures almost every disease. There is no single disease that this Chinese doctor does not talk about. I do not know whether our Government has scrutinised the qualifications of those people who have come from Asia and China to practise medicine in the country. If you visit that Chinese doctor at his Westlands clinic, the only qualification you can see in his clinic--- I decided to go there and check on what is exactly happening. Having lived in China before, I know the type of medicines they sell there. The only qualifications that the Chinese has displayed in his clinic is his photographs with Mr. Mulu Mutisya and the Head of State of this country. That is the only qualifications he can point at and say: "Look here, I have even attended to the Head of State and Mr. Mulu Mutisya." I wonder whether that is a qualification.

The Minister for Environmental Conservation (Mr. Nyenze): On a point of order, Mr. Deputy Speaker, Sir. Is it in order for the hon. Member to mention the name of Mr. Mulu Mutisya who cannot come to defend himself in this House?

Mr. Ndubai: Mr. Deputy Speaker, Sir, I think the hon. Member has raised that point of order because he is new in this House. I have not mentioned Mr. Mulu Mutisya in bad faith. I have just said that his portrait is being used by a Chinese doctor as part of his qualifications.

The Assistant Minister for Trade (Mr. Ndilinge): On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Member aware that Mr. Mulu Mutisya is a mzee who is highly respected among the Kamba people, just the way the Meru people respect Mr. Angaine?

Mr. Deputy Speaker: I think hon. Ndubai has really, stated that Mr. Mulu Mutisya's photograph is being misused. That is really in Mulu Mutisya's favour.

Mr. Ndubai: Mr. Deputy Speaker, Sir, unfortunately, we have very many people who have come to this Parliament not to protect the interests of the State, but rather those of individuals.

The Assistant Minister for Trade (Mr. Ndilinge): On a point of order, Mr. Deputy Speaker, Sir.

Mr. Ndubai: Do not waste my time. Will you sit down, please?

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

Mr. Ndubai: Mr. Deputy Speaker, Sir, may I repeat---

(Mr. Arap-Kirui stood up in his place)

Mr. Deputy Speaker: Order! Mr. Arap-Kirui, what is your point of order?

The Assistant Minister for Finance (Mr. Arap-Kirui): Mr. Deputy Speaker, Sir, is the hon. Member on the Floor in order to suggest that the Chinese doctor has attended to the Head of State and the other gentleman he has mentioned? That is what I heard him say.

Mr. Ndubai: Mr. Deputy Speaker, Sir, I think these Members must learn to listen. I said that the name of the Head of State must not be misused by a man who is intending to make the people believe that simply because the Head of State--- Maybe, the Head of State went to check on what was happening there and the doctor is now using the portrait of the Head of State as his qualification. The reason why I am saying that, is because there is something completely wrong with our health sector. I am saying that we have very many dubious doctors in this country and that something must be done immediately by the Ministry of Health to correct the situation. I believe that the Ministry is capable of doing this since it has a very able team comprising the Permanent Secretary and the Minister. The two should look into this issue seriously to make sure that doctors with dubious qualifications must be immediately ordered to leave this country. You can play with all other areas but when it comes to the lives of citizens, the Government must take all precautions to make sure that lives of the citizens are not tampered with.

Mr. Deputy Speaker, Sir, the other thing is that during the last Parliament, when we were discussing the Vote of the Ministry of Health, it became clear that the previous Permanent Secretary gave a certain Asian an order for Kshs7.2 billion to supply malaria control medicine. That medicine could be used in the Continent of Africa for five years. We are requesting the Minister and all relevant authorities in the Ministry to make sure that if there is any order for medicine, it is ordered by following the laid-down procedures of tendering. They should not be misused by the Asian community who have become the barons of medicine in this country. In any case, the supply of medicine to this country must be given to local citizens of this country. I would like to advise the Minister and the Permanent Secretary to make sure that if there is any tender for the supply of medicine they give local people the first priority in order for us to bring the economy of this country to its feet.

Mr. Deputy Speaker, Sir, recently I had an opportunity to see the order of military fitness in the world and Kenya was ranked third in military terms. Our military personnel are very sick. I am saying that because I have a report with me indicating the situation in Zambia, Zaire and Kenya. Kenya is ranked third in terms of HIV-related diseases. Training military personnel is a very expensive exercise. I would like to request the Government to set aside a very big budget to attend to the health of our military personnel rather than using colossal sums of money to train them or even recruit more.

The Minister for Lands and Settlement (Mr. Ngala): On a point of order, Mr. Deputy Speaker, Sir. The hon. Member has referred to a very serious matter about the military personnel being HIV infected. He is talking about a report which he has. Could he substantiate and tell this House where he got that report, which is talking about Kenya?

Mr. Ndubai: Mr. Deputy Speaker, Sir, if I was called upon to do that, I would do it. That report is not a secret document. It is contained in a magazine entitled: "The International Review of the Military", which analyses every country's military fitness. If hon. Ngala would like to see it, I am prepared to give him a copy of that magazine.

Mr. Deputy Speaker: Can you bring it here and lay it on the Table?

Mr. Ndubai: Mr. Deputy Speaker, Sir, I will bring it.

Mr. Deputy Speaker: When can you do that?

Mr. Ndubai: I will bring it on Tuesday.

Mr. Deputy Speaker: Just bring it tomorrow in the afternoon.

Mr. Ndubai: Mr. Deputy Speaker, Sir, I will do that.

My contribution is not meant to chide anybody. As I said previously in this House, I do not come here to disappoint anybody but to contribute for the benefit of the country. Nevertheless, I would again repeat that the Ministry of Health holds the key to the welfare of this country. For the Ministry to use that key, the money we are going to approve in this Budget must be used properly.

With those remarks, I support the Motion.

Mr. Haji: Bw. Naibu Spika, nakushukuru kwa kunipatia nafasi hii.

Kwanza, ningetaka kuwapongeza maofisa wote wa Wizara ya Afya kwa ujumla kwa kazi nzuri ambayo wamefanya hata ingawa uchumi wetu hauruhusu Serikali kufanya kila kitu. Hata hivyo, ninaona vigumu sana kuzungumza juu ya Wizara hiyo. Hii ni kwa sababu Waziri wa Afya kwa sasa alikuwa mkubwa wangu wakati nilipokuwa Mkuu wa Mkoa na bado ninamheshimu kama Waziri, pamoja na Katibu wake Mkuu. Tumefanya kazi nao kwa muda mrefu. Hata hivyo, ninataka kumjulisha ya kwamba, Wilaya ya Garissa ni kilometa 20,000 mraba kwa ukubwa, na raia katika wilaya hiyo wanatapaka kila sehemu kwa ajili ya kutafuta maji na malisho. Hata hivyo, wananchi wenyewe, kwa sababu wanajua umuhimu wa mambo ya afya, walifanya Harambee na kujenga zahanati na vituo vya afya. Tanafurahi ya kwamba Serikali imechukua jukumu la kusimamia hizo zahanati ambazo wananchi wenyewe waligharamia. Lakini sehemu nyingi kama vile Ijara, Modogashe, Mbalambala na Masalani, ambazo zinawahudumia watu wa Mkoa wa Kaskasini Mashariki pamoja na Mkoa wa Pwani, kwa wakati huu hazina hata ofisa mmoja wa afya ambaye anasimamia hivyo vituo. Miei mitatu upiyoipita, mimi nilitembelea zahanati ya Masalani na niliwapata wagonjwa zaidi ya 70 na nikampigia simu Provincial Commissioner na Provincial Medical Officer of Health, kuwajulisha ya kwamba watu wengi wanakufa kwa sababu ya malaria na hakuna afisa wa kuwahudumia. Yule aliyeachwa hapo alikuwa ni subordinate staff ambaye anaangalia mambo ya usafi. Kwa hivyo, ningewauliza kwa unyenyekevu ya kwamba Wilaya ya Garissa iangaliwe. Watu wengi walikufa kwa sababu ya magonjwa yaliyotokana na *El Nino* kama vile malaria na Rift Valley Fever.

Bw. Naibu Spika, watu wanazungumza mambo ya UKIMWI lakini mimi sitazungumza juu yake kwa sababu huko kwetu tunalala katika nyumba ambazo hazina milango. Ugonjwa wa UKIMWI unatokana na mambo ya uasherati. Kwa hivyo tunajua ya kwamba kama nyumba haina milango, ni vigumu watu wawili

kuzini. Kwa hivyo, wale watu ambao wana matatizo kama haya wanaweza kuiga mfano wa Mkoa wa Kaskazini Mashariki. Lakini malaria imetuumiza sana na tunawaomba maafisa wa Wizara hii waangalie jambo hilo.

Jambo la pili ni kwamba Wilaya ya Garissa ina daktari mmoja peke yake. Kwa hakika, jambo hili ni kinyume cha fikira za binadamu yeyote wa Kenya ya leo. Katika wilaya nyingine za Jamhuri hii, kuna madaktari 20 au 30. Swali ni hili: Ni kwa nini madaktari hawawezi kutumwa katika wilaya kama hiyo? Tunaambiwa madaktari ni wazelendo wa nchi hii na hawawezi kuenda mahali kama Garissa kwa sababu ni remote. Ukweli ni kwamba katika enzi za ukoloni Wazungu walikuwa pale. Sasa kama Wanakenya hawataki kwenda kuwatumikia wenzao katika sehemu za Wajir, Garissa na Mandera, basi, Serikali ifanye mpango ili hata wale Wahindi ambao mhe. Ndubai analia juu yao wapelekwe kule Garissa. Watakubali kufanya kazi huko. Hilo ndilo jambo ambalo ningetaka kuuliza.

Jambo lingine ni kwamba Garissa iko kilometre 400 kutoka Nairobi na sehemu ya Ijara kilometre 600 kutoka Nairobi. Kwa bahati mbaya, hakuna stoo ya kuweka madawa katika Garissa. Sehemu ambazo zinapakana na Nairobi zina stoo za kuweka madawa. Kwa hivyo, Wizara ichunguze mambo haya na ione ya kwamba madawa ya inapelekwa karibu na watu.

Jambo lingine ni kwamba hospitali ya Garissa haina maji. Maji yanachotwa kwa punda kutoka kwa mito. Bila shaka, hatuwezi kuwapa watu maji ambayo yanatoka kwa mto bila kuyaweka dawa. Ningeuliza Wizara ya Afya itafute njia ya kuwasaidia watu wetu katika sehemu hiyo.

Jambo lingine ni kwamba, hiyo wilaya haina hata ambulance moja, hata ya punda. Kwa nini tunafanyiwa hivi? Tunajua ya kwamba pesa sasa zimewekwa kwa Bajeti, karibu Kshs.6 milioni. Tunaomba, hata kama ni mkokoteni, tupewe mmoja ili uweze kupeleka madawa kwa wananchi. Majengo mengi ya hospitali ya Garissa yamekuwa condemned. Kabla majengo haya hayajawaumiza watu, lazima Wizara ifikirie njia nyigine.

Kwa haya machache, ninaunga mkono.

The Assistant Minister for Transport and Communications (Mr. Obure): Thank you, Mr. Deputy Speaker, Sir, for giving me an opportunity to associate myself with those who have spoken before me, in thanking the Minister for Health for presenting this Budget before the House. The Ministry of Health is a very important Ministry in our Government, or in any nation, because it is charged with the responsibility of delivering health services to our people. The Ministry is in charge of ensuring that the people of Kenya are in good health, so that they can make a contribution to national development. People are a major resource and, therefore, their health is of paramount importance to all of us. Given the importance and the crucial role of this Ministry, my feeling is that the Budget allocated to this Ministry is far from being adequate. We should have given it more resources and money if we expect that important Ministry to deliver the services and attain its objectives.

I feel that the Ministry should be given more money, considering the ever increasing population, frequent outbreaks of epidemics and the fact that we would like this Ministry to put more emphasis on preventive rather than curative measures. We would like to see this Ministry conduct more clinical research in order to discover new drugs that can cope with the treatment of diseases, some strains of which have become resistant to existing drugs. I want to take this opportunity, in particular, to thank the new management at the Ministry of Health headquarters, the pragmatic down-to-earth Minister, the Permanent Secretary, who has an excellent track record, and the new Director of Medical Services, who has achieved tremendous success in this field. The new management has given the Ministry a new image and a new face. We would like to request them to ensure that their skills and experience pervade their entire structure of hospital management right through to the grassroots level.

We appreciate the fact that the new management at the Ministry of Health headquarters has streamlined management at the headquarters. In particular, they have revitalised the operations at the Kenyatta National Hospital (KNH). I want to thank the management of KNH, the board of KNH, and the chief executive officer of that institution, for the various measures they have taken to revitalise the operations of that hospital. Today, we are proud to see that Mbagathi District Hospital has assisted in decongesting KNH. We would like to see a situation where other hospitals, particularly within Nairobi City and the neighbouring hospitals in Kiambu and other areas, come to the aid of KNH. We would like to see an improvement so that the big numbers of people coming to KNH can receive service at those other hospitals. That way, I believe that we will turn KNH into a truly referral hospital and an institution which all of us in this region will be proud of.

We are proud to see that KNH today has been renovated and fenced so that land grabbers can, at least, be kept away from grabbing of land belonging to that institution. It is a clean place and we are very proud of the efforts that have been made to achieve this. We are encouraging them to make more efforts. We have also noted that revenue collection at that hospital has been streamlined and that the little funds collected are put into use for the good of the patients and those receiving services there.

I would like to take this opportunity to go back to my own home area, in particular, Gucha District. For two or three months every year there is a tremendous upsurge in cases of malaria. I am grateful that when we sent

a 'Save Our Souls' message to the Ministry headquarters a few months ago, they were able to send a very senior officer, the level of deputy director, to personally visit the area and assess the situation on the ground. What we would like to see is something of a permanent nature to find out why there is that outbreak, advise the local residents on what measures to be taken and to mobilise all the resources available, to ensure that malaria outbreaks are rooted out once and for all, if we can.

Gucha District has a population of 500,000 people, which is big by any standards. We now have our district headquarters at Ogembo with a district hospital. Unfortunately, that district hospital does not have X-ray facilities. Blood transfusions cannot be done there. There is no laboratory equipment and there is only one doctor. We are appealing to the Ministry of Health to take urgent measures to ensure that Ogembo District Hospital is equipped properly and given adequate drugs, so that it can take care of the huge population within that district. It does not even have an ambulance at the moment. The ward and bed capacity is limited. We request the Ministry headquarters to take urgent measures to assist the people in this area. In my own constituency of Bobasi we do have a number of health centres and health facilities, which have been put up by the residents themselves. We would like the Ministry to make adequate arrangements to ensure that these health centres are properly staffed with doctors and clinical officers, so that they can assist to decongest the large numbers of people coming to Kisii District Hospital.

Mr. Deputy Speaker, Sir, we believe that the contribution made by people by putting up these facilities should be complemented by the Government, so that health services can be delivered to the people where they live. We want more drugs and personnel at these health facilities so that our people can be truly catered for.

Mr. Deputy Speaker, Sir, I want to take this opportunity to pay tribute to the private and mission hospitals in that area. I am talking about Gendia, Tabaka, Kilgoris and Nyamagwa Mission Hospitals. These hospitals have made a major contribution by providing health care services to our people. I think the time has come when we should start considering assisting these hospitals to be able to assist our people in times of need because they have made a major contribution in the past.

Mr. Deputy Speaker, Sir, with those few remarks, I support this Vote.

Dr. Omamo: Thank you, Mr. Deputy Speaker, Sir. I know we are not many on this side of the House because of what is happening outside. But I want to contribute to this Motion, first, because I know that our friends, the teachers, must be alive before they enjoy their salaries and health is so important to them. I am sure they will be happy to know that the Ministry of Health is being discussed.

Mr. Deputy Speaker, Sir, a lot of concern has been raised about the problem of malaria and mosquitoes. I come from Muhoroni Constituency where sugar-cane is the main crop, and the sugar-cane forms a soft bed for mosquitoes. I would like to appeal to the Ministry of Health to find away of helping wananchi to deal with mosquitoes in such peculiar environments, like the Nyanza Sugar Belt area. The sugar-cane becomes a forest and underneath the mosquitoes breed very easily.

A long time ago, I went to the United States of America and fell sick, and the doctors diagnosed that I was suffering from malaria. The medical students crowded that ward, wanting to have a look at the malaria germ. I became very popular as a patient because people wanted samples of my blood to enable them see the malaria germ. This is because there were no cases of people suffering from malaria in that part of the United States of America. Luckily, I got the right medicine and I am still alive. It is said that there are two effective ways of dealing with malaria. One, either kill all the mosquitoes, or treat all the human beings with the malaria germ. I would like to appeal to the Ministry of Health to apply these two methods. In places where we can deal with mosquitoes, let us deal with them completely. When I say this, I know that the mosquitoes also have a right to live here on earth.

(Laughter)

But there are very many other things that they can feed on and leave human beings alone. It is my belief that with an effort, Kenyans can wage a war against these mosquitoes. I would like to say that because of the mosquito menace, many people die. I am told that there are more deaths from malaria than from the AIDS disease.

Mr. Deputy Speaker, Sir, the next disease which is bothering us, particularly in Muhoroni, right now is cholera. Through the Chair, could the Minister tell us what is wrong? Why can we not eliminate malaria and cholera from the lake shore area? Right now, people are suffering from cholera and the type of cholera that is attacking people in Muhoroni area is very ruthless. When cholera attacks a patient, before he or she is rushed to the nearest hospital, he or she is dead. I want to appeal to the Ministry of Health to come to our aid. We would like to have a medical facility at Koper and Nyangore. We want a medical facility which is well stocked at Miwani

and Koru where there are a lot of people.

Mr. Deputy Speaker, Sir, the other area that I wanted to appeal to the Ministry to look into is training. At Independence, the founding fathers of the nation warned Kenyans to take care of poverty, ignorance and disease. But in my opinion, training in the medical sector has not been given the importance that it deserves. Before you talk of poverty and ignorance, that person must be alive. A person may be very ignorant, but he must be alive. What is the Ministry doing to train more and more people so that we do not have the quack doctors giving us all sorts of unspecified medicines? A time has come when we should open more training centres for the medical staff. For example, let some district hospitals be used for training. They should be as many as we can afford, not only to train the nurses, but train generally, especially in the provincial hospitals. This way, we shall be able to train more staff to help wananchi when they are in trouble.

Mr. Deputy Speaker, Sir, I would also like to appeal to the Minister, and the medical staff, to come up with training skills in first aid so as to help those who have been bitten by snakes. In my own constituency, we have peculiar snakes which can jump, crawl or bite your head and legs. If your arms are long, they can also bite them. Some are so poisonous that, unless you are given first aid quickly, you are as good as dead. I would like to appeal to the Ministry to help, particularly, people in the sugar-belt areas like South Nyanza, Nandi, Mumias, Busia and Nzoia. These snakes there are very, very cunning.

Mr. Deputy Speaker, Sir, every factory should have first aid facilities ready to help people bitten by snakes. I also thank the Ministry for putting in place some preventive methods against some diseases. Smallpox is under control through the vaccination that is given to the young ones. We are doing pretty well and because of this, some of us can travel overseas without some of those germs and it is taken that if you are from Kenya, you are all right. Let us continue that way. Thank you.

Dr. G. B. Galgalo: Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this important Vote. As has been said by Members before me, the Ministry of Health is one of the most important Ministries in this country. At Independence, our Government declared war against diseases, illiteracy and poverty. We have made significant achievements as far as elimination of diseases and improving the health of our people are concerned, but that war is very far from being won. We have built very many health institutions and trained a lot of our people in the appropriate field of health care services. For example, during the colonial time, our masters said that it would be impossible to train Africans as doctors but we demonstrated that, that was not the case. Within ten years of Independence, we trained a lot of African doctors. Today, the backbone of the health care system in this country is run by African doctors at all levels, including highly specialised fields of medical care.

Mr. Deputy Speaker, Sir, provision of health is not the responsibility of the Ministry of Health alone. There is what is called inter-sectoral collaboration. Other important Ministries like those of Water Resources, Agriculture and Education and Human Resource Development have a major role to play. Drinking contaminated water is one of the major ways in which infectious diseases are spread within our nation. Poor nutrition is also another major health problem in this country. Lack of education, particularly female education, is an important aspect of health care provision. So, I would urge all the relevant departments to assist this important Ministry in its function of providing health to the citizens. It has been said that healthy people make a healthy nation. If you are not healthy, you cannot indulge in development activities. You will be a liability to the collective efforts of the rest of the country.

Mr. Deputy Speaker, Sir, at this juncture, maybe, I should point out that this House has not been kind to the Ministry of Health. I have worked in that Ministry for quite a number of years and know that over the years, the funding to this Ministry has been going down in real terms. We have seen it again this year. They have less funding than they had previously. When you look at important aspects like the funding meant for transport operations, patients' food and water, you see that it has been slashed. The idea of failing to get enough funds is a nightmare for the people in the field providing health services because what they already have is not enough. If we keep on slashing these funds, then we are grounding this important service and doing a lot of disservice to our people.

Mr. Deputy Speaker, Sir, even if we stop the morbidity and mortality cases, we should know that they are all of infectious nature. Therefore, the Ministry of Health should focus on preventive measures. It should not spend much effort on curative measures rather than prevention of diseases. A good portion of our population is suffering from diseases of affluence, which are also creeping in.

We also need to pay attention to those diseases. We cannot avoid mentioning the consequences of the deadly disease, AIDS. I am a bit distressed to see that the money allocated to the National AIDS Control Programme (NACP) has been slashed. This disease affects the working population, which consists of young people who are economically productive. If we reduce funds to such an important aspect of the health system, we shall not only endanger the health sector, but also the economy of this country in general. Therefore, we should consider

increasing the funds allocated to this Ministry, particularly to the more critical areas that affect the economy of this country.

The Ministry of Health should look at the most cost-effective ways of providing health care to Kenyans. There are enough medical experts in the Ministry who do not need to use prescriptions which come from outsiders. We know of certain donors who just tell the Ministry, "this is what you have to do with this money." The Ministry should reject such offers and improvise ways of using its resources to the best of its ability. For example, the Ministry needs to streamline the procurement procedures for drug supply. What happens, particularly for the rural health facilities, is that they receive packages which are meant for another country. This is because no member of staff from the Ministry is involved during the packing process. Some of the members of staff receive health kits which contain strange items, or which contain inadequate medical supplies. The Ministry should improvise ways of ensuring that it gets what is necessary for it.

It should also streamline the training of its staff. We have a lot of discrepancies in the training of the Ministry's staff across the country. For example, in Moyale District, the Ministry has only 20 nurses who serve a 200-bed hospital. Some are given transfers to other hospitals because the district is a hardship area. They are transferred to other hospitals without being replaced. This is unfair and the Ministry has to look into ways of streamlining deployment of staff. If it means training more local people, so that they can go back home and serve their people, then it should do so.

The Ministry of Health does not take seriously the requirements it receives from district hospitals. These hospitals know what they need most. What the Ministry's headquarters should do is to adhere to those budgets instead of coming up with its own budgets for these hospitals. What happens sometimes is that a district is given money--- For example, when I was the Medical Officer of Health for Bomet District, we did not have a functional district hospital but we used to receive a lot of money for patients' food. However, we did not get enough money to meet transport expenses. Unfortunately, you would not be allowed to use that money on other things. So, at the end of the financial year, the amount went back to the Treasury. Therefore, if the Ministry would accept the budget proposals that come from the district hospitals, then wastage of funds would be stopped. This would enable it to provide appropriate care to patients.

Mr. Deputy Speaker, Sir, what happens with capital projects is that the Ministry starts a project and before it is complete, it starts another one. At the end of the day you will have several incomplete projects in one facility. If you visit Embu Provincial General Hospital today you will find four incomplete projects, which are of huge magnitude. There is a huge maternity ward which was started and abandoned at the foundation level. Before that project was completed, the staff housing project was started. This one was abandoned too at a certain level. Lastly, an operating theatre project was started and before it was completed, construction of a mortuary at the hospital was started. The current mortuary in this hospital was designed for eight bodies.

Thank you, Mr. Deputy Speaker, Sir, for having given me that opportunity to say the little I had.

Dr. Ochuodho: Mr. Deputy Speaker, Sir, before I contribute to this debate, I would like to make it clear that my presence in this House does not reflect my lack of solidarity with the teachers. Indeed, I would like to take this opportunity to appeal to the Minister to withdraw the contentious Bill immediately, so that amongst other things, this House can operate normally.

Mr. Deputy Speaker, Sir, a number of my colleagues have talked about the issue of AIDS in this country and I have no intention of repeating it. However, I want to address the issue of resources allocated for AIDS research. As a researcher, I am a firm believer in research and I appreciate the work that has been done by Kenyans and people who have practised medicine in the recent past here in Kenya. The question of Kemron, Pearl Omega and polyatomic research (PAR) comes to my mind. Incidentally, I do not quite agree with the position currently taken by the Kenya Medical Practitioners and Dentists Board (KMPDB) and the Kenya Medical Association (KMA). I am aware that very little research is going on in the country. The medical area might be an exception, but I would want to believe that we should be doing everything possible to encourage and stimulate research. For that reason, I would like to call upon the Ministry and the KMPDB to ensure that, rather than dismissing the PAR treatment, they do everything possible to verify whether it works or not. I would also want to tell the Ministry that there seems to be a lot of mystery surrounding the PAR treatment. We understand that Dr. Stone is guarded by army personnel. If this is true, I think Kenyans would appreciate to know the truth behind this kind of treatment, or PAR work.

I would also like to turn to the issue that came to light recently. In Nyanza Province, Jik, which is a detergent, is being used to purify water in the area. I have personally taken a lot of interest in this matter and have contacted the Government Chemist. I have also talked to the Chief Government Hydrologist. I further confirmed with the Provincial Medical Officer of Health and my District Medical Officer (MOH) in Homa Bay that, that is true. I want to call upon the Ministry to ensure that if this is, indeed, true, a clear explanation is given.

I also confirmed this matter with the factory manager of the East African Industries, a firm which manufactures jik. He said that there are some poisonous elements in the detergent. If an over-concentration of the detergent is used, it could be harmful to human beings. I would like to appeal to the Ministry to investigate the matter, and if it is found to be true, corrective measures should be taken immediately, so that people in that part of the country can stop consuming poison.

Mr. Deputy Speaker, Sir, I would also like to address the issue of the Kenya Medical Training College (KMTC), which many of my colleagues have talked about. Unfortunately, the issue of nepotism, tribalism and so forth seems to emerge as a major factor in admission to the MTCs. I can also testify that a very close relative of mine was denied admission, and told point blank that there are so many doctors and nurses from his area and ethnic group that no one will be trained from there. If that can come out of a senior Government officer of a unitary system, I would want to use the strongest terms possible to condemn it, and to challenge the Ministry to make sure that it regularises admissions into the MTCs. It has also been claimed that for admission to be done at the Kenya Medical Training College, a non-official fee of Kshs20,000 is demanded. I would like to challenge the Ministry to investigate and bring that practice to a stop.

Mr. Deputy Speaker, Sir, I would like to allude to the issue of mortuaries. This is because listening to the proceedings of the House over the past two weeks, three district hospitals have brought it to light that absence of mortuaries is a major problem. In Homa Bay, the Homa Bay District Hospital has major problems with its mortuary. The current mortuary is next to a kitchen. As of last month, they did not have proper preservatives for dead bodies. I would like to call upon the Ministry to seek ways of giving higher provisions to deal with issues concerning mortuaries. The Homa Bay District Hospital caters for five districts namely, Kuria, Suba, Rachuonyo, Homa Bay and Migori Districts. Unfortunately, the allocation that is given to the district is almost equal to the allocations that are given to other district hospitals. I think using any mathematical module, I find it hard to find any reason why that should be the case. I think simple arithmetic could show that such a district hospital should get almost five times as much as other district hospitals. This is because it caters for those other districts.

Mr. Deputy Speaker, Sir, I would like to address the issue of expired drugs. It is unfortunate that in certain towns, Kisumu being one of them, there have been reports of expired drugs being sold at the bus stops. Those are some of the drugs that require prescription. I would like to call upon the Ministry to investigate this matter because an expired drug is as good as poison. They may end up being part of the causes for diseases that we try to treat. The Ministry should ensure that no expired drugs are sold to the people.

My attention is also drawn to the issue of the nurses. We do know that a while ago, the nurses threatened to go on strike. We do appreciate that the Ministry did promise to get a solution by April this year. At this time, when teachers are striking, and threatening to strike even more, we should take caution to pre-empt any strike by the nurses. Looking through the estimates, I was saddened because I did not notice any comparative increments in the wages of the nurses. I would like to call upon the Minister to ensure that he pre-empts any slight problem within his field, especially considering the importance of his Ministry.

Mr. Deputy Speaker, Sir, also being an informatician, it would be unfair to complete my contribution without talking about the provision that was given to the health information system. This is one country that seems not to have appreciated the role of information. A paltry K£324,000 has been provided to the Health Information System (HIS) Department. I would like to request the Ministry to give more provisions to this Department. I did notice that an amount of about Kshs20,000 was given for computer resources. I do not know of a single computer that can be bought at that amount. That to me is a clear manifestation of how we do not appreciate information. Yet, talking of money, if we had proper information systems, maybe we would even reduce the expenses that we have on salaries. I would like to call upon the Ministry to seek ways of getting more provisions for the HIS Department.

Mr. Deputy Speaker, Sir, I would like to address the issue of the recently lifted European Union (EU) ban on fish exports. It is unfortunate that going through the estimates, I did not see any provision that specifically targets a continued export of fish to Europe. There is nothing that says that come January, 1999, the EU will not slap another ban on fish exports from Kenya. The Ministry should do everything possible to prevent such an occurrence. We know that fish earns this country Kshs20 billion every year. Everything should be done to ensure that the ban is not slapped on Kenya again.

I would like to address the issue of alternative medicine. We do not seem to have promoted this matter as much as we should. Being Africans, I think we should do a little more to promote alternative medicine.

Finally, going back to Homa Bay District Hospital, we presented a memorandum to the Ministry. Apart from the mortuary, the hospital had not had an ambulance and a surgeon for five years now. The X-ray room is leaking with equipment worth about Kshs12 million, just because of lack of about Kshs100,000 worth of repairs.

The equipment will just go to waste. The tuberculosis ward is congested because it covers the five districts, and the whole hospital is filthy. I would like to call upon the Ministry to ensure that cleanliness and the status of the hospital is improved.

Mr. Deputy Speaker, Sir, although my colleagues have praised the performance of the Ministry, there is a tradition that is emerging. I do not know whether that is why the Ministry is performing well or not. But during the tenure of the former Minister, we had people from his community from top to bottom. We had the Director of Medical Services from his community. We had the Director of Kenyatta National Hospital from his community. Even currently, this seems to be the case. I would like to appeal to the Minister that, unless that is the secret for success, something needs to be done to ensure that we have a fair distribution of the national cake across the country.

With those few remarks, I beg to support.

Mr. Pogishio: Thank you very much, Mr. Deputy Speaker, Sir, for giving me this chance to contribute to the Vote of the Ministry of Health. I would like to commend the Minister for taking care of a number of issues in the districts.

However, I would like to mention that those of us from West Pokot District would really want to see the Ministry starting a training college at Kapenguria, so that it can train a number of Pokot nurses. At the moment, we do not have many nurses. The nurses who do not come from the area find it very hard to serve certain parts of West Pokot District.

Mr. Deputy Speaker, Sir, Kacheliba Constituency has a problem with health facilities. Maybe it is the only constituency that does not have a practising medical doctor. This is because we do not have a hospital in the constituency. My request to the Minister concerns the supply of medicines and facilities. The Minister should give this matter first priority. This is an area which is prone to a number of basic diseases. The majority of the people die from simple diseases which could be prevented, like diarrhoea, dysentery and anaemia. But because there is no hospital in the area, they die because they cannot be transfused with blood. This cannot be done in the dispensaries. I would like to appeal to the Minister to send blood transfusion equipment to any health facility in Kacheliba Constituency. The majority of patients who go to Kapenguria, which is very far away from Alale, come from Kacheliba. They use a lot of money transporting patients to Kapenguria. If these machines were taken down there, with a blood bank and everything, lives would be saved. I do appreciate what has been done so far in Kacheliba, where there is a health centre. The people themselves have gone ahead and purchased some of the equipment for blood transfusion and for the blood bank, but there is some equipment that they cannot find. I wish the Ministry could supply some basic equipment to make them start that blood transfusion process.

Mr. Deputy Speaker, Sir, a number of children from Kacheliba Constituency have not been immunised, because of lack of facilities and lack of interest by the parents. They do not understand its meaning. I hope that the Ministry will provide, under KEPI, immunisation programmes to some of these areas so that children in those villages can be immunised. Our district has a very high infant mortality rate, but it is higher in Kacheliba Constituency, because of illiteracy. This is one area that has the highest level of illiteracy. So, we really need basic health in that part. If there is anything that can be done to help those people, more of the basic health needs to be emphasised. I know that NGOs and donors do emphasize and spend a lot of money on seminars on a number of things ranging from female genital mutilation which has become a very big issue and many other issues, but that emphasis goes on to tell us that there is a problem with the issue of female circumcision. Female circumcision is practised in many districts in the country, but if there is no scientific method of dealing with it, holding seminars in big hotels in Nairobi and overseas does not really affect the person who practises it. I hope that the people could be reached where they are and be given this information.

However, I think that the money spent on these seminars should be spent directly on improving the health of these people. They are not dying from female genital mutilation, but they are dying from common diseases like malaria, anaemia and so forth, while a lot of money is being spent on seminars and training people who themselves have not participated in this practice. We need to reach the targeted group with basic information. I would like to appeal to the Minister to consider taking affirmative action. This is something that is done in other quarters, but in the field of health, the people who need health care the most have no access to any form of health care and they have been left behind. I am referring to my constituents who have no access to modern medicine, yet their rate of illiteracy is high. They were left behind deliberately. We need to take deliberate action to alleviate their problems, even if it means soliciting money from donors to build a hospital, at least, in one of the three divisions, either in Alale, Kassey or Kacheliba Divisions so that these people can get access to health facilities. Right now, because of the cattle rustling problem that has been a menace in the area; people crossing from Uganda to attack our people as some of you have read recently in the Press; and even last year, where about 50 children were massacred, our people have suffered a lot. They do not have access even to the nearest health centre for

blood transfusion when they are either bleeding to death or have been shot. There are several incidents that have happened.

Also, Mr. Deputy Speaker, Sir, snake bites are common. I talked about diarrhoea which is rampant because of lack of clean water. These people need to be considered in affirmative action so that their problems can be addressed. This is not the only area that needs affirmative action; I know there are many others. I plead with the Ministry to do something about my constituency. Leprosy is rife in this country. In fact, not very far from where I live, there are two patients suffering from leprosy. We were told that leprosy was contained a long time ago. One of the victims has got leprosy at an advanced stage, while the other one has it at its infancy, and there is nothing that they do. They are trying to look for medicine all over. They do not know where to go. I think that leprosy should be taken care of once and for all. I do not know whether these two patients could be treated at the district level in Kapenguria.

Mr. Deputy Speaker, Sir, within Kacheliba, we have TD manyatta---

Mr. Deputy Speaker: Order! Order, hon. Members! My attention has been drawn to the notice appearing on the Order Paper, and the only affirmative action I can take is to give an opportunity to the Minister for Health to reply.

The Minister for Health (Mr. Kalweo): Thank you, Mr. Deputy Speaker, Sir.

Mr. Shaaban: On a point of order, Mr. Deputy Speaker, Sir. I thought it is the practice of this House that the Minister is usually given one hour to reply and now we have one-and-half hours. I am requesting the Chair to give us that half-an-hour to contribute to this very important Motion.

Mr. Deputy Speaker: I invite you to read the notice appearing on the Order Paper. It gives the Minister half an hour to reply and the House shall proceed to the Committee stage for one hour before the time of interruption, which is 6.30 p.m. Proceed, Mr. Minister.

The Minister for Health (Mr. Kalweo): Thank you, Mr. Deputy Speaker, Sir. I would like to take the earliest opportunity to thank all hon. Members who have contributed to this Motion. The debate was very lively and the hon. Members' contributions were adequately noted. We honoured this House by bringing all the technical staff to listen to the contributions made by hon. Members. This is because my Ministry deals with one of the most important sectors of life. I, therefore, deemed it fit to bring my technical staff here so that they could listen to the contributions made by hon. Members to enable us rectify any anomalies cited in the Ministry.

Mr. Deputy Speaker, Sir, many things have been said, but I do not remember any Member saying something which has not happened in my Ministry. I concur with the sentiments expressed by hon. Members about my Ministry. Before we came here, my team and I realised that we were going to hear the same issues that have been raised before by hon. Members and we have already addressed these problems in an effort to streamline this important Ministry.

Mr. Deputy Speaker, Sir, it is not sensible for any leader, worker, civil servant, doctor or anybody not to take health as an important tool of life. I, therefore, sat here full-time and listened to the deliberations. Both sides of the House have contributed adequately to this Vote. I am going to take a few moments to say a few words about the comments made by hon. Members, and what action we intend to take. Before I go to the main issue, I would like to say that this disease called AIDS has harassed all the communities of the world. A few quacks, or people with bad motives, have claimed that they have discovered drugs which can cure this disease. According to information available to my Ministry, nobody has come up with a curative medicine for AIDS.

Mr. Deputy Speaker, Sir, hon. Members have expressed their views on one man called Mr. Basil Wainwright. If Members have been paying attention to our major mass media, they would know that the Medical Practitioners Board met and denounced this foreigner. He is not even a doctor, and what my Ministry knows is that there is no tenable drug that has been identified anywhere in the world. In the near future, I will make a statement in which we will condemn him and see what action we can take against this foreigner. However, I am sounding out a warning to AIDS patients to be careful and not to allow their families to be harassed by such people who take advantage of the disease. Maybe, even the Bible does not agree with such people.

Mr. Deputy Speaker, Sir, going back to the Ministry's Vote on which hon. Members have raised concern, I would like to talk about procurement and distribution of drugs and non-pharmaceutical equipment in the Ministry. The procurement process has been having some loopholes here and there and plans are underway to streamline the Medical Supplies Co-ordinating Unit. It will be an autonomous body so that it can improve the procurement and distribution process. The plans are at an advanced stage. Therefore, even the Ministry itself was not satisfied with the manner in which drugs were being procured. You will agree with me because recently, you have read in our daily newspapers that tenders have been advertised like those of any other Ministry. If Members can recall way back, those tenders have never appeared in our daily newspapers. Therefore, all the communities

which are interested are invited to quote and compete with others, and there will be no interference. I will make sure that the procedure is well followed.

Mr. Deputy Speaker, Sir, the other aspect is that of drug distribution. We are taking this issue as a matter of concern to see that we have procured drugs and equipment, which must reach their intended destinations. This is because the argument is also that sometimes we have had cases where people have come across empty cartons or those whose contents are too low compared to the their quotation or order. We are addressing this issue quite adequately.

Mr. Deputy Speaker, Sir, another point is about the National Hospital Insurance Fund (NHIF). The Bill will come here and Members will have the opportunity to deliberate and contribute on it and suggest more ways on how the Fund can be improved. This is because, presently, the NHIF is not allowed to purchase properties. This is what I said yesterday. They even have a surplus of money. Some hon. Members asked why we are giving those people more money and yet they have enough money. No, it is not money from the Treasury. It is their money that we requested Parliament to approve so that they can withdraw it for their emoluments and other activities. So, when we make it autonomous, that Bill which we are going to introduce here will give the Board a wide range of powers to operate that Fund and make investments. One of it is to see to it that they are paying more attention to their contributors. So, the Bill will speak for itself.

Mr. Deputy Speaker, Sir, the other thing is about training at the KMTC. Hon. Members have raised some concern about this. We have put mechanisms in place so that we can have a Board that will carry out the selection.

This way, it can be more autonomous and ensure that all areas are covered. We are not aware of the other allegations. However, on the question of equal distribution of drugs to areas which have not been addressed hitherto, I think that in the near future, that will be a thing of the past.

Mr. Deputy Speaker, Sir, hon. Members have raised concerns that most of the health institutions in their areas do not have staff. We have staff in one way or the other. You may post a young female worker somewhere. Somebody sees her as beautiful and she is married out of that area, and getting a replacement becomes very difficult. So, it is the country that is to blame and the Members that come from those affected areas should mix ladies and men so that if ladies are married outside the area, the men should remain to take charge of the situation. It is a matter of using common sense. We will address this issue at an appropriate time when we will be paying visits to these areas.

Mr. Deputy Speaker, Sir, another aspect which I would like hon. Members to understand is that our job is not only concentrated in Afya House alone. That is just a stop-point for our operations and statistical planning. We will be moving to all the constituencies. Most of the questions will be addressed and answered by my team and myself as we move ahead. So, when we go into recess or when Members pass my Vote, we will prepare ourselves to address your demands in the constituencies.

Mr. Deputy Speaker, Sir, the other thing is about corruption. Members have raised this issue very vigorously and I cannot deny its existence. You find that in some areas, drugs are sent there and I would like to concede to the fact that in the past there used to be a shortage of drugs but now they are there. As I stand here now, there is no area without drugs. We make sure that drugs are available. However, we have to tighten our belts and I invite hon. Members and other leaders from those areas affected by drug shortages to take interest in this field of health management. They all come in handy, and they will be of importance if they all take interest in this field. If you find a doctor in a Government hospital or dispensary telling you to go and buy drugs from his private clinic, please, do not do it. The Ministry is putting measures in place so that in future, we will place tags on our drugs. We are looking into ways and means of tagging our drugs and also using other Government machinery to investigate and arrest these culprits. So, it is a question that we are addressing very vigorously and in the near future, it is going to be an issue of the past.

Mr. Deputy Speaker, Sir, the other area is the delivery of health services to our people. We have curative and preventive measures. There are other diseases which just require know-how on how to handle them; diseases like diarrhoea, malaria, cholera, *et cetera*. I agree with the hon. Omamo that if communities are taught physical hygiene to know that they should drink boiled water, clear stagnant water and bushes around their houses and have pit latrines or toilets, that is the most preventive medicine for everybody and anyone can afford that. So, I would like to urge hon. Members, and Kenyans in general, that, in our political, educational and project meetings, and in churches, let us take this positive role to make our people understand what it means to be clean. In our district hospitals, we are at an advanced stage of electing boards with qualified people. I would like to appeal to hon. Members to be attending their local District Development Committees where most of these decisions are made, so that they know what type of people are nominated or elected to be Members of their hospital boards. Those nominated should be people who are reliable members of the community and who can deliver the goods to the people and not those who mess up, so that they can make business. We are going to put

many informers in our operations. This is what I asked other Ministries to assist us in. We are going to be a mixed grill, so that we can penetrate this area fast.

Mr. Deputy Speaker, Sir, turning to the question of imbalances in our members of staff, it is there like in any other Ministry. We have Kenyatta and Moi universities where we train doctors. We have other lower cadre institutions like the Kenya Medical Training College (KMTC), which is becoming somehow controversial, but it is not that bad. We have to take charge because we have to run that Ministry. We shall do everything possible to clean up and run the Ministry and deliver services as required by law.

An hon. Member raised an issue about Eldoret Hospital being taken over by Moi University. The Uasin Gishu District Hospital is not part of Moi University; it is not true. In any case, whether it is a university hospital or not, it is a Kenyan institution trying to train Kenyan children. Everybody needs doctors and nurses. Where are we going to get them from? We will get them from within our own institutions. In the near future, we shall be addressing the question of strengthening the dispensary facilities, because it is where the common people live. If, for instance, we take a division with five locations and five dispensaries, that is where the common mwananchi lives. So, we will now curb the inflow of patients to other bigger health institutions like the district hospitals, provincial hospitals and so on. This is one way of fighting corruption, because if you have a facility in your village where you give only Kshs50 for cost sharing and a clinic nearby asks for more than that, then it is a matter of common sense that you will go to the cheapest one.

Mr. Deputy speaker, Sir, in that context, I could continue to elaborate, but may I once again thank all hon. Members. Well, the Budget was slashed. As soon as I finish this money, I will come back and request this hon. House to approve a Supplementary Budget to carry on this noble task. Health is an important service and we cannot just stop it for the sake of it. May I once again take this opportunity to thank all hon. Members and I am requesting them to pass this Vote and I will do the rest. Give me the tools and I will do the job.

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

(Question put and agreed to)

[Mr. Deputy Speaker left the Chair]

IN THE COMMITTEE

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

Vote 11 - Ministry of Health

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

THAT a sum not exceeding K£234,181,450 to be issued from the Consolidated Fund to complete the sum necessary to met expenditure during the year ending 30th June, 1999, in respect of:

Vote 11 - Ministry of Health

(Question proposed)

VOTE R11 - RECURRENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

(Heads 310, 311, 312, 314, 348, 349, 459, 455, 456, 457, 514, 550 and 555 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

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

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*(Heads 113, 322, 323, 325, 326, 327,
328, 330, 331, 332, 334, 346, 347,
518, 519, 520, 335, 336, 340, 350,
355 and 356 agreed to)*

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

*(Heads 335 and 336 agreed to)
(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING

*(Head 340 agreed to)
(Sub-Vote 114 agreed to)*

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

*(Head 350 agreed to)
(Sub-Vote 115 agreed)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNIT

*(Heads 355 and 356 agreed to)
(Sub-Vote 116 agreed to)*

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

*(Head 315 agreed to)
(Sub-Vote 117 agreed to)
(Vote R11 agreed to)*

VOTE D11 - DEVELOPMENT ESTIMATES

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

(Head 310 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

(Heads 316, 317 and 318 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

(Heads 323 and 325 agreed to)

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

(Heads 335 and 337 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING

(Heads 340, 342 and 344 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

(Head 350 agreed to)

(Sub-Vote 115 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

(Vote D11 agreed to)

(Vote 11 agreed to)

(Question put and agreed to)

(Resolution to be reported without amendment)

(The House resumed)

[Mr. Deputy Speaker in the Chair]

REPORT

Vote 11 - Ministry of Health

Mr. Musila: Mr. Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that, a sum not exceeding K£234,181,450 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 1999 in respect of Vote 11, Ministry of Health, and has approved the same without amendment.

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

The Minister for Lands and Settlement (Mr. Ngala) seconded.

(Question proposed)

(Question put and agreed to)

ADJOURNMENT

Mr. Deputy Speaker: Hon. Members, it is time for the interruption of our business. The House is, therefore, adjourned until tomorrow Thursday, 16th July, 1998 at 2.30 p.m.

The House rose at 5.40 p.m.