

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Thursday, 14th August, 1997

The House met at 2.30 p.m.

*[Mr. Deputy Speaker in the Chair]*

### PRAYERS

### ORAL ANSWERS TO QUESTIONS

**Mr. Deputy Speaker:** Question No. 190 by Dr. Otieno-Kopiyo?

*Question No.190*

#### INVOLVEMENT OF POLICE OFFICERS IN VIOLENT ROBBERIES

**Mr. Deputy Speaker:** Dr. Otieno-Kopiyo is not here? His Question is stood over for the moment! Question No.504, by Mr. Munyasia.

*Question No.504*

#### LOSS OF CATTLE DUE TO TSETSE FLY MENACE

**Mr. Deputy Speaker:** Mr. Munyasia is not here? His Question is stood over for the moment! Question No.517, by Mr. Ndilinge.

*Question No.517*

#### RELOCATION OF WATER KIOSK

**Mr. Ndilinge** asked the Minister for Land Reclamation, Regional and Water Development, since the public water kiosk at Salama Market in Kilome Division is situated in a most inconvenient spot, if he could direct the Council to relocate it to a safer site.

**The Assistant Minister for Land Reclamation, Regional and Water Development** (Mr. Ligale): Mr. Deputy Speaker, Sir, I beg to reply.

My Ministry, through the National Water Conservation and Pipeline Corporation, is currently constructing an additional water kiosk at the northern side of Salama Market in order to minimise road accidents and ensure that water consumers across the market centre are not unduly inconvenienced.

Mr. Deputy Speaker, Sir, since the water kiosks belong to the National Water Conservation and Pipeline Corporation under the Ministry, it is not necessary for me to direct the council to relocate it.

**Mr. Ndilinge:** Arising from that reply, can the Assistant Minister agree or deny that I brought the same Question before the House last year and I got the same reply? Is the Assistant Minister aware that the reason why these kiosks cannot be extended is because the water that can be supplied to the residents around there has been taken to other "gardens of Eden" and that is why our people cannot get water?

**Mr. Ligale:** Mr. Deputy Speaker, Sir, I am not aware.

**Mr. Maundu:** Mr. Deputy Speaker, Sir, the issue of this water kiosk at this particular market has become a big problem to the residents of this area. There have been so many accidents in that area, where people have been killed because of the location of that particular kiosk. We are not demanding so much; we are only asking for the removal of a kiosk. We are not even asking for additional supply of water which, in any case, I know this Assistant Minister is not prepared to supply. Could he assure this House that this kiosk is going to be moved and relocated within

the shortest time possible.

**Mr. Ligale:** Mr. Deputy Speaker, Sir, I have admitted that there is some inconvenience being caused because of the location of the kiosk. I have also undertaken and given assurance that an additional kiosk is being built across the road, so that the residents who are being inconvenienced can draw water on the other side.

**Mr. Ndilinge:** Mr. Deputy Speaker, Sir, when I brought this Question to the House last year, the kiosk was constructed. What is lacking in the kiosk is water. Since the Assistant Minister seems to be kind to my people, could he order the engineers to transfer the water from the existing kiosk to the new one?

**Mr. Ligale:** Mr. Deputy Speaker, Sir, they do not have to transfer water from one kiosk to another. All they need to do is to ensure that water is available in both kiosks.

**Mr. Maundu:** Mr. Deputy Speaker, Sir, the question is specific and I do not know why the Assistant Minister is gibbering. Why can he not tell us when water will be supplied to this kiosk instead of just beating about the bush in his usual manner and ignoring the matter until next year?

**Mr. Ligale:** Mr. Deputy Speaker, Sir, I have never been known to beat about the bush; I go straight to the point. I have given an undertaking that water will be available in both kiosks.

**Mr. Deputy Speaker:** Next Question!

*Question No.569*

NUMBER OF BOREHOLES IN NYANDARUA DISTRICT

**Mr. Gichuki** asked the Minister for Land Reclamation, Regional and Water Development:-

(a) how many boreholes have been drilled by the Ministry in Nyandarua District since 1995, 1996 and 1997;

(b) how many of these are for public use; and,

(c) how the National Water Conservation and Pipeline Corporation awards its tenders as regards supply of chlorine.

**The Assistant Minister for Land Reclamation, Regional and Water Development (Mr. Ligale):** Mr. Deputy Speaker, Sir, I beg to reply.

(a) My Ministry drilled one borehole in 1995, two in 1996, and none so far in 1997 in Nyandarua District.

(b) Out of the three boreholes drilled, two are for private use and the other is for public use.

(c) The National Water Conservation and Pipeline Corporation procures water treatment chemicals including chlorine through annual tenders which are advertised publicly in the daily newspapers. The submitted tenders, which include samples of chemicals provided, are evaluated with the samples being tested for suitability before awards are made to the best tenderers by the board of directors of the Corporation.

**Mr. Gichuki:** Mr. Deputy Speaker, Sir, most of Nyandarua District depends on underground water resources because the surface water resources are limited and that is why we want to know the boreholes drilled by the Ministry. In view of this, could the Assistant Minister tell us the boreholes he says were drilled, where and when, especially the one for public use in Ndaragwa area, and whether they are operational? This is quite inadequate.

**Mr. Ligale:** Mr. Deputy Speaker, Sir, according to my records, the following boreholes were drilled:-

In 1995, one was drilled at Ol Joro Orok for a Mr. Dave Mwangi, which is a private one, but was not equipped. I think he was supposed to do it himself. Then in 1996, at Ziwani in Ol Joro Orok, for River Bank Academy, and last year a public one was drilled at Nyandarua Farmers Training Centre.

Mr. Deputy Speaker, Sir, the following boreholes were also cleaned that same year:-

Lesiriko Water Project by the Ministry, and equipped, then for a Mr. John Githinji at Ol Joro Orok was cleaned up but has not yet been equipped.

**Mr. Gichuki:** Mr. Deputy Speaker, Sir, there is a drilling rig that was built in Nyandarua under the District Water Engineer. In view of what we are hearing from the Assistant Minister, this is quite inadequate. Could the Assistant Minister tell this House the policy of the Ministry as regards the use of the drilling rig? Is the priority drilling boreholes for individuals or for public use? We have a big water problem in that area. The first priority should be for the drilling rig, which belongs to the Ministry, to cater for public water supply as opposed to attending to individuals first.

**Mr. Ligale:** Mr. Deputy Speaker, Sir, as regards the rig where public use activities have been identified is where we give priority.

However, the rig is available for both purposes. If private developers want water and they are willing to pay for it, we will make the rig available.

**Mr. Mutere:** Thank you, Mr. Deputy Speaker, Sir. Arising from the Assistant Minister's reply to part "c"

of the Question, could he tell this House who does the testing of the various chemicals?

**Mr. Ligale:** The Ministry's chemists do the testing.

*Question No.486*

TRANSFER OF MR. FREDERICK

**Mr. Achola** asked the Minister for Education why Mr. Ogal Aluga Frederick, TSC No.091577, was transferred by the Migori District Education Officer on 25th February, 1997.

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

Mr. Ogal Aluga, TSC No.091577, was served with a regular transfer from a school in Suba Division in Migori Constituency to a school in Nyatike Division, in Nyatike Constituency, in order to alleviate the acute shortage of teachers in Nyatike Division and balance teacher distribution in Migori District.

Mr. Deputy Speaker, Sir, Mr. Aluga, however, appealed on health grounds, for transfer back and he has been transferred.

**Mr. Achola:** Thank you, Mr. Deputy Speaker, Sir. As usual, the Assistant Minister has been misled by his officers in Migori District. But that notwithstanding, could he confirm or deny the fact that Mr. Aluga was actually transferred at the instigation of the district commissioner whom he had accused of tribally employing chiefs from a minority tribe in the area and that is why he was being victimised by the DC? Could he confirm or deny that, that was the real reason and not what he has given in the written answer?

**Mr. Komora:** Mr. Deputy Speaker, Sir, district commissioners have nothing to do with transfers of teachers.

**Mr. Achola:** Mr. Deputy Speaker, Sir, that is precisely what I was getting at. I have a letter here which was actually written by the DC to the DEO asking him to transfer Mr. Ogal Aluga to another division because Mr. Ogal was accused of being rude. Now, could the Assistant Minister explain to the House what role the DCs have in the transfer of teachers in the Republic? That letter is here if you want to look at it.

*(Mr. Achola laid the letter on the Table)*

**Mr. Komora:** Mr. Deputy Speaker, Sir, district commissioners are chairmen of the district education boards but, in spite of this position, or even without being chairmen of DEBs, any person, including any Member of Parliament, can ask for somebody to be transferred. The final decision and responsibility rests within the Ministry of Education.

**Mr. Nthenge:** Mr. Deputy Speaker, Sir, should personal issues be dragged into the affairs of the Education Department when that has completely nothing to do with education?

**Mr. Komora:** Mr. Deputy Speaker, Sir, of course not.

**Mr. Achola:** In view of the fact that the Ministry has already realised their mistake and actually transferred this teacher back to his division, could the Assistant Minister consider transferring the teacher back to his original school because there was no reason whatsoever for his initial transfer? This transfer of the teacher back to his division, which was effected in June, was as a result of me giving a notice of this Question; otherwise, the DC had completely insisted that he would not transfer Mr. Ogal back to his division.

**Mr. Komora:** No.

**An hon. Member:** Why?

**Mr. Komora:** Mr. Deputy Speaker, Sir, because we have made a decision that, that has nothing to do with whatever hon. Achola is calling a mistake. The teacher appealed for transfer back to his division on health grounds and he was granted. He does not have to go back to the same school.

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

**Mr. Deputy Speaker:** Order! There are too many Questions today.

**Mr. Achola:** The last one, Mr. Deputy Speaker, Sir.

**Mr. Deputy Speaker:** Order! I gave you the last one very clearly last time. Hon. Norman Nyagah's Question.

**Mr. Nyagah:** Mr. Deputy Speaker, Sir, it is habitual for Ministers not to answer my Questions.

*Question No.218*

PROVISION OF ELECTRICITY IN GACHOKA

**Mr. Nyagah** asked the Minister for Energy what plans the Ministry has to provide electricity in Gachoka Constituency since Embu District Development Committee prioritised rural electrification programme within the constituency.

**The Assistant Minister for Energy** (Mr. Marita): Mr. Deputy Speaker, Sir, I beg to reply.

Since Embu District Development Committee gave priority to rural electrification projects within Gachoka Constituency, works comprising the construction of 44.01 kilometres of high tension lines, the establishment of 15 distribution substations and the construction of 10.155 kilometres of medium/low voltage lines, have been completed in the following areas: Gachoka Market, Ngenge Primary School and its borehole, Ruika Technical School, Muchonoke Market, Don Bosco Complex Workshop and its water pump and environs.

The total expenditure for these works amounted to Kshs3,062,000. Also the Government plans to have electricity installed in more public institutions when additional funds become available.

**Mr. Nyagah:** Mr. Deputy Speaker, Sir, it is a great shame that this Ministry does not even seem to know where certain areas are. Muchonoke Market is not in Gachoka; it is in Siakago and Don Bosco is away from Gachoka. But having said so, could the Assistant Minister explain how the Kshs3 million, allocated last year and Kshs10 million, which was given by the Tana and Athi Rivers Development Authority (TARDA) and the District Development Committee was advised three months ago as to this money being in the kit of TARDA, was spent? What does TARDA want to do with this money for the last 15 years that it has not been utilised?

**Mr. Marita:** Mr. Deputy Speaker, Sir, as to the question of knowing where that project is, the Member who comes from the area should know better than I do. But let me say that the money, which I have mentioned here, has been used on the said project. I have said that if money becomes available, we can extend and build some other projects which will help the constituency of the hon. Member.

**Mr. Nyagah:** Mr. Deputy Speaker, Sir, I was very specific in my question to the Assistant Minister. I asked him about the Kshs10 million that was given out by TARDA and it was confirmed to us by the DC who was chairing the meeting. I was there, hon. Ileri Ndwiga was also there and all leaders comprising the DDC were there and we were told that the money was available for usage and that we could ask for it. Where is this money? It is not in your answer. When are you going to give us electricity, bearing in mind that all the four dams are within a stone-throw from Gachoka Constituency? How come that the Managing Director of Kenya Power and Lighting Company is able to donate money at will to his friends?

**Mr. Marita:** Mr. Deputy Speaker, Sir, I will not say more on that. I have already said that this money was given on the projects which I have mentioned these projects have been completed and the hon. Member is enjoying the fruits of those particular projects.

**Mr. Nyagah:** Mr. Deputy Speaker, Sir, I think the Chair must intervene here. I think the inability to answer Questions is not excusable. I am asking him whether he knows that Kshs10 million is available from the TARDA and they have confirmed that. For the last 15 years, what has the Ministry been doing with this money and yet we have so many markets and institutions that are running without electricity? What does the Ministry intend to do with the Kshs10 million which is in the kitty?

**Mr. Marita:** Mr. Deputy Speaker, Sir, if the hon. Member is making an allegation in this House, then let him say it clearly and we shall investigate in order to find out where the problem lies.

*Question No.563*

IRREGULAR FLOW OF WATER IN RIVER TURKWEL

**Mr. Imana** asked the Minister for Energy:-

(a) whether he is aware that between December, 1996 and April, 1997, River Turkwel dried up, and since the completion of the Turkwel Gorge Power Station, there has been irregular flow of water downstream;

(b) if he is further aware that due to the irregular flow of water downstream, Katilu, Kalemunyang, Turkwel and Nadoto irrigation schemes and the surrounding areas have been adversely affected; and,

(c) if the answers to "a" and "b" above are in the affirmative, whether he could consider providing alternative projects to cater for the affected Turkana communities whose livelihood is now threatened.

**The Assistant Minister for Energy** (Mr. Marita): Mr. Deputy Speaker, Sir, I beg to reply.

**Hon. Members:** No! No! No, it cannot be you, Mr. Marita!

**The Assistant Minister for Energy** (Mr. Marita): The hon. Members must keep quiet and give me time to reply. Whether you make noise or not, it is your noise and not mine.

(a) I am not aware. However, before the construction of Turkwel Hydro-electric Station, River Turkwel used to dry up after about four months. The dam however provides regulated flow in the river for most of the year, thus giving the communities using the river extended availability of water.

(b) I am also not aware.

(c) Yes, my Ministry will continue to support the communities living around and downstream of the Turkwel Gorge Project so that they can improve their livelihood. For instance, through Kerio Valley Development Authority, my Ministry will construct an irrigation project at Nakwamoru in Turkana District. Final designs of the project have been completed, and the project will be implemented as soon as funds become available.

**Mr. Imana:** Mr. Deputy Speaker, Sir, I am sure the Assistant Minister does not know what he is talking about because on the ground, after the completion of this Turkwel Power Dam, there is not enough water coming to Katilu, Kalemunyang and Nadoto irrigation schemes. After the completion of this dam, even the environment was affected because there is not enough water flowing along River Turkwel. Now, this alternative project that he calims to be giving the Turkanas or the local community has been turned into a song which has been sung since 1988. It is nine years now. Could he tell this House when this project that he is talking about will be ready?

**Mr. Marita:** Mr. Deputy Speaker, Sir, let me inform the hon. Member that upon the completion of the Turkwel Gorge Project, the river used to dry up for four months, but since the project was started, there is enough water and irrigation has also been done for some of the areas. I have already said that when money will become available, the project will be operational.

**Prof. Ouma:** Mr. Deputy Speaker, Sir, this is a very serious Question because it is the beginning of the death of the Turkana as a socio-ecological unit. Right from 1989, 1993 and 1995, this focus has been made and I know that in 1989 and 1991, the United Nations carried out a research on the impact of the Turkwel on the Turkana.

**Mr. Deputy Speaker:** What is your question then?

**Prof. Ouma:** Mr. Deputy Speaker, Sir, I was paraphrasing my question. Do not harass me. Just let me frame the question. It is important for the Assistant Minister to understand that, the mass of water which does not flow into the valley is killing the ecological system and as a result, the Turkana will die. Can he assure this House that they will release water during the dry season to maintain the ecological system so that the Turkwel Valley does not die because that is the beginning of the death of the Turkana and a curse upon him?

**Mr. Marita:** Mr. Deputy Speaker, Sir, I have already said that since this project was started, there is water at the moment but sometime back, when this project was not operational, there was no water; the river used to dry up.

*Question No.538*

RENEWAL OF COLLECTIVE BARGAIN AGREEMENT

**Mr. Busolo** asked the Minister for Labour and Manpower Development:-

(a) whether he is aware that the Collective Bargain Agreement between Pan African Paper Mills (EA) Limited and Kenya Union of Printing, Publishing, Paper Manufacturers and Allied Workers for the period between 1st May, 1993 and 30th April, 1995 has not been received; and,

(b) if the answer to "a" above is in the affirmative, whether he could immediately intervene and ensure that the said agreement is renewed.

**The Minister for Labour and Manpower Development** (Mr. Masinde): Mr. Deputy Speaker, Sir, I beg to reply.

(a) I am aware. The delay in the renewal of the Collective Bargaining Agreement was caused by persistent industrial unrest and this created an unfavourable environment for negotiations between the management of the company and the Kenya Union of Printing, Publishing, Paper Manufacturers and Allied Workers.

(b) Intervention by the Ministry enhanced the pace of negotiations which were positively concluded on 11th July, 1997 with the signing of a four year Collective Bargaining Agreement. The first part was from 1st May 1995 to 30th April, 1996 and they were given a 10 per cent wage increase. From 1st May, 1996 to April 30th, 1997, they were given 47.8 per cent wage increase. From 1st May 1997 to 30th April, 1998, they were given 11 per cent wage increase and from 1st May, 1998 to 30th April, 1999 they were also given 11 per cent wage increase.

**Mr. Busolo:** Mr. Deputy Speaker, Sir, I would like to dispute the Minister's first answer that it was due to persistent industrial unrests. As a matter of fact, part of the problem was due to the management's demand that the

workers be divided into forest and factory workers. But be that as it may, if there has been persistent industrial unrest in the area, could the Minister consider setting up a commission of inquiry to look into that matter? This issue has been in Webuye for a long time. Could he consider setting up a Commission of Inquiry within his Ministry to look into this matter of the so called persistent industrial unrest?

**Mr. Masinde:** Mr. Deputy Speaker, Sir, to start with, the derailment of the negotiations was not due to the fact that there was a problem between the forest and the factory workers at all. After all, that issue had been taken to the Industrial Court and it was amicably sorted out by the Industrial Court giving an award which was accepted by both parties. As far as a commission of inquiry is concerned, we have no problem in the industry any more as everybody is peaceful and they are working in a very cordial atmosphere. For that reason, there is no need for an inquiry of any kind. However, if there will ever be any need, then we will see the points on which to inquire.

**Mr. Busolo:** Mr. Deputy Speaker, Sir, these increases are very meagre compared to the kind of wages that are paid at the factories. Is the Minister aware that the Asian management keeps two sets of accounts? One set is for his Ministry to take care of, another set of accounts is for themselves, whereby, through cost accounting tricks, they overpay themselves. As a result of this, the Asian workers earn much more than the African workers. Could the Minister promise that he is going to look into that matter?

**Mr. Masinde:** Mr. Deputy Speaker, Sir, as far as the keeping of two sets of books of accounts is concerned, I am not aware. The variation in salaries is common in every industry because the salaries are paid according to grades, professions or the sort of jobs that an individual does.

As far as the percentage of the salary increment is concerned, I have no comment because it was freely negotiated between the employer and the workers' representatives. They agreed to that, and there is nothing we can do about it. I am sure both sides were satisfied.

**Mr. Busolo:** Mr. Deputy Speaker, Sir, could the Minister tell us who the negotiating parties in this agreement were? I ask this because in February, 1997, the management dismissed the employees of the factory and the union leaders. Who are the people who represented the workers at Webuye in this negotiations? This could be something which may have been imposed on the workers without their agreement.

**Mr. Masinde:** Mr. Deputy Speaker, Sir, union representatives are not employees of the company. In this case, there were a few grass-root shop-stewards who are workers of the company. But those people have no right to negotiate. Negotiations are handled by union headquarters, which is self-employed and not employed by Pan African Paper Mills (EA) Ltd.

**Mr. Deputy Speaker:** Question No. 190 for the second time!

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

**Mr. Deputy Speaker:** What is your point of order, Mr. Anyona? Not on that Question.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, the Minister is misleading the House---

**Mr. Deputy Speaker:** Order! Order, hon. Anyona. I am afraid I will not allow you to ask a question on that because I have called for the next Question.

**Mr. Anyona:** But, Mr. Deputy Speaker, Sir, I stood up before you called for the next Question.

**Mr. Deputy Speaker:** Yes, you stood up before I called for the next Question, but you are pre-empting me. In that regard, it does not give you a licence to insist on asking your question or a priority in asking your question.

*(Mr. Anyona remained standing)*

I am afraid, Mr. Anyona, I have called for the next Question.

Dr. Otieno-Kopiyo's Question for the second time!

*Question No. 190*

INVOLVEMENT OF POLICE OFFICERS  
IN VIOLENT ROBBERIES

**Mr. Deputy Speaker:** Dr. Otieno-Kopiyo is not here, and the Question is therefore dropped.

*(Question dropped)*

Hon. Munyasia's Question, for the Second time!

*Question No. 504*

## LOSS OF CATTLE DUE TO TSETSE FLY MENACE

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, I seek the indulgence of the House for having come late and beg to ask Question No. 504.

**Mr. Deputy Speaker:** Are you asking the Question on behalf of Mr. Munyasia?

**The Minister for Agriculture, livestock Development and Marketing** (Mr. D.M. Mbela): Mr. Deputy Speaker, Sir, is it possible to have an apology from the Member for coming late before I reply to the Question?

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, notwithstanding the problems my friend has in understanding the English language, I oblige him to answer the Question as put.

**Mr. Deputy Speaker:** Order! What happened?

**The Minister for Agriculture, Livestock Development and Marketing** (Mr. D.M. Mbela): Mr. Deputy Speaker, Sir, you are calling this Question for the second time. Can the hon. Member apologize for coming late?

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, he does not understand the English language. Why was I seeking the indulgence of the House?

**Mr. Deputy Speaker:** Hon. Dr. Kituyi, just use the word "apology", and then we will get over the business.

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, I will do a favour to those who do not understand other synonyms of the word "apology". I apologise for coming late.

*Question No. 504*

## LOSS OF CATTLE DUE TO TSETSE FLY MENACE

**Dr. Kituyi**, on behalf of **Munyasia**, asked the Minister for Agriculture, Livestock Development and Marketing:-

(a) how many head of cattle died from tsetse-fly menace in Bumula, Sirisia, Central Chwele and Kanduyi divisions of Bungoma District and Amagoro Division of Teso District in 1995 and 1996; and,

(b) what steps the Government is taking to avoid a recurrence of such losses to the farmers in the affected areas.

**The Minister for Agriculture, Livestock Development and Marketing** (Mr. D.M. Mbela): Mr. Deputy Speaker, Sir, I beg to reply.

(a) It is not possible to adequately quantify the total number of cattle that died from tsetse fly menace in each of the divisions mentioned. Most farmers did not report clinically, the death of their animals to the veterinary staff. Secondly, very few requests for post-mortem examination of dead cattle were made in order to attribute the causes of such deaths to Trypanosomiasis. However, post-mortem examinations confirmed deaths in cattle due to Trypanosomiasis as follows:-

Bungoma District No. of Deaths Confirmed

1. Sirisia	124
2. Chwele	4
3. Kanduyi	nil
4. Bumula	nil

In Teso District, Amagoro division, the following number of cattle were diagnosed positive for Trypanosomiasis and treated:-

Year	No. of Cattle
1995	2,436
1996	1,474

(b) When the outbreak of Trypanosomiasis was reported and confirmed, my Ministry took the following steps:-

(i) A zoologist was posted to Bungoma District to oversee the control of tsetse flies and other biting insects.

(ii) Two assistant livestock health officers underwent a one-month training programme on management and control of tsetse flies and were subsequently deployed in Bungoma District.

(iii) The Government set aside Kshs1.85 million that were spent on purchasing chemicals and drugs in order to control the tsetse menace.

(iv) An extensive public education to create awareness has been carried out. Farmers have also been trained on the use of tsetse traps, the importance of bush clearing and the need to present sick animals to veterinary officers for diagnosis.

(v) The Government has signed an agreement with the European Union (EU) for a grant of Kshs300 million for the control of tsetse fly and cattle trypanosomiasis in Bungoma, Teso, Busia and Siaya Districts.

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, being one who comes from a pastoralist area, you will appreciate how ambiguous this kind of reply is. If animals are dying and farmers report to the chief, and hon. Members of Parliament raise it in the district development committees (DDCs), how can a Government Minister say that farmers did not make a clinical report in time? What was the purpose of the clinical reports when farmers just say: "My animals are dying?"

Can the Minister tell this House, apart from these talks about training people who have been keeping animals for hundreds of years on the importance of controlling tsetse-flies, why did it take more than eight months before the Government moved in to start immunisation work? Why did they price it so expensively at over Kshs80 per animal?

**Mr. Mbela:** Mr. Deputy Speaker, Sir, those farmers are not clinically qualified to state the cause of deaths.

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, could you oblige this Minister to answer the questions put to him? I have not questioned the farmers' ability to say the cause of the death of the animals. I have said farmers report to Government that animals have died. It is the duty of Government to diagnose what is the cause of death. Why did it take Government more than eight months since the start of information about massive death of animals before immunisation work started in the affected areas?

**Mr. D.M. Mbela:** Mr. Deputy Speaker, Sir, I am quite satisfied that the Government did its best in taking precautions to assist the farmers. I did say that there is Kshs300 million being spent in the next four years to assist the same farmers. I do not think you can accuse the Government of negligence on account of that.

**Dr. Kituyi:** On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Minister in order to try to talk about a long term EU programme which is meant to control tsetse infection in certain regions of this country with a specific question, not about preventive behaviour? But why did Government take eight months after it knew that animals have been reported to be dying in Bungoma district before they started any immunization in the affected areas? Could he just answer the question as put and forget about EU programme?

**Mr. D.M. Mbela:** Mr. Deputy Speaker, Sir, anybody who knows how the Government accounting works will know that eight months is a very short time since no budgeting was done before those reports were prepared.

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

**Mr. Deputy Speaker:** Order! I should move to Questions by Private Notice, but I have decided to give the hon. Kopyio who has come late and pleaded with me to ask the Question again.

**Dr. Otieno-Kopiyo:** Mr. Deputy Speaker, Sir, thank you very much for your understanding. I beg to ask Question No.190.

**Mr. Deputy Speaker:** Did you apologise first for coming late?

**Dr. Otieno-Kopiyo:** Mr. Deputy Speaker, Sir, I do apologise to the House. I was busy organising the way forward for the Constitution. However, I wish to ask Question No.190.

#### *Question No.190*

#### INVOLVEMENT OF POLICE OFFICERS

#### IN VIOLENT ROBBERIES

**Dr. Otieno-Kopiyo** asked a Minister of State, Office of the President:-

- (a) if he could confirm whether or not, senior and former police officers have been involved in the current wave of violent robberies and acts of thuggery that have hit various parts of the country; and,
- (b) if he could name such police officers, if any, who have brought so much disgrace to the Police Force.

**The Assistant Minister, Office of the President (Mr. Awori):** Mr. Deputy Speaker, Sir, I beg to reply.

(a) There are no police officers currently serving in the force, or former policemen, who have been involved in any violent crimes.

(b) Arising from my answer in "a", "b" does not arise.

**Mr. Deputy Speaker:** Next Question. Question one by Private Notice.

#### QUESTIONS BY PRIVATE NOTICE



## HARASSMENT OF BUURI RESIDENTS BY BANDITS

**Mr. Mwiraria:** Mr. Deputy Speaker, Sir, I beg to ask the Minister of State, Office of the President, the following Question by Private Notice.

(a) Is the Minister aware that many residents of Buuri Division, Meru District, from Rwarera and Nkando Sub-locations of Ruiru and Kiirua locations, respectively, are presently abandoning their homes following constant harassment and theft of their livestock, goods and money by armed bandits?

(b) Since the Government has failed to provide adequate security in the area, could the Minister, as a matter of urgency, authorise the establishment of armed home-guards to supplement the work of the security forces?

**The Assistant Minister, Office of the President (Mr. Awori):** Mr. Deputy Speaker, Sir, due to circumstances beyond control, I am unable to answer this Question now. I have discussed with the hon. Questioner and he has agreed that I will give the full answer on Tuesday next week.

**Mr. Deputy Speaker:** Mr. Mwiraria, any objection?

**Mr. Mwiraria:** Mr. Deputy Speaker, Sir, I accept provided it is on Tuesday, next week.

**Mr. Deputy Speaker:** At the earliest convenient time, preferably on Tuesday, next week.

*(Question deferred)*

Next Question by Private Notice.

## IMPOUNDING OF LIVESTOCK BY ESTATE OWNER

**(Mr. D.D. Mbela)** to ask a Minister of State, Office of the President:-

(a) Is the Minister aware that the owner of Ziwani Estate in Taveta Sub-District has formed the habit of impounding livestock which stray onto his land and keeps up to 30 per cent of the animals impounded as compensation for himself, after his manager has selected the best ones?

(b) If the answer to "a" above is in the affirmative, what action is the Minister intending to take against the estate owner to ensure that the livestock, so far impounded, is returned to the original owners?

**Mr. Deputy Speaker:** Mr. D.D. Mbela not here? The Question is dropped.

*(Question dropped)*

Next Question by Private Notice, Mr. Murungi.

## DISAPPEARANCE OF THE LATE MANYEKI'S BODY

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

(a) Is the Minister aware that the body of Paul Macharia Manyeki, which had been donated to the University of Nairobi, Chiromo Campus, for medical research has suddenly disappeared?

(b) Is he further aware that the body had been donated on condition that the family of the late Manyeki would be allowed to view the same any time at their request?

(c) In view of the observations in "a" and "b" above, could the Minister inform the House, the circumstances surrounding the disappearance of the body and what measures he is taking to ensure that the body is available for viewing by the late Manyeki's family?

**The Assistant Minister for Education (Mr. Komora):** Mr. Deputy Speaker, Sir, I am aware that the body of Paul Macharia (male) deceased was donated to the Department of Human Anatomy at the University of Nairobi to be utilised for the purposes of medical science according to his wishes.

Mr. Deputy Speaker, Sir, I also wish to confirm that the body of P.M. Manyeki was received by the Department of Human Anatomy of the University of Nairobi and that it has not disappeared, but has been utilised for the purposes for which it was donated.

Mr. Deputy Speaker, Sir, I further wish to clarify that the viewing of the body of the late P.M. Manyeki by family members and relatives was not a pre-condition for its donation to and acceptance of the University of Nairobi.

**Mr. Murungi:** Mr. Deputy Speaker, Sir, I am surprised by the second answer given by the Assistant

Minister because, in fact, the mother of the deceased was assured that she can visit Chiromo regularly and view the body of her son there. When she was there a few months ago, the body had disappeared. Can the Assistant Minister tell this House where the body is now, so that the mother can go and view it because she is worried as the person had died in mysterious circumstances in USA and the Government of Kenya had rushed to bring the body to Chiromo? Can the Assistant Minister now tell the House which building and room this body is, so that the mother can go and see it?

**Mr. Komora:** Mr. Deputy Speaker, Sir, I have already stated that there was no agreement about the family viewing the body when it was already donated for scientific study at the University of Nairobi.

**Mr. Murungi:** On a point of order, Mr. Deputy Speaker, Sir. The Assistant Minister for Education should understand some basic English. Which is this: Which room and building is the body, so that the mother can go and see it? He should not fool around with us.

**Mr. Komora:** Mr. Deputy Speaker, Sir, the hon. Member who is a lawyer perhaps knows better English and he can therefore, understand, my simple English that, there was no agreement to show this body to anybody.

**Mr. Deputy Speaker:** Next Question. Question four by Private Notice, Mr. Anyona.

#### REGISTRATION OF KCSE CANDIDATES

**Mr. Anyona:** Mr. Deputy Speaker, Sir, before I ask the Question, in part "c" the figure is 67,050 not 67,060. However, I beg to ask the Minister for Education the following Question by Private Notice.

(a) Is the Minister aware that twenty-four (24) Form Four (4) students (Index Nos.051-074) from Riyabe Secondary School (Centre Code No.706503) in Kitutu Masaba have not been registered for the 1997 Kenya Certificate of Secondary Education (KCSE) for optional subjects?

(b) What circumstances resulted in the failure of the headmaster to register the students, despite the fact that they had paid their examination registration fees in good time?

(c) Could the Minister order the Kenya National Examinations Council (KNEC) to register the students who have paid additional examination registration fees of Kshs.67,050, vide cheques Nos.667319 and 673677?

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

(a) Yes, I am aware.

(b) Kshs67,050 for the KCSE examination registration fees for 24 of the Form Four candidates from Riyabe Secondary School, inclusive of late registration penalty, was received late on 10th July, 1997, and accepted by the Kenya National Examinations Council. The newly appointed acting headmaster attributed this late submission to the late payment of the registration fee by the affected students at a centre code number 706503.

(c) The Ministry will consider the late registration of the affected candidates as soon as Kenya National Examinations Council processes the candidate's entries.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, the Assistant Minister is misleading the House by saying that the acting headmaster had informed the Kenya National Examinations Council that the candidates were late in paying their registration fees. I have a letter which the acting headmaster wrote to the council on 3rd July, 1997, and it does not say what the Minister is saying. The letter says that the parents and the candidates paid their fees in good time. The headmaster, whom he has not told us where he went to, disappeared with the money which he claimed to have turned into school fees without informing the parents and students. Then they discovered very late that they had not been registered and the parents started collecting some more money including penalty for which they were not responsible. Can the Assistant Minister tell us what happened to the headmaster, where the original examination fees went to before parents were required to pay extra fees?

**Mr. Komora:** Mr. Deputy Speaker, Sir, in view of the fact that there was no reference to the previous headmaster, I need a bit of time to investigate this and report to the House next Tuesday.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, he has not answered the question. Money was paid in the first instance. Where did the former headmaster take that money?

**Mr. Komora:** Mr. Deputy Speaker, Sir, according to the information available to us, Kshs67,050 has been paid with regard to the 24 candidates. All the others had already been paid for.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, this Assistant Minister went to Alliance High School where I also went to and so, I do not want to claim that he does not understand English! But he is not answering the question I am asking. This was the extra money that was paid. Where did the original money go to? In any case, he has not said whether they are going to register these candidates. Here are young children who have been left in suspense. Even now, we are not being told whether they are going to be registered and so, they cannot even prepare for the examinations. Can he confirm since it was not their fault, that they will definitely be registered and tell us where the

money went to?

**Mr. Komora:** Mr. Deputy Speaker, Sir, I do not understand why the hon. Member is worried. We will definitely register the students as soon as their papers are processed.

**Mr. Manoti:** On a point of order, Mr. Deputy Speaker, Sir. This money was paid by the poor parents and the examinations are normally taken in October and November. Why is it necessary to charge those poor parents penalty fees?

**Mr. Komora:** Obviously, if we do not charge, there will be no speed or intention in getting every document submitted for examination in time. It is the normal practice in every situation where we pay money. We put a penalty fee for purposes of encouraging people to pay in time.

**Mr. Magwaga:** On a point of order, Mr. Deputy Speaker, Sir. Can the Assistant Minister tell the House the truth? Did the 24 students pay money together with the others? If they did not pay, then they were supposed to pay the penalties. If the money was paid to the headmaster who ran away with the money, why should they be penalised?

**Mr. Komora:** Mr. Deputy Speaker, Sir, they paid penalty fees because they were late. Otherwise how could they have paid penalty fee if they had paid in time?

### POINTS OF ORDER

#### MINISTERIAL STATEMENT ON LIKONI POLICE STATION RAID

**Mr. Mwavumo:** Ahsante sana, Bw. Naibu Spika. Ninasimama kwa jambo la nidhamu kumuliza Waziri katika Ofisi ya Rais aeleze Bunge hili kuhusu tukio lililotokea jana katika Likoni Police Station.

Bw. Naibu Spika, kituo cha Polisi cha Likoni kilivamiwa na polisi kadhaa wakauawa pamoja na raia na pia kituo cha polisi kikachomwa. Ofisi ya DO pia imechomwa. Kituo kidogo cha polisi katika Likoni Ferry kimechomwa na vibanda vya raia wengine vimechomwa. Juu ya haya yote, risasi na bunduki zimechukuliwa na hawa majambazi. Watu wetu wanaishi kwa usalama na sisi tunapenda amani. Kitendo hiki ni kibaya sana.

Ningependa Waziri atueleze ni kwa nini tukio hili limefanyika. Watu kule wanaishi kwa uoga sasa. Hilo ni tukio baya na limefanywa na wale watu wabaya ambao wanadhamira mbaya; wamekwenda katika kituo cha polisi na kuchukua risasi ili wazitumie kwa njia mbaya. Ninaomba Serikali ieleze na iweke amani na utulivu katika sehemu ya Likoni.

**The Assitant Minister, Office of the President (Mr. Awori):** Bw. Naibu wa Spika, hata mimi nimehuzunika sana kutokana na jambo hilo, kama vile mhe. Mwavumo ameeleza. Wakati huu, Waziri katika Ofisi ya Rais, mhe. Kalweo, na wakubwa wa polisi wako Mombasa hivi sasa. Upelelezi unaendelea. Ningependa Bunge hili lingojee kwa muda mfupi, mpaka tupate habari yote ili tuitele hapa hivi karibuni.

#### ISOLATION OF PATIENTS SUFFERING FROM INFECTIOUS DISEASES

**The Minister for Health (Gen. Mulinge):** Mr. Deputy Speaker, Sir, I have additional information on the Question by Private Notice asked by hon. Kinyua Mbui.

Mr. Deputy Speaker, Sir, I personally paid a surprise visit to Kerugoya District Hospital on Wednesday, 6th August, 1997. I found, contrary to the hon. Member's assertion, that there is no isolation ward at the hospital, that there is, indeed, an isolation ward No.6. At the time of my visit, there were a total of 12 patients, 10 male and two female. However, it is worth noting that once TB patients have been treated and once they become non-effective, there is no longer need for continued isolation, hence such patients can be moved to a general ward.

#### CONSTRUCTION OF GARASHI MATERNITY WING

**The Minister for Health (Gen. Mulinge):** Mr. Deputy Speaker, Sir, I also have supplementary information to Question No.553 of yesterday.

The funding of the project is from Rural Development Fund and not the Ministry of Health. The Construction of the facility was started on Harambee basis and later, assisted by the Rural Development Fund. The remaining pending works include: Plastering at the cost of Kshs70,000; fixing of doors and windows - Kshs120,000; painting - Kshs50,000; plumbing - 180,000, and provision of pit latrines - Kshs200,000.

I beg to lay those two documents on the Table.

*(Gen. Mulinge laid the documents on the Table)*

**Dr. Kituyi:** Mr. Deputy Speaker, Sir, is the hon. Minister in order, in a properly prepared Government statement, to purport to justify that a project is undertaken under the Rural Development Fund, when it is a known fact that due to the corruption of this Government and its inability to prosecute thieves, Rural Development Fund was scrapped? There is no such thing as a Rural Development Fund in Kenya today. Could he tell us what fund he is referring to?

**The Minister for Health (Gen. Mulinge):** Mr. Deputy Speaker, Sir, I am not aware of that one. What I am aware of is what I have said; that, this project started as a Harambee project and the Rural Development Fund came in to support the Harambee effort. They are the people who are doing it now. That is the information I have.

### COMMITTEE OF SUPPLY

*(Order for the Committee read  
being 13th Alloted Day)*

### MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

**The Minister for Health (Gen. Mulinge):** Mr. Deputy Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair. As hon. Members are aware, the Ministry of Health has an overwhelming responsibility of improving, promoting, providing and safeguarding the health of the people residing in Kenya. To achieve this important goal, the Ministry has set up an integrated health care delivery system providing preventive, promotive, curative and rehabilitative health services throughout the country.

Mr. Deputy Speaker, Sir, the health sector in Kenya has greatly expanded since Independence from 58 hospitals and 603 rural health facilities to 101 hospitals, 400 health centres and 1,200 dispensaries. The Ministry operations, programmes and activities are organised and implemented under eight major components listed as follows: General Administration and Planning, Curative Services, Preventive Medicine and Promotive Health Services, Rural Health Services, Health Training, National Health Insurance, Medical Supplies Services and the Kenyatta National Hospital.

Mr. Deputy Speaker, Sir, the main goal of health sector policies that has been pursued by the Ministry since Independence has been the provision of integrated health services that meet the basic needs of the population. The Ministry has concentrated its efforts in increasing coverage and accessibility of health care in the underserved areas, and further consolidating curative, preventive and promotive services by pursuing the following policies.

One, increasing coverage and accessibility of health services with active community participation. Two, consolidating maternal and child health and family planning services in order to reduce morbidity, mortality and fertility. Three, increasing inter-sectoral collaboration with other Ministries and NGOs involved in the improvement of health status. Developing alternative financing mechanisms for the public health sector and encouraging NGOs and the private sector to play a greater role in delivery and financing of health care services.

In 1963, the country's Crude Death Rate (CDR) was 20 per 1000 people. This has declined to 12 per 1000 people. Infant mortality rate stood at 120 per 1000 people in 1963. To date, it has been reduced to 63 per 1000 people. Life expectancy in 1963 was 44 years, while a child born today has a life expectancy of 60 years. All these changes are demographic indicators which show the significant improvements in the health sector that have taken place since the country attained Independence in 1963.

Mr. Deputy Speaker, Sir, in pursuing the policies and the main objectives stated above and elaborated in the "*Kenya Policy Framework Paper*", approved and launched by the Government in November, 1994, rapidly increased financial requirements cannot be over-emphasized. However, the financial resources available from the Exchequer and the donor have not kept pace with the ever increasing demand for services, resulting in gradual deterioration of the quality of services provided in Government institutions.

The *per capita* expenses for health in real terms has been declining since 1980 as a result of the population growth, inflation and the high cost of foreign currency needed to procure imported inputs such as pharmaceutical (drugs), dressings, sera, vaccines and biomedical equipment.

In recent years, the Ministry has faced major challenges from the AIDS pandemic which has no cure to-date. It is estimated that whereas 16,000 died of the disease by 1989, and 200,00 by 1995, the cumulative figure is projected to increase to one million by the year 2000. HIV-AIDS patients occupy an average of 40 per cent of the total beds in Government hospitals. This has forced the Ministry to adopt home-based-care strategy for HIV-AIDS patients. HIV-AIDS patients have caused a major resurgence of tuberculosis which presents a major public health problem particularly with the emergence of drug resistant forms of tuberculosis bacilli. The average cost per new AIDS case is estimated at Kshs573,240, Kshs34,680 as direct cost, and Kshs538,560 in lost wages since the pandemic has affected a majority of the economically active persons.

Recognising the need for a multi-sectoral approach to AIDS prevention and control and importance of effective mobilization and co-ordination of activities and the resources from various sectors and agencies, the Government will establish a National AIDS Council as set up in *Sessional Paper No.4 of 1997 on AIDS in Kenya*. To deal with the challenges caused by the AIDS pandemic, the Ministry of Health is implementing the following activities countrywide. One, procurement and distribution of HIV blood screening equipment and reagents; two, implementation of a massive education programme targeting both urban and rural communities in all districts in the Republic. Three, procurement and distribution of drugs for treatment of sexually transmitted diseases; four, surveillance of AIDS and HIV infection levels; five, development of home-based-care services to cater for the increasing number of cases, and implementation of *Sessional Paper No.4 of 1997 on AIDS*.

Mr. Deputy Speaker, Sir, in response to the challenges outlined above, the Ministry has formulated reform measures in the health sector in order to arrest the deteriorating infrastructure and services. Last year, a plan for implementing the first phase of the reform agenda was presented to hon. Members of this House. I am pleased to inform hon. Members that the Ministry has already commenced on the process of restructuring the health sector, re-organizing the Ministry of Health, changing roles and building at appropriate capacity at the district level. Further decentralization of authority and responsibility to the districts is being carried out with a view to making public health sector more effective and efficient in reducing the burden of the disease.

The other central core of the on-going reforms is to obtain long-term financial sustainability through planned financial management and increasing financial flow in the sector, including cost-sharing revenue, and health insurance.

Towards this end, the Ministry would restructure and reform the National Hospital Insurance Fund (NHIF) in order to make it a truly Health Insurance Scheme for the benefit of Kenyans. The Ministry has also embarked on measures to restructure and reform the medical supply co-ordinating unit (MSCU) in order to make drugs supply more efficient and affordable.

Mr. Deputy Speaker, Sir, to elaborate further on the status of implementation of health sector reforms, I wish to give the following highlights.

Implementation of this reform measure has already started and the headquarters span of control has been reduced in favour of the provinces and districts. The ultimate intention is to deploy senior and highly qualified health professionals at the provinces and districts where their services are required most. As a complimentary effort to the rationalization of the Ministry, decentralization of health services management is being undertaken as a priority. To this end, District Health and Hospital Management Boards are now in place to oversee development, management and delivery of services. At the community level, the Ministry is creating the necessary capacity and committees for effective participation in health services provision.

Financing of public health services is set to improve through various schemes. First, the cost-sharing initiatives already in operation will realize increased levels of revenue resulting from improved collection.

During the 1997/98 financial year, it is projected that a total of Kshs300 million will be collected through this scheme to supplement funds provided by the Exchequer. Secondly, the National Hospital Insurance Fund will be transformed into an autonomous National Health Insurance Fund to be operated on sound financial management principles and practices. The proposed change will enable the Fund to cater for more Kenyans, including those in the informal sector. The changes will also make it possible for the Fund to fulfil its mandate to the public health facilities and services.

The move will broaden the revenue base and result in increased coverage while allowing for improved performance and benefit to contribution through the mechanism of market forces. The other alternative source of revenue will be through community management health schemes that will generate resources for health activities at the grassroots level.

Before I conclude this section of my speech, I wish to highlight two other important areas namely: Hospital autonomy and proposed Health Sector Reform Project to be financed by the Government and through World Bank Credit.

In the current financial year, my Ministry is involved with pilot testing hospital autonomy. The objective of granting autonomy in the management of hospitals is to eventually shift management and financial responsibilities

from the Ministry of Health to the respective hospital management boards, so that the Ministry can concentrate on primary health care services. Experience that has been gained at Kenyatta National Hospital shows that devolution of authority and power to hospital management boards lead to more effective and efficient management of resources and improvement in the quality of services provided. The Ministry proposes to replicate this in other public sector hospitals starting with provincial hospitals.

The health sector reform agenda entails major policy action and strategies for implementation. Currently, my Ministry is in the process of developing a five-year programme on health sector reforms. The project will benefit from bilateral and multilateral funds. The project will emphasize on primary health care with a view to shifting resources from the expensive curative to preventive and promotive services in line with the stated Government policy. The proposed project will also include the rehabilitation of existing infrastructure, provision of equipment and supplies and development of systems. In this project, resources will be earmarked for the provision of incentives to the private sector and NGO health providers to enable them to assume more responsibility for the delivery of health, particularly curative care. The overall goal of this project will be to achieve efficiency and effectiveness in the health sector and long term financial sustainability of the public health sector.

I now wish to focus on details of my Ministry's Recurrent and Development Votes for the 1997/98 financial year amounting to K£738,404,313, broken down as follows:- Under the Recurrent Expenditure, I am asking for a gross total of K£437,969,775 which represents an increase of 8 per cent over last year's allocation of K£403,056,648. The funds are broken down as follows:- General Administration and Planning - K£16,890,755; Curative Health - K£241,522,312; Preventive and Promotive Health - K£14,121,162; Rural Health Services - K£69,259,949; Health Training - K£20 million; National Health Insurance - K£10,275,425; Medical Supply Co-ordinating Units - K£2,900,172 and Kenyatta National Hospital - K£63 million. The total amount is K£437,969,775.

The Recurrent Vote continues to constitute the biggest percentage of the total budgetary allocation for the Ministry. About 61 per cent goes towards payment of staff salaries and other personnel costs while the remainder is used for purchase of drugs and other operations and maintenance costs.

Under the expenditure category, the breakdown is as follows:- Personal Emoluments -K£267,288,803; Kenyatta National Hospital - K£36,246,860; KMTC - K£9,895,980 and the rest of the Ministry - K£221,145,963.

Under the second category of expenditure, the funds are broken down as follows:- Operations and Maintenance - K£170,680,972; Kenyatta National Hospital - K£26,753,140; KMTC - K£10,104,020; Provision of Recurrent costs for running the hospital and other administrative services - K£133,823,812 and Drugs provision - K£50,142,159. The gross total is K£437,969,775. In the 1997/98, financial year the item on General Administration and Planning takes an amount of K£16,890,775 as compared to the 1996/97 financial year's amount of K£19,352,955. In 1996/97 financial year, the allocation on this item had been reduced by 4.7 per cent. This is because the Ministry was allocated over K£3.6 million to pay a backlog of compensation and ex-gratia cases in the last Financial Year. The item is now allocated Kshs400 million which is adequate for this Financial Year.

With regard to Curative Health Services, we have requested for K£241,522,312 in the 1997/98 Financial Year compared to K£217,487,953 in the 1996/97 Financial Year. The allocation has been increased by 11 per cent on account of creation of a new Head in the new districts, in line with the District Focus for Rural Development. The new hospitals are: Mbeere District Hospital, Magutuni Sub-District Hospital, Nyambene District Hospital, Suba District Hospital, Rachuonyo District Hospital, Malava/Lugari District Hospital and Teso District Hospital. At the same time, six Heads were created at the headquarters to improve on the administration of the services. These are: Sexually Transmitted Infection Programme, Occupational Therapy, Nursing Services, Procurement of Medical Spare Parts Programme, Primary Health Care Programme and Preventive Promotive Programme. In 1997/98 financial year we are requesting K£18,121,162 compared to K£16,710,106 in 1996/97. The allocation on this item is less by 15 per cent, on account of the Shift of the Drugs Allocation Fund from the account of Communicable and Vector-Borne Diseases Account to the Rural Health Services, where it is more applicable.

With regard to Rural Health Services, we are requesting K£69,259,949 in 1997/98 financial year compared to K£58,387,951 in 1996/97. The increase of 18 per cent on this Head is mainly represented by the increase of funds under the drugs item in order to increase the rural communities' access to drugs.

In 1997/98, K£2,900,172 is being sought with regard to Medical Supply to Coordinating Units, compared to K£2,100,673 in 1996/97. The additional funds will be used to purchase vehicles to ferry drugs to the provincial depots at Nyeri, Nakuru, Kisumu and Kakamega, so that they can be accessible to the rural facilities for distribution.

With regard to Staff Personal Emoluments, the Ministry input established will use K£267,280,803 this year, which is 61 per cent of the Recurrent Expenditure. This House will recall that personal emoluments used to consume 70 per cent of the recurrent cost in early 1990s. Having this figure brought down is a clear indication of shifting the financial resources from personal to maintenance and operational costs in the hospitals. Through the voluntary early retirement scheme and the normal retirement, the Ministry has retired 5,000 employees, thus bringing down the budget

on personnel costs to K£10,050,000. The Ministry has also managed to clear few pending bills on gratuity payments for the female employees.

With regard to drugs supply, availability of essential drugs over the last two Financial Years in MOH facilities has improved considerably. The budget allocation for essential drugs in the current Financial Year is K£50,142,159, which is an increase of 14.9 per cent, compared to last year's allocation of K£42,653,910. However, the Government funding towards the procurement of these essential drugs remains insufficient to ensure that regular and optimum availability is achieved throughout the year. Currently, we support less than 50 per cent of the estimated financial requirement, to be able to procure drugs for basic health services, which are estimated to be approximately K£110 million.

Our main problem, therefore, remains one of under-funding. The budgetary provisions need to be increased to cover the current shortfall. In addition, the management of the system of procurement, storage and distribution of drugs and other medical supplies needs to be streamlined and strengthened to ensure optimum use of available resources. To this end, the Ministry is in the process of re-structuring the medical supply co-ordinating units into efficient independent operational bodies which will operate soundly.

Mr. Deputy Speaker, Sir, I do not need to emphasise the fact that most of the operational and maintenance services of the hospitals are highly under-funded. We require sustainable injection of funds to maintain the facilities as well as repairing other equipment like machines.

With those few remarks, I beg to move.

**The Assistant Minister for Home Affairs and National Heritage** (Mr. Mutiso): Mr. Deputy Speaker, Sir, I rise to second this Vote which is so necessary---

**Mr. Nthenge:** On a point of order, Mr. Deputy Speaker, Sir. Is it not improper to imply that hon. Mutiso is seconding the Motion because the Mover was a Member from his own tribe? Are we Members of tribes here or hon. Members?

**Mr. Deputy Speaker:** I did not hear anybody make that allegation.

**An hon. Member:** It is just cumbersome!

**The Assistant Minister for Home Affairs and National Heritage** (Mr. Mutiso): Mr. Deputy Speaker, Sir, I am seconding this Motion in my capacity as a Member of this Parliament and also as a Minister of the Government.

Mr. Deputy Speaker, Sir, we have heard what the Minister has said, particularly bearing in mind that the Ministry of Health is the only Ministry which cares for the nation's health. Since Independence to-date, the demand on health services has been on the increase. Therefore, as the Minister has indicated clearly, since Independence this trend has been rising steadily. This is due to the fact that not only the population has been rising, but even new diseases have come to light. For instance, we now have AIDS which was never there at the time of Independence. It had not been noticed by anybody till early 1984 when the first case came into light. This has increased the usage of medical services to a large extent.

Mr. Deputy Speaker, Sir, the Ministry has been fighting to eradicate poliomyelitis which has been a threatening disease in this country. The Ministry is determined to ensure that by the year 2000, this particular disease is totally eliminated in the country. Because of this and many other factors, the Ministry has been spending all its resources far and beyond the limit. I would therefore appeal to this hon. House to ensure that the Ministry of Health which caters for the health of the entire nation is given better facilities to operate on.

Mr. Deputy Speaker, Sir, the Ministry is in the process of restructuring health facilities throughout the country as you have heard from the Minister. The Ministry is also in the process of making hospitals autonomous to the extent that it has created district health management boards in health centres which will be entirely in charge of the health facilities within a given district. I am informed that by so doing, they will even be drawing their kits direct from Nairobi rather than depending on the distribution through agents or other systems. This will improve health facilities in a given area.

Mr. Deputy Speaker, Sir, the Ministry is also planning to ensure that the National Hospital Insurance Fund becomes a real hospital insurance. At the moment, it is only assisting in paying claims for people who are hospitalised and such claims are paid on a certain percentage. I am informed that the Ministry intends to make this a total insurance institution, so that employees can be paid when they are hospitalised.

Mr. Deputy Speaker, Sir, the Ministry is seeking approval of this money, so that it can improve on the facilities and the health services throughout the country. I believe that there is no Member in this House who will not support it because health is very essential to everyone including hon. Dr. Kituyi who is staring at me. I know when he falls sick, he needs to be looked after well and find good facilities in the hospital that he goes to.

**Dr. Kituyi:** On a point of information, Mr. Deputy Speaker, Sir. I wish to inform the hon. Member that when I am looking at him when he is talking about the importance of the National Hospital Insurance Fund, I am not worrying about the importance of national insurance in health, but about the theft of Kshs600 million from the

National Hospital Insurance Fund by Mr. Raymond Moi through Heritage Bank to start Simba Airline.

**The Assistant Minister for Home Affairs and National Heritage** (Mr. Mutiso): Mr. Deputy Speaker, Sir, I wish I knew what he had in mind. That is very wrong information that I do not need. But I am sure Dr. Kituyi is aware of the fact that the Ministry of Health is doing its best to improve on the health services of the entire nation. It is not a light matter when the Ministry, as a single institution with meagre resources, is in charge of looking after over 28 million people in this country. Therefore, I think, they ought to be congratulated for the efforts they have shown throughout the country.

**Mr. Mulusya:** On a point of order, Mr. Deputy Speaker, Sir. Is hon. Mutiso in order to say that the Ministry should be congratulated for its efforts when his people in Matuu Hospital are dying because of lack of medicine? If they heard that hon. Mutiso was congratulating this Ministry, he would lose.

**The Assistant Minister for Home Affairs and National Heritage** (Mr. Mutiso): Mr. Deputy Speaker, Sir, I take great exception to that statement from the hon. Member because he has no right to speak on behalf of Yatta. I am sure he does not know the exact situation in Matuu Health Centre because he comes from Kangundo, many miles from Yatta. I know that there are problems not only in Yatta but throughout the country, due to the fact that the population has increased and the country's resources are meagre. Because of that, we have to cope with the situation as it presents itself. There is no blame on the part of the Government since it is doing its best to ensure that wananchi receive the necessary health services throughout the country.

Mr. Deputy Speaker, Sir, the restructuring of the Medical Supplies Section of the Ministry is very important and I am encouraged to hear that this is in the process of being done. This has been a bone of contention since many drugs - I do not know what happens on the way - do not reach their destinations. When this is restructured, I am sure they will reach their destinations.

With these few remarks, I beg to second the Motion.

*(Question proposed)*

**Mr. Muite:** Thank you, Mr. Deputy Speaker, Sir. Everything that can be said about the condition of the public hospitals has been said and it bleeds the hearts of a lot of us to even begin conceptualising how much more compounded, the sorry state in which a majority of public hospitals are. That situation is going to be compounded by the budgetary constraints that are now going to be present because of the curtailment of aid. These hospitals lack drugs and they are in unhygienic conditions. In this country, a poor person must not fall sick at all because of the conditions of our hospitals. All this has been said. One feels very sorry about that situation.

In the Ministry of Health there is corruption and everything that can be said about the procurement of drugs, through corruption, has been said. I wish to talk about a different issue which is sheer inefficiency; apart from corruption. The Ministry of Health is very inefficient.

About two months ago, the Ministry of Health imported a lot of drugs into this country and part of the consignment were drugs for treating highland malaria. There has been an outcry in this country, that people are dying in their scores because of lack of drugs and yet, for the last two and half months, drugs including drugs for the treatment of highland malaria, have been lying in containers at the Inland Container Depot at the Jomo Kenyatta International Airport. These drugs were uncollected and uncleared. During those two months, people were dying because of lack of drugs in Kericho and many other areas in the country. Why those consignments of drugs have not been cleared and made available to these hospitals, is what we are asking. The answer to that question is that it is because of sheer inefficiency. As we have said before, the right hand of this Government does not know what the left hand is doing. Since those drugs were imported by the Ministry of Health they do not attract duty. They should be cleared automatically. This is an importation by the Ministry of Health, a Government Ministry and, therefore, no duty is payable.

Mr. Deputy Speaker, Sir, before the Department of Customs can release these drugs, they need a letter from the Treasury confirming that those are Government drugs which have been imported by the Government and, therefore, they do not attract duty. This is an assignment that can be done within an hour.

*[Mr. Deputy Speaker left the Chair]*

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

**Mr. Mbeo:** On a point of information, Mr. Temporary Deputy Speaker, Sir. I would like to inform hon. Muite, through the Chair, that no medicine in this country attracts any duty. Therefore, at no time does one need to go



to Treasury or anywhere else. This is a matter that they can handle directly themselves, and they do not have to go to the Treasury.

**Mr. Muite:** Mr. Temporary Deputy Speaker, Sir, I have the documents here showing the consignments, containers and the drugs. Apparently, the particular agency that was doing the clearing was told to produce a letter from the Treasury. Whichever way it is being done, when the drugs have arrived - they took four weeks to arrive by sea. Do we need two to three months to clear the drugs from the Inland Container Depot at Jomo Kenyatta International Airport to the hospitals? These drugs, as I speak in this House now, are still lying there; either because the Ministry of Health is unable to go and clear the consignment or because the Ministry of Health is unable to go to Treasury and get whatever authorization is required to be obtained from the Treasury in order to give it to the Customs Department so that drugs can be released.

Apart from corruption, this is unacceptable inefficiency. Now that the Minister for Health is present in this House, I would like to lay these documents on the Table, to enable him instruct his Permanent Secretary, and his staff, to go and get the necessary documentation tomorrow, not on Monday, and get the necessary documentation sorted out so that these drugs can be released to the Ministry of Health.

*(Mr. Muite laid the documents on the Table)*

Mr. Temporary Deputy Speaker, Sir, I appeal to the Minister for Health, through the Chair, to undertake that, as soon as these drugs are cleared next week, they are made available immediately to all the hospitals so that people can have access to them. We need to do something about the situation of health in this country and particularly with regard to the drugs relating to high blood pressure and diabetes. Many people in the countryside are dying, five or ten years before their time, simply because when they reach the age of 60 years, a majority of them, because of the stress of modern living, develop diabetes and high blood pressure. Yet the drugs for treating this condition are not available in Government hospitals. These old men and women in the countryside, towns and everywhere cannot afford the cost of these drugs in private pharmacies. So, they are just staying at home dying because of a condition that can be arrested and treated. This is very pathetic and a very serious situation.

I had a pathetic case in my constituency office the other day, of an elderly lady from a very dry part of my constituency called Ndeiya. She told me that these days, of course, since they cannot afford the cost of hospitalisation or drugs, when they get sick, they just wait for the disease to leave their bodies. It is very pathetic! They just stay at home and wait for the disease to run its course and if they recover, well and good; if they do not, then they die. This is a Government that is not able to meet the primary health care of its own citizens because of incompetence and corruption. This is because they cannot agree to the reforms that we are talking about so that the economy can be revived. Something needs to be done. We have a very serious situation facing public health institutions in this country.

Mr. Temporary Deputy Speaker, Sir, with those few words, I reluctantly beg to support the **[Mr. Muite]** little money that they want to have. They are asking for a lot more money but how they are going to get it, now with the curtailment of aid, I really do not know.

I beg to support.

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

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

**The Assistant Minister for Agriculture, Livestock Development and Marketing** (Mr. Osogo): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me an opportunity to say a few words about Vote 11 of the Ministry of Health. Everybody in this House knows that this is the only Ministry which deals with the unborn, the living and the dead. It combines all the three. I would agree with hon. Muite that the Ministry of Health has not been performing well because it has been underfinanced. We have to ask our people to tighten their belts more because drugs are all imported. With the shilling falling, the provisions we are giving to the Ministry now will be very inadequate.

Mr. Temporary Deputy Speaker, Sir, also most of the development agencies in this Ministry are normally funded by donors. Some of them have indicated their unwillingness to continue supporting this Ministry. For example---

**Mr. Achola:** Why have they stopped doing so?

**The Assistant Minister for Agriculture, Livestock Development and Marketing** (Mr. Osogo): Mr.

Temporary Deputy Speaker, Sir, the hon. Member for Kikuyu is asking why? Or is it the hon. Achola who is asking why? He knows the reason why they are doing this. They have done that because of the utterances that come from the Members on the opposite side of the House. The utterances that they make and the chaos they cause in this country, by organising strikes, demonstrations and unlicensed meetings, are part and parcel of what has caused this corruption. But we are fighting corruption; everybody cannot be corrupt. You are fighting it on that side and we are fighting it on this side.

Mr. Temporary Deputy Speaker, Sir, we will continue saying that we have to expect worse things to come from this Ministry. This is because, as I said, most of the things, for example, repairs of equipment like X-rays and so on, have been assisted by donors. You might find us not repairing them as much as we would have liked. Again, as I have said, the drugs which are equally important, will cost more because the value of the Kenya shilling is falling. But as regards the consignment of drugs that is at the airport, which hon. Muite has been referring to, I would say that with my experience in the Ministry - I headed that Ministry for a total of five years because I was the longest serving Minister in that Ministry since Independence - has taught me that it does not import drugs. It tenders for those drugs. The tenderers buy drugs and bring them and most of the suppliers are Crown Agents, because of the nature of people who bring in the drugs. So, I am suspecting that this consignment has been imported by one of the suppliers of the Ministry because the Ministry of Health does not import any drug directly. What might have happened is that the person who won the tender for that drug has imported it and he is not able to clear the drug because the Ministry of Health cannot go to the airport and say: "Let me collect these drugs". But, I am informed by reliable sources that inside that consignment, there are items which attract customs duty. There are items there which are not medicines. There are items that attract duty in those containers and that is why they have not been cleared. But we can assure the hon. Members that the Ministry will now take steps and see that if those items, are dutiable and duty cannot be paid duty by the those who imported them, then the drugs should be released and separated from the original consignment.

**Dr. Lwali-Oyondi:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the hon. Osogo in order to mislead the House that this consignment was brought in by private persons while it is clearly addressed to the Ministry of Health, Afya House, Cathedral Road, Box 30016, Nairobi, Kenya?

**The Assistant Minister for Agriculture, Livestock Development and Marketing** (Mr. Osogo): That is sheer ignorance on the part of the hon. Member for Nakuru Town. The importers always import in the name of the Ministry, but the Ministry is not the one that is importing the drugs. It is the one that awards tenders to importers.

**Dr. Lwali-Oyondi:** On a point of order, Mr. Temporary Deputy Speaker, Sir. How can the Ministry Public Works and Housing allow private people to use its name since they can even import opium?

**The Temporary Deputy Speaker** (Mr. Wetangula): Dr. Lwali-Oyondi, I believe that is a question that can be raised during Question Time.

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Speaker, Sir, that is not the case. Is the Assistant Minister in order to mislead us on this subject? Not everybody can use the name of the Ministry of Public Works and Housing.

**The Temporary Deputy Speaker** (Mr. Wetangula): Dr. Lwali-Oyondi, those are basic importations!

## QUORUM

**Mr. Mulusya:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Apparently there is no quorum since the Government is absent. We are talking to an empty Government side.

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Mulusya! Yes, we do not have any quorum. Ring the Division Bell.

*[The Division Bell was rung]*

**The Temporary Deputy Speaker** (Mr. Wetangula): Order! We have a quorum now. You may proceed, Mr. Osogo.

**The Assistant Minister for Agriculture, Livestock Development and Marketing** (Mr. Osogo): Mr. Temporary Deputy Speaker, Sir, before I was interrupted by the lack of quorum, I was explaining to the hon. Member for Nakuru Town what happens. If he wins the tender to supply a drug to the Ministry of Health and he imports that drug, it is only proper that he consigns it to the Ministry of Health, as the documents he is reading read. But he is responsible for clearing and delivering because, in the tender document, it is stated that you are to deliver drugs to the Central Medical Stores (CMS). So, he is supposed to clear the drugs and deliver them to the Ministry of Health. That is why the document he is holding reads the Ministry of Health.

Having explained that to Dr. Lwali-Oyondi, I would like to inform the House that the Ministry---

**Mr. Mbeo:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Assistant Minister in order to mislead this House that the medicines that have come, consigned to the Ministry of Health, cannot be cleared from the airport when documents clearly show that they are meant for the Ministry of Health, when highland malaria has been killing people since three months ago? Is he in order to mislead this House?

**The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo):** Mr. Temporary Deputy Speaker, Sir, I am not misleading the House in any way. I am only explaining the procedure of importation. The Ministry of Health has no right to clear those drugs from the Airport. It is the importer who is to clear and deliver those drugs to the Ministry. But because of the importance of the drugs, the Ministry of Health will request the importer to clear the drugs. We are promising to do this as soon as possible because we have seen the problem. Indeed, the Ministry has already moved staff to the Airport to go and separate the dutiable items from the undutiable ones so that the essential drugs can be brought to the CMS. I hope this satisfies Mr. Mbeo.

Mr. Temporary Deputy Speaker, Sir, I was informing the House that in addition to all that the Minister has said when he was moving the Vote, the Ministry also intends to amend the National Hospital Insurance Fund (NHIF). I am told the Bill will soon be published and brought to this House. We hope that in the amendment, the outpatients will also be catered for in the Bill. This amendment of the NHIF Act, which people have been complaining about for a long time, is a move in the right direction. One of the complaints is that it has not been catering for outpatients.

Mr. Temporary Deputy Speaker, Sir, I would like to draw your attention to the Development Expenditure which has been allocated over K£300 million in the Estimates. Again, as we said, quite a bit of it is from bilateral donors. We hope that good faith will prevail and they will not withhold the donation as they had promised. But all in all, this Ministry has done the best it can. It is not inefficiency, it is the difficulty of under-funding that the Ministry has been experiencing. This is a Ministry that cannot afford to wait because sick people never wait. But the roads can wait. You can drop into a big pothole, go through, cry and get out. But the Ministry of Health has to be on its toes all the time to make sure that our people are catered for properly, medically. But because of under-funding it will not be possible for the Ministry to continue doing this.

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

Mr. Temporary Deputy Speaker, Sir, hon. Mbeo, can have his own time to speak when I have completed my speech because my time is finished.

With these few remarks, I beg to support.

**Mrs. Asiyu:** Mr. Temporary Deputy Speaker, Sir, I want to congratulate the Ministry of Health for having done a very good job in one particular health centre, called Kendu Bay, where we have never run short of drugs in the last one year. That is a very special thing and I congratulate the Ministry for having done this for our people.

Although in the last two financial years, the Ministry of Health was given some Kshs20 million for renovation and expansion of this health centre, that money has remained in the documents of the budget. It has never reached that health centre. I would like to ask the Minister to check on this issue and to make the money available for renovation and expansion. This health centre is the only health facility that takes care of Rachuonyo District and it has now been promoted to a sub-district hospital. We, therefore, need more beds, more staff and more equipment for the health centre. The health centre has neither light nor water, and so I am appealing to the Ministry to provide us with a generator and also with sub-surface water tanks, which carry a lot of water that can take the health centre the whole year round. As I have said, it is one health centre that is providing health services to the entire area, which has about 300,000 people.

Mr. Temporary Deputy Speaker, Sir, I also wanted to appeal to the Minister to do something about AIDS. AIDS has definitely put a lot of strain on the resources of the Ministry of Health. But there are certain steps that can be taken by the Ministry. For example, the Ministry can provide home-care services and use local volunteers, like the traditional midwives, so that they can provide, not only home-care services, but also counselling to those who are suffering from AIDS. Then, there is a practice in the Ministry of Health, where they do not tell the AIDS victim that he is actually suffering from AIDS. In the case where perhaps the wife could have been spared to take care of the children, the husband goes ahead and infects the wife and, therefore, we have ended up now with so many orphans that have been left by the parents due to this disease.

Mr. Temporary Deputy Speaker, Sir, I really feel very strongly about home-care services by local volunteers and qualified nurses for these AIDS patients. The Ministry should also continue convincing our people not to discriminate against AIDS sufferers because it is something that anybody can get. Therefore, we should be in a position to be sympathetic, understanding and to assist those that suffer from the disease.

Mr. Temporary Deputy Speaker, Sir, there is this scientist who has been ridiculed and stopped from manufacturing the drug that he was manufacturing; Prof. Arthur Obel. I think the Ministry must think twice about this

scientist. He is a great man. He has done very good work for this country and the Ministry must find a way of using Prof. Obel. I have personally referred some of my constituents to Prof. Obel and they have felt better. Maybe, one cannot be a prophet in one's own country, but think twice about Prof. Obel, and bring him closer and see if you could not work closely with him to get something even better than what he has now in order to help this country. The problem with us Africans is that we do not value invention by African scientists. If Prof. Obel was an American or an European, he would be having the whole world in front of his office. But just because he is a black man like us, we are not taking him seriously.

Mr. Temporary Deputy Speaker, Sir, when Mr. Arthur Magugu was the Minister for Health, he did wonderful work and was able to really get our people to think about cigarette smoking. He stopped cigarette smoking in offices, buses and in all public places. That really helped. Today, the cigarette industry has really stepped up their campaign for cigarette smoking, especially for the young people. We know what cigarette smoking does to the human mind, body and so on. Let us expose our people. Let us tell our people what smoking does so that, if they decide to smoke like my friend, hon. Shamalla, they will know that very soon they will die from diseases related to smoking.

**Mr. Mulusya:** Does Mr. Shamalla smoke?

**Mrs. Asiyo:** I have also seen hon. Nyagah smoke too. It is not just hon. Shamalla.

Mr. Temporary Deputy Speaker, Sir, we really want to discourage and, if possible, ban smoking in the Members' Lounge completely. Let these people kill themselves because, if they smoke in the television room, they are also infecting those of us who are holy, clean and who do not want to die early. We really have to start giving an example to the rest of this country so that Kenyans will know that we are serious when we say that they should stop smoking. Very soon, those who are dying of diseases related to cigarette smoking will sue the cigarette industry. There is no reason why they should not sue them for having made their life impossible.

Mr. Temporary Deputy Speaker, Sir, I wanted to remind the Minister that there was a mobile van which was donated by the Italian Government and it had everything in it. The Department of Ophthalmology, the usual curative care department, could even perform simple surgeries in that van, in any market place that they went to in Karachuonyo and so on. Somehow, some people came from where we do not know and they started taking away most of those parts. They said they were from the Ministry of Health. They removed them to the point where the van was left empty, like a shell, then it was removed from Kindu Bay where it was supposed to operate and taken to Homa Bay Hospital. I want to appeal to the Minister to send this van back to us, because it was donated for use in Karachuonyo, and bring back all the parts that were taken away by whoever took them away, so that we can benefit from this donation that was given to us by the Italian Government.

Mr. Temporary Deputy Speaker, Sir, malaria is killing very many people along the shores of Lake Victoria simply because the water hyacinth has provided a very fertile breeding ground for mosquitoes. Today, many people sleep outside at night because mosquitoes have really attacked everybody in that area. Yet, when the Minister, the other day, was giving an answer to a Question put to him by one of the Members on this side, he indicated that Karachuonyo had not suffered from any malaria and no malaria cases had been submitted. Some people have believed that malaria cannot kill a Luo; that malaria only kills people like hon. Muite in the highlands and hon. Ng'eno in Kericho, but it does not kill Luos. Nobody is immune to malaria. Malaria is killing very many of our people and the Ministry has the obligation to provide sufficient medication for all areas in this country and especially for those areas that have more mosquitoes than others. I want to emphasise that we must have equal treatment in the area of health because, otherwise, it is going to be very hard for those areas that are not KANU zones.

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

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

Mr. Temporary Deputy Speaker, Sir, there is also increased *bhang* smoking in schools. Let us have the Minister for Health visit secondary schools and educate, inform and expose the boys and girls who smoke, or might smoke, about the dangers of *bhang* smoking. If we do not go out there or tell our experts to educate our youngsters about *bhang* smoking, we are going to end up with very many diseased people.

Mr. Temporary Deputy Speaker, Sir, I hope that the Ministry will take some of these observations seriously and do something about them.

With these remarks, Mr. Temporary Deputy Speaker, Sir, I support the Vote.

**Mr. Wetangula:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to speak on this Ministry.

Mr. Temporary Deputy Speaker, Sir, Gen. Mulinge must be a very uncomfortable man because he is presiding over a Ministry that is not working very well. The Ministry of Health has so many problems in the country that we do not know what to tell Gen. Mulinge.

Mr. Temporary Deputy Speaker, Sir, the Ministry is suffering from under-funding, ripples of corruption, inefficiency of doctors, the dishonesty of doctors who use Government facilities and medicines to run their private clinics, and total lack of supervision of its personnel I do not know who supervises doctors, who oversees what doctors are supposed to do, to the extent that, when we go to the countryside the ineptitude of doctors range from drinking from morning to evening, to not turning up to their places of work at all. Meanwhile, Kenyans are dying.

Mr. Temporary Deputy Speaker, Sir, Kenyans are dying from very simple curable diseases; malaria, typhoid, dysentery and so on. Even petty things like snake bites are killing people 30 years after Independence. Something is practically wrong and, as we vote this money, my good friend, Gen. Mulinge, should sit down with his people in the Ministry and ensure that they get their bearing right and help Kenyans.

Mrs. Asiyo has mentioned something about AIDS. Recently, I was surprised rather pleasantly, when I was in Zimbabwe, when I met ten fellows who were attending a seminar, who at least, each one of them, knew somebody who had been cured of AIDS by Prof. Obel. I was pleasantly surprised, but here in Kenya, Prof. Obel is one of the most maligned professional doctors. Some of the malignment is spearheaded by his fellow colleagues. As Mrs. Asiyo said, if Prof. Obel was a whiteman, we would be falling heads over heels, legislating to legalise his findings and directing people to go to him. We suffer from the converse racism against ourselves, where we believe as Jesus said that nothing good can come from us.

Mr. Temporary Deputy Speaker, Sir, let us take the AIDs scourge seriously. Let us try whatever is available because the Americans and the Japanese are trying. We had the much talked about KEMRON which nobody talks about today. It came with so much fanfare and publicity but it suddenly disappeared. It is high time that the Ministry came up with a very clear policy on what to do with our discoveries in the medical field. If, indeed, Prof. Obel or the likes of him are quacks masquerading as scientists who are discovering drugs, then they should face the law. But if what they have discovered is working and people claim that it is working, then we should give them the encouragement and support that they deserve, so that we can get somewhere.

Mr. Temporary Deputy Speaker, Sir, the Ministry of Health, just like many other Government departments, is suffering from the disease of starting projects and never finishing them. We have a health clinic in Bungoma called Ngalasia Health Centre. I talked about it last year and I was happy to see my good friend, the Director of Medical Services, taking a lot of notes when I was talking. But that was all that he did. Nothing has been done about this dispensary; it is still where it was. It was started more than 10 years ago through Government funding. The materials which were sent on the site were stolen, all the iron sheets were stolen and walls are collapsing because of the ravages of the weather. Who cares about this kind of Government investment? I am urging the Ministry to come and complete this health centre because the nearest health centre to this very populous place is in Bungoma town, which is more than 10 kilometres away and it will really help the people of the area.

Mr. Temporary Deputy Speaker, Sir, of late, we have experienced mushrooming of nursing homes or private clinics. There appears to be no supervision or co-ordination or even relationship between the parent Ministry and these mushrooming clinics, to the extent that some are operating as if they are police stations. When a person is sick and is discharged in some of them and he does not have money, one is detained there for three weeks. Many people come to see us in the countryside complaining that their relatives have been detained in private hospitals. The Ministry should find a way of extending the National Hospital Insurance Fund (NHIF) facility to the private clinics, so that citizens who go there for treatment can be cushioned. It is bad enough to go to hospital, but it is worse to be detained after you have been cured because you cannot pay the bills. Something should be done to this.

Mr. Temporary Deputy Speaker, Sir, the NHIF is another area where we were assured in this House last year by the then Minister, Mr. Angatia, that it was his priority to reorganise the NHIF and make it workable. To date, we have not seen any blueprint on how to re-organise the NHIF. We know that hon. Angatia left, but Gen. Mulinge is there. He should bring us the blueprint and tell us what the Government is doing to re-organise the NHIF. Is the NHIF a private bank for doctors in private clinics to swindle money through fraudulent clinics, or is it there to help members of the public? What about members of the public who contribute every month and every year and yet, they do not fall sick? What benefit do they get from this? If this is an insurance cover, is the money they contribute earning interest? If one retires from the public service and does not contribute any more, does one get a refund of the contribution? All these are issues which the Minister should tell us. There is no point taking money from the public, building up a fund and those who contribute do not benefit from it at all. Instead, we have left it to rogue doctors who make fraudulent claims and fleece the fund.

Mr. Temporary Deputy Speaker, Sir, sometime last year, there was a lot of fanfare in arresting and prosecuting doctors who were allegedly involved in the NHIF frauds. To date, we have not heard of any outcome in

any of those cases. We would want to know whether those cases are still pending, whether anybody has been convicted, or whether the Ministry is doing anything. When Mr. Angatia graphically moved details of the fraud in the Ministry, they were chilling and that was all we heard about it. We want to know the progress about this---

**Mr. Gatabaki:** On a point of order, Mr. Temporary Deputy Speaker, Sir. I have been listening to the hon. Member of Parliament and he has been talking against the KANU Government and the Ministry of Health from the time he started speaking. It is as if he is in the Opposition. Is he talking as a KANU Member of Parliament or as an Opposition Member of Parliament? He knows what kind of Government this one is!

**Mr. Wetangula:** Mr. Temporary Deputy Speaker, Sir, you can see a clear demonstration of irresponsibility and lack of knowledge from the other side as epitomised by the Member for Githunguri. I am talking about the practical realities in the country and this idea of certain Members arrogating themselves---

**Mr. Mulusya:** On a point of order, Mr. Temporary Deputy Speaker, Sir. You heard hon. Wetangula giving a wholesale condemnation of the Opposition as irresponsible. Is he in order to mislead the House that the Opposition is irresponsible?

**The Temporary Deputy Speaker (Mr. Kariuki):** That is not a point of order.

Mr. Wetangula, proceed!

**Mr. Wetangula:** Hon. Mulusya, I did not condemn the Opposition wholesale. If you heard it that way, you are mistaken.

Mr. Temporary Deputy Speaker, Sir, this country suffers from these kind of problems. Anybody in the Opposition who thinks that it is only his duty and responsibility to see and point out corruption has no business being here. We all have a duty to this country. Whether you are in the Government or in the Opposition, when you see something wrong, you have a duty to point it out, as long as you are not doing it with malice and a known degree of vengeance that appears to run through many of my colleagues.

Mr. Temporary Deputy Speaker, Sir, we have been told about the resurgence of highland malaria.

With those few remarks, I beg to support.

**Mr. Gatabaki:** Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute on this Vote.

Mr. Temporary Deputy Speaker, Sir, mine is going to be a very short contribution. No matter how much we speak in this House and what we tell this Government, I do not know where it goes. We have a Government which I keep wondering what kind of institution it is; whether these characters ever went to school or whether they are concerned about the state of the country. We are talking about the Ministry of Health---

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

*[The Temporary Deputy Speaker  
(Mr. Wetangula) resumed the Chair]*

**Mr. Shikuku:** On a point of order, Mr. Temporary Deputy Speaker, Sir. As much as we would like to agree with the sentiments expressed by hon. Gatabaki, is he in order to call hon. Members "these characters"? He said "these characters", and hon. Members are never "characters". They are hon. Members!

**The Temporary Deputy Speaker (Mr. Wetangula):** Mr. Gatabaki, we do not have "characters" here. We only have "hon. Members of Parliament".

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, the hon. Member for Butere is my teacher and whatever he says, I abide by it. I apologise for calling the Government of President Moi "characters". My concern is that we are discussing the Estimates for the Ministry of Health, and yet it does not render services to the people of this country. How many Kenyans are dying of causes which nobody should die of?

Mr. Temporary Deputy Speaker, Sir, we are two to three years to the next century and Kenyans are dying of common diseases like malaria, and women are dying when giving birth. We are seeing death, while other countries discovered these causes in the 17th century. I had all the support for the Minister's work in the Ministry of Defence. He is a distinguished Kenyan who did exemplary work as a General in the Kenya Army, but I have my reservations about him as the Minister for Health. It has been a disaster. If Kenyans are asked to vote and give preference for the departments and Ministries which have done enormously very badly; indeed, on what should be scrapped, the Kenya Police, Office of the President and the Ministry of Health, in that order, should be scrapped.

Mr. Temporary Deputy Speaker, Sir, we are talking about industrialisation for the next 10 years. Any country that wants to industrialise must be a healthy nation with adequate facilities in medical and education services.

When I look at the situation in this country, I do not see anything that can give any hope for this country. Kenyans today die in millions as a result of road accidents. The highest cause of accidents today is HIV and I think Kenyans are possibly the fourth or fifth country in Africa because of HIV. Possibly, we are also on the top list among nations where people die in millions because of lack of drugs. The question is: Should Kenyans be asked to support a Ministry that cannot deliver? We are saying "No elections without reforms"! Kenyans should say, "No taxation should be given to the Ministry of Health without services".

If you now go to a district hospital, like Kiambu District Hospital, where 20 years ago you could go and get health services, write your will because you would not come out alive. Not even the bandages are available! Nothing is available there and if you are admitted there, it is a deathbed! Shame on this Ministry. Sometimes I keep wondering what it takes for a Government to be thrown out by the people, if that Government cannot provide anything.

I like listening to the hon. Member for Butere because he keeps mentioning these things. A time comes when the people are so fed up about the services provided by a Government and the people say enough is enough, that, that Government should be thrown out. We are fed up with the Ministry of Health and the time has come for Kenyans to say, "That Ministry should be scrapped".

I am sorry, Mr. Minister, I am critical about your Ministry, I am not critical about you. I am critical about the leadership called KANU! This is a Government which, for 19 years, has provided nothing other than poverty to the people of Kenya. We are demanding reforms and President Moi is busy with the Minister called Kamotho; a strong man called Biwott, and another man called the Vice-President, Prof. Saitoti, to call for elections, defying the people of Kenya. This country has been denied funds by the IMF. This nation has thrice been denied funds by the IMF. Shame on them!

*(Applause)*

**The Minister for Labour and Manpower Development** (Mr. Masinde): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Member to divert from the Motion before the House and begin discussing individuals? I think he should withdraw.

**The Temporary Deputy Speaker** (Mr. Wetangula): Hon. Gatabaki, any time you want to discuss the President, the Vice-President, Biwott and Kamotho, bring a Motion and we shall allow you. Learn the rules of the game.

**Mr. Gatabaki:** Thank you, Mr. Temporary Deputy Speaker, Sir. I am talking about the IMF because this Ministry had a requisition before the IMF come to Kenya. What is this Ministry going to get? How is this Ministry going to close the gap between what the donor community were giving to Kenya and what was requisitioned for before? There would be no money to this country so long as President Moi is reluctant to reform and President Moi would not reform. Let me tell Kenyans: President Moi would not reform and President Moi is prepared to take this country to war because he cannot win in a fair and free election.

President Moi has already rigged 165 seats in Parliament. If the elections are called today, President Moi would start with 66 seats unopposed. That is why I get more worried---

**The Minister for Labour and Manpower Development** (Mr. Masinde): On a point of order, Mr. Temporary Deputy Speaker, Sir. If the hon. Member has nothing to tell the House, why can he not sit down, instead of continuing to discuss individuals?

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, Mr. Gatabaki! Standing Order No.73 is very clear and you ought to know it. If you carry on the way you are doing, I would take some punitive measures against you.

**Mr. Gatabaki:** Thank you very much, Mr. Temporary Deputy Speaker, Sir. There is no future and we cannot learn technicality through people who are dead. These people should be told in clear terms that they are dead logs. We cannot sit here and discuss technicalities because we do not understand technicality. I am bored! I am a university graduate and I understand this. The Minister for Health is not a university graduate, so, I cannot argue technicality with him. Any Member of the Opposition is qualified to head the Government as a responsible citizen, while these people are not.

*(Applause)*

**The Temporary Deputy Speaker** (Mr. Wetangula): Order! Order, Mr. Gatabaki! You can make your points very well without being influenced by your colleagues. Is there any requirement for anybody coming to this House to be a university graduate?

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, if you can let me go on uninterrupted, I have got a

right as the hon. Member for Githunguri to say what I want regarding the conduct of any Ministry, and the calibre of the Minister who holds the portfolio. You cannot deny that. You cannot get a cripple to the Olympics---

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Dr. Misoi): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Gatabaki to discuss the conduct or the quality of any hon. Member who has been duly elected by the people to represent them in this House on equal basis?

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, I do not know why this hon. Member is interrupting me. If hon. Dr. Misoi was the Minister for Agriculture, I would not have a quarrel with this Government. It is only that the key Ministries are given to people who are so unqualified, and so incompetent. I keep wondering what they do to so many competent Members in that other Bench. I have no interest in contributing to this Ministry. My interest is, this is a Government which has failed. Kenya is now the 14th poorest nation on earth because of poverty of ideas and industries. It is high time that this Government packed up and went. There is no leadership; there is no Ministry. If I had my way and Kenyans had their way, they should deny this Ministry and the Government any penny as the IMF has denied this poor, illegal and incompetent Government of any funds.

Thank you very much, Mr. Temporary Deputy Speaker, Sir, for allowing me to say my points.

**Mr. Manoti:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute on this very important Ministry.

Mr. Temporary Deputy Speaker, Sir, the Ministry of Health is very important. Year-in-year-out, we have voted money to this Ministry, but wherever we come from very little has been effected, especially Kisii where I come from, most of the health centres are in very pathetic situations. For example, Kisii District General Hospital, the oldest district hospital in Nyanza, which was constructed in 1939, you might think that it is a very old shopping centre which was abandoned by the Asians when they left this nation in 1963. No money has been allocated for the expansion and renovation of such a big district hospital. As we are talking here now, if you visit that hospital and see how the patients are, you would wonder whether we are in Kenya or somewhere in the forest.

If you visit our local hospitals, you will find that patients share beds. There are others who sleep on the floor.

Today, 34 years since we attained Independence, such things are happening. It is as if we are not taking care of the poor people in this nation. It is only the poor who can go to those health centres. The rich people can afford to pay for services in private hospitals unlike our poor brothers. The majority of our people reside in the rural areas and they are the ones who go to such health centres because they cannot afford fees that are charged in private hospitals. If you visit these health centres, you will find that in most cases they lack drugs. Patients are advised to buy drugs from chemists. Drugs lack in these health centres because they are stolen. Not only do these health centres lack drugs, but there is no bedding. People sleep without bedding and yet we are giving this Ministry a lot of money every financial year.

Mr. Temporary Deputy Speaker, Sir, most of the patients who have been admitted in these health centres contract different diseases because of the poor state of these health centres. I heard the Minister saying that they are going to construct hospitals in each of the new districts. Why can they not improve the existing ones before building new ones? It is evident that the existing hospitals are not giving services to our people. When we talk of Kenyatta National Hospital, which is a very important hospital in this country, there are very few people who can go there for treatment. You can imagine somebody from Muhuru-Bay being referred to Kenyatta National Hospital which is about 500 kilometres away. I would suggest that each province gets a provincial hospital to be assisting the sick people who cannot make it to Kenyatta National Hospital.

The Ministry of Health has to be taken very seriously and the money we vote should be utilized properly. There used to be ambulances to assist in the transportation of sick people in our hospitals, but not any more. How do you expect patients from the four corners of my constituency to be transported to Kisii General Hospital without ambulances? Since these health centres have no ambulances, I do not know how the sick people are expected to travel to hospitals. As I have said, most of those patients in health centres come from poor families. All health centres need to have ambulances so as to help our people. Most lives are lost due to lack of transport to take the sick people to the hospitals. Although our roads are in very bad shape, if we can have these ambulances, it will be easier for the patients to be referred to bigger hospitals than keeping them in health centres which cannot do much because of the limited manpower.

I do not know what criteria the Minister will use in selecting district headquarters, but it might not be possible. We normally allocate money to the Government to carry out important projects, but such money ends up in some people's pockets. The local people should be consulted when it comes to projects because they know their problems much better than those carrying out the projects. That is why you will find that money allocated for such projects are misappropriated.

Mr. Temporary Deputy Speaker, Sir---



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

**Mr. Manoti:** Do not put words into my mouth!

Mr. Temporary Deputy Speaker, Sir, in our new district which is called Gucha and which has a small health centre, we hope that he has put money aside to construct a district hospital there. If this hospital is constructed, it will serve people from that area.

You will also find that since most of these health centres are in rural areas, they lack water. I am requesting the Minister to make sure that some money is set aside so as to supply water to most of these health centres. In most cases, you will find that patients are asked to fetch water before they can be attended to and they have to travel long distances to fetch water. If the Minister can supply water to these health centres, it will be very good.

If electricity too can be supplied to these areas, it will be equally good. When patients are taken to hospital at night, lanterns and spotlights have to be looked for before they are attended. In those areas where there is electricity, most time you will find that it has been disconnected. Since we belong to this nation and the money we are voting is ours, it should be utilized properly so as to help our people.

I also want to talk about the National Hospital Insurance Fund (NHIF). Majority of the contributors of this money reside in the rural areas. In fact, most of them are teachers. Some time back, most of these health centres were deregistered and thus denied the use of this facility. I heard the Minister say that those hospitals---

With those few remarks, I beg to support.

**Mr. Mbeo:** Thank you, Mr. Temporary Deputy Speaker, Sir. On paper, the Ministry of Health excels. We have had a beautiful programme presented to us here by the Minister. I am also glad that we have now gone to the preventive medicines as opposed to curative medicines. I am glad that we are talking about K£556 million on Development Expenditure for preventive medicine versus K£28 million for curative this year. We are very happy. At least we are taking a trend towards the right direction.

The problem here, as much as everything is okay on paper, is procurement of medicines. Surprisingly, up to last year and the early part of this year, Crown Agency was the procuring agent of medicine for the Kenya Government. As to how they managed to get the tender to procure imported drugs for the entire Kenya Government is still a mystery. This company is paid in hard currency and in advance for the procurement of medicine. It so happens that this is the company that floats tenders in this country, for the medicine to be procured. Up to the end of last year, there was interest accrued of more than Kshs100 million in the account of Crown Agency internationally, and not locally. I wonder what happened to this money. This is encouraging corruption. As to how a company can be holding Kenya money in hard currency and accruing interest to the tune of Kshs100 million is baffling. We need accountability and the Minister must explain to this House what happened to this money.

We are very happy that the Minister has told this House that drug procurement will be centralised. Should this happen, I hope we will start looking at the cheap but working medicine. I am referring to the fact that the kind of medicines that are imported to this country are basically very expensive and not economical at all. This is because some of the multi-national companies trading in this country have patents. They have patented medicines that control the Kenyans to buy their medicines only. I have a practical example of a medicine called Augmentin(?) which costs Kshs140 per tablet to the common man. It is one of the latest inventions of antibiotics which treat a broad spectrum of infections. But since it is patented, nobody is allowed to import any other kind of antibiotics of the same brand in this country. Egypt and Indonesia manufacture drugs and sell them at Kshs25 but the Government does not want to look at this. We have to take note that if we are going to reduce the cost of medication, we have to be serious and look at the legal implications of all these British firms that are trading in this country. They are reaping enormous profits from us.

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

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

I was amused and bemused when I heard the Minister saying that the life expectancy has moved from 54 to 60-something years, yet the bed occupancy of the AIDS patients is 40 per cent in our hospitals. Definitely, there is something wrong, when the birth rate is only about 3.4 per cent. Surely, the age limit cannot move up.

I am again back to the Bamako Initiative. This is a rural health activity which was started by the United Nations Children's Fund (UNICEF). It was meant to ease the burden of the common man in the countryside. A lot of money was pumped into this project and right now, I am looking at the Development Expenditure, and I am only seeing K£60,000 from UNICEF to the Bamako Initiative. This project should have been a self-generating activity and

by now, all those who have been taught through the Bamako Initiative should be able to sustain and help themselves, and reduce the cost of medicines in those areas. So, I want us to look at it again and see where we went wrong. If we did not go wrong and did something right, then let us follow it and continue doing the right, instead of reducing the development expenditure to only K£60,000.

With regard to local activities, we have a hospital in Mathare called Mathare Nyayo Hospital. Year in, year out, money is allocated to this hospital. But it is so surprising that not a single penny is disbursed. This hospital was estimated to cost over Kshs200 million. Even last year but one, we had only K£700,000 budgeted for it, but this money disappeared again. Last year, we had K£200,000 and today, we have K£280,000 allocated. What this money does is not known because the hospital has never been built. This time round, I am requesting the Minister to ensure that Mathare Nyayo Hospital is built.

Along those lines, there was a decision of the Government to have filter hospitals to ease the pressure on Kenyatta National Hospital. In that regard, it was decided that there should be two provincial hospitals in Nairobi namely; Mbagathi and Pumwani Hospitals. Money was set aside by the World Bank for Pumwani to be upgraded. Up to now, nothing has taken place, even though something is happening to make Mbagathi Hospital a provincial hospital. We plead with the Minister to look at Pumwani Hospital and help filter all the other clinics and other hospitals that are operating in the Eastlands to release the burden on Mbagathi and Kenyatta Hospitals.

Mr. Temporary Deputy Speaker, Sir, IFAD is a fund that needs to be looked at very seriously, if we ever have to release the pressure on the activities of rural health. As indicated in the recurrent expenditure, we need to put more money, especially in Nyanza Province, where the Ministry is concentrating on IFAD. The money that is allocated is basically for transport, salaries, rent and so on. But very little is spent on training and lengthening the lives of our people. I would request the Ministry to look into the details and fine-tune the IFAD funding. I am sure it is going to help us solve a lot of problems that we have today.

I would like to comment on the Vote dealing with mortuary rehabilitation. It is common knowledge that our mortuaries are very poorly funded. Really, we have very few mortuaries in the country. It would be advisable to add more money, instead of K£115,000, not only for rehabilitation, but to build more so that we can reduce the cost of keeping the dead to a manageable level, through Government funding.

With those few remarks, I beg to support.

**Mr. Sambu:** Thank you Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Motion. I know our role is just to speak, since the Printed Estimates have already been made. Nonetheless, we would like to put it on record so that posterity will judge.

Mr. Temporary Deputy Speaker, Sir, our hospitals are in a very sorry state. Kapsabet Hospital is a practical example, where there are four to five people lying on one bed, at the height of malaria epidemic. Why should a patient be monitored once in every 36 hours? We shall vote the money for the Ministry, but it should supervise its staff, so that our people do not die in hospitals for diseases which could be controlled. The management board that runs the hospital has no local input. It is composed of people hand-picked by the DC, MOH, senior chiefs and politicians who tow their line. People who will always bow down to the DC saying: "Yes, Sir", without even understanding what the word means! These people do not understand hospital management. How does a person of less than Standard Four education become a member of the management board of a hospital? It is sad and this is why doctors do not care and they take advantage. We would like persons on the management board to be elected by the local people taking into consideration the views of Members of Parliament, councillors and elected leaders so that they can elect credible people who have the ability to manage hospitals.

Mr. Temporary Deputy Speaker, Sir, distribution of facilities to hospitals is not done fairly. One hospital in a particular district would be in a very clean state whereas another one, for example, in Nandi, is in a sorry state. There is also discrimination in the way they do staffing. Certain districts are overstaffed and work on shifts whereas in a place like Kapsabet, staff are overworked till they lose the motivation to work. Many health centres in Nandi District do not have clinical officers. For example, Chamase, Serem health centres and many others. They are run by two or one nurse, yet nurses are qualifying from MTC's and I hope this gentleman called Mr. Boit is here, because I will tell him a piece of my mind and that of the Nandi people. There are nurses who qualify from private MTC's run by missionary organizations and yet, the Government has refused to employ them. For the purpose of record, people are dying, and the Nandis are jobless. Woe unto them who are causing our people to die and yet, the nurses are there.

**An hon. Member:** It is the Government!

**Mr. Sambu:** It is not the Government; it is individuals who are sitting in here today. The nurses sit the same examinations. Enroled Community Nurses or Kenya Registered Nurses should be employed whether they come from the private, public MTC's or Mr. Boit's MTC for that matter.

Mr. Temporary Deputy Speaker, Sir, I understand they are going to decentralise the purchase of medicines. It is sad that when people are dying of malaria, the medicine is lying at Jomo Kenyatta International Airport in

containers. This is very sad, and I hope the Director of Medical Services will take steps to go and release this medicine and distribute it, not only for treating malaria but all other diseases.

Mr. Temporary Deputy Speaker, Sir, the Eldoret Referral Hospital is ready but not in use. We took a loan from the Chinese Government to complete the hospital. We do not just want to see beautiful buildings, but equipment and staff so that it can be functional. If you do not want to use it that way, then it should be turned into a lodging or something else, so that we know we have no hospital in Eldoret. I am speaking with bitterness because 147 people died of malaria in Nandi District and the Minister's staff informed the Minister that only 31 people died.

Mr. Temporary Deputy Speaker, Sir, the NHIF should be privatised, if it cannot deliver the services that it is supposed to deliver. The NHIF pays peanuts to hospitals and discriminates. Why should they discriminate against an NGO-run hospitals? In Nandi District, we were told to build health centres and even a hospital on self-help basis. People have put in their money and these facilities are ready, but in the Printed Estimates, there is nothing allocated to them. Is the Minister going to open Chepterwa Hospital which is ready this year or not? On a political note, I do not want to say the implications, for he will know it himself. The Minister should either open Chepterwa Hospital or state otherwise. If it is not opened this year, it should not be opened forever. We will do it ourselves. We sold our cows to build Ngecheck Health Centre which has been ready for the last 20 years and yet, it cannot be equipped and staffed, even with a single nurse. Kabiyeit is in the same state. If these facilities cannot be opened up, we should be given at least the KEPI units which I understand were donations from elsewhere, so that we can employ nurses, vaccinate children and provide MTH facilities because this Ministry has refused to provide.

Mr. Temporary Deputy Speaker, Sir, as far as the training facilities are concerned, in 1994, five children were taken from the entire Nandi District, and less than three from Uasin Gishu which is the Nandi diaspora. In 1995, I doubt whether even 10 children were taken, and in 1996 only six children were taken from Nandi District. This year when I asked this question, I was told that there was no list received from Nandi District for the children who did the pre-selection interviews. Yet, the MOH gave me a list indicating that on 26th April, 1997 he sent a form filled by 224 applicants for diploma courses and 458 applicants for certificate courses. I understand this gentleman, called Mr. Boit, has decided that Nandi does not exist on the map of this country in as far as training of health workers is concerned. One day, the truth that Nandi District exists not only on the map but as a people from the day we fought the colonial Government, will come out. Who is this Mr. Boit to tell us that we do not exist? I would like the Minister to know, as a politician, that as we go to the General Elections, unless we get our quota--- When I put the question here, I was told that there is no quota, but why is it that there is a quota for other districts and not for Nandi District? The time of reckoning is coming when Mr. Boit will tell the Nandi people whether they exist on the map of this country or not.

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

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, the Ministry of Health is a very important Ministry indeed, and we attach a lot of importance to the work of the Ministry of Health. That is the reason why we are saddened when we see that the Ministry of Health is not able to provide the services which Kenyans dearly need. I have just looked at the Estimates here and I noticed that although this Government has been saying that it is going to lay emphasis on preventive medicine as opposed to curative medicine, the Estimates do not actually show it. They are spending K£270 million on curative health, which preventive medicine and promotive health have only been allocated about K£68 million. In other words, that pronounced policy is not reflected in terms of figures. We would expect this Government to lay more emphasis on preventive medicine because prevention is better than cure.

Mr. Temporary Deputy Speaker, Sir, we would like this Government to come up with policies about food, provision of water and so on, all of which are actually contributory factors to good health. Since the time when this Government introduced cost-sharing in medical services, the services have continued to deteriorate. One would have expected that when people were being told to chip in, in addition to what the Government was providing, the services would improve. But contrary to this very logical expectation, the more money that is pumped into this Ministry, the more the population is being called upon to cost-share. Conversely, the services continue to deteriorate. Medicines have continued to disappear from Government hospitals and dispensaries while Kenyans are dying from of simple ailments like malaria.

Sometime last year, there was a scandal about the purchase, or tender to purchase, anti-malarial drugs whereby Kshs7.6 billion out of Kshs10 billion, the total amount voted to the Ministry of Health, had been allocated to a certain company to purchase anti-malarial drugs. When this matter was raised, the then Permanent Secretary in the Ministry of Health became a sacrificial lamb. But the money, all of a sudden, disappeared because these drugs were not purchased. Where did this money go to? When Equip Agencies were forced to withdraw, the tender was not re-awarded to somebody else. Incidentally, Equip Agencies was the second highest bidder on the molasses plant and they had been promised Kshs400 million up-front, to be used to purchase the molasses plant. That is the reason why---

**Mr. Mulusya:** On a point of information, Mr. Temporary Deputy Speaker, Sir.

**Mr. Raila:** Granted.

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, Equip Agencies Limited were paid a deposit of Kshs400 million so that they could be able to place it with the receivers for the molasses plant. That money, Kshs400 million, to date, is still with Equip Agencies Limited.

**Mr. Raila:** Thank you, Mr. Temporary Deputy Speaker, Sir. I am very grateful to the hon. Member for that valuable information. When the Minister stands up to reply, we would want him to tell us what happened to the Kshs400 million which was paid to the Equip Agencies Limited to deposit with the receivers for the molasses plant.

To sum up on this---

**Mr. Sambu:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Whereas I do not want to disturb the hon. Member here, what has the Molasses Plant got to do with the Ministry of Health?

**An hon. Member:** Kshs400 Million!

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, what I am saying is that Equip Agencies Limited which had been awarded a tender to purchase anti-malarial drugs, ended up being given advance payment which they used to try to purchase the molasses plant or to deny the local people the possibility of buying that plant.

Mr. Temporary Deputy Speaker, Sir, I still maintain, and this is the policy of NDP, that in situations of extreme poverty such as obtained in the rural areas in this country, cost-sharing cannot work. Cost-sharing is a sure way of killing poor people living in the rural areas because they cannot afford to buy these drugs. That is why we have stated in our manifesto that, if we take over the Government, we are going to introduce free medical care for the poor Kenyan population.

Two months ago, we buried a brother of a friend of mine in Kisii. This fellow died in Kisii District Hospital and at the funeral, the doctor, who was attending this late brother of my friend at the hospital said that "I was a very frustrated person; I could have saved the life of this fellow, but they did not even have oxygen. So, it was real agony for me to sit there and see life running out of this innocent Kenyan." This is a district hospital in this country and this is basically a representative sample of a situation in all our district hospitals throughout country. Why do we have a Government? Why do Kenyans pay taxes if they continue to die daily like rats when people use Kshs3 billion to buy a single presidential jet to carry one person once in a blue moon during some of his unnecessary errands?

**An hon. Member:** We will sell it when we take over!

**The Minister for Culture and Social Services (Mrs Mwendwa):** That is a necessity! Sit down!

**The Temporary Deputy Speaker (Mr. Otieno):** Order! Order, hon. Members!

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, I still represent Kenyatta National Hospital. It is still in Lang'ata, until Chesoni's gerrymandering comes into effect. This is a national hospital and it has got some of the best qualified doctors in this country and I have reason to believe that these people are qualified to run that hospital yet the services are poor. Most of these people are frustrated because they do not get the wherewithal to provide those services. Last year, we voted an amount of K£63 million to run Kenyatta Hospital. But an increase of less than 10 per cent is insufficient to run an institution like Kenyatta National Hospital.

Mr. Temporary Deputy Speaker, Sir, the National Hospital Insurance Fund had, two years ago, closed several hospitals in Nyanza Province. Several people were arrested because of corruption, but corruption is not only in Nyanza. Why only in Nyanza and not in the Rift Valley where most of the corrupt people in this country come from?

Mr. Temporary Deputy Speaker, Sir, why not in North Eastern province? Why is it so particularly in Nyanza province? If these people were corrupt, then they should have been prosecuted. Why close down hospitals which provide services to the people? What crime did the hospitals commit? If you want to punish the Director of Kenyatta National Hospital, then punish him as an individual, but you should not go and close that hospital just because one individual has committed a crime.

The inference is that there is much more to it. The closure of these hospitals was meant to punish the populations adjacent to the hospitals by denying them the essential services which other Kenyans enjoy. We request the Minister to order the immediate opening of all those hospitals which have been closed down.

Mr. Temporary Deputy Speaker, Sir, we have talked about all conditionalities set by the World Bank, political issues and so on. So what? Politics is the mother of everything else and until this Government controls corruption, nobody is going to trust them.

With those few words, I beg to oppose.

**Mr. Mulusya:** Thank you, Mr. Temporary Deputy Speaker, Sir.

In the olden days, we, in Ukambani used to bury our dead on Saturdays and everybody from a given whole location would be aware of the deaths which had occurred. They consequently used to gather at the bereaved people's homes. That is not the case today. We cannot afford to bury our dead on Saturdays. We normally start burying them from Monday up to Sunday. Every day, there is a burial in every sub-location and location in the whole of Ukambani, and I am sure this is happening everywhere in the whole country. The issue of death has now pre-occupied politicians

and leaders. Even the Head of State is so busy attending funerals that he cannot attend to State matters which are so important to this country, but have been overtaken by funerals. Why? This is because these officers who are here are the most corrupt in the whole country. These officers here should be sacked by the Minister. A new Government will set up a crash programme of sacking all these officers and replacing them with non-corrupt officers.

**Mr. Rotino:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Member to impute improper motives by saying that these Ministry of Health officers are corrupt? Can he substantiate that they are corrupt?

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, I want to substantiate that statement by saying that in Kangundo Hospital, Machakos District Hospital and Kathiani Hospital, where the Minister comes from, in order for a patient to be admitted, he or she needs to pay Kshs200. What more corruption is there than that? You need to pay Kshs200 in order to gain admission when you are dying.

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Dr. Misoi): On a point of order, Mr. Temporary Deputy Speaker, Sir. Hon. Mulusya is trying to substantiate his claims by simply quoting some figures. Can he be asked to produce documentary evidence to show that the Kshs200 admission fee is corruptly paid?

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, I have a case of an old mzee who was admitted last week after his grandson, who works in the Office of the President, paid Kshs200, so that he could secure a bed. Immediately upon securing that bed, the doctor came the following day only to find that the man had died in the middle of the night and nobody had removed the corpse from the deathbed. Imagine, the doctor came the following day at 9 o'clock. What more information does he want? We are going to bury the body of that old man on Saturday.

**Mr. Mwaurea:** On a point of order, Mr. Temporary Deputy Speaker, Sir. When the Minister was introducing his Vote he talked about cost-sharing. Hon. Mulusya is saying that Kshs200 is paid in order to secure admission. Are these patients given receipts to account for that amount or does it go to the pockets of these health officers?

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, it definitely goes to the pockets of these health officers who offer the beds. They say that if you want the patient to sleep in a bed the way he sleeps in his house, then he has to pay the Kshs200.

**Mr. Ndicho:** On a point of information, Mr. Temporary Deputy Speaker, Sir. I want to support the hon. Mulusya on the issue of people dying in hospitals. In Thika District Hospital, a young boy aged 17 years died from appendicitis. His death was caused by Dr. Nderi who demanded Kshs5,000 from Pastor Ndung'u. Pastor Ndung'u said that he could not pay the Kshs5,000 because he was a Christian and he could not bribe. Dr. Nderi, who is a lady, completely refused for three days to operate on that boy. The boy died and we buried him at the Thika Cemetery. That information is in the minutes. I informed the Minister about this case.

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, what I am saying is that the new Government in the offing has a crash programme of sacking all of these health officers and, indeed, we may have to take them to court or detention for causing death through negligence or wilfully. These are not people worth taking care of the lives of our citizens. The Ministry headquarters should be able to know what is happening down there in the districts. When you send medicines from Nairobi to Kangundo, these medicines do not reach Kangundo. It is only empty cartons which reach Kangundo. The medicines end up in the people's private pharmacies. I asked the Minister why the practice of stamping the initials "GK" on cartons was stopped. This was done in order to enable these people to steal the medicines. That is why they do not want these initials to be stamped on those cartons. Even the medicines which are being imported by Crown Agents do not have these initials on them although they have been instructed to bring them with the "GK" inscriptions on them. However, these cartons do not have the initials on them. There is no way you can steal medicines which have the initials "GK" on them. If that is not done then the medicines will find their way into the private pharmacies.

I want to ask the Minister what has happened to the Kangundo Nyayo Wards expansion. The Minister's kinsman, who is known by the name of Mr. Matthew Guy Muli, took over Kshs5 million which was meant for that hospital. He said that money will be accounted for, but because he is the Minister's kinsman, and former Attorney-General, no action is being taken against him and yet he now wants to be given more money for Kangundo District Hospital.

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Dr. Misoi): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is hon. Mulusya right to impute improper motives on the part of the Minister for Health without foolproof substantiation?

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, the Minister is here. He is not absent. He can accept or deny whether Mr. Guy Muli does not come from his clan and that is why he cannot be prosecuted. Dr. Misoi should tell us what is happening to Eldoret District Hospital. It has just been said that despite it being a referral hospital, they

are just about to turn that hospital into a cattle shed because there are no medicines there. There are no doctors there. Imagine! We spend so much money which is borrowed to build a hospital like Eldoret Hospital, but people who were trained in Russia want the hospital to be turned into a cattle shed. Why?

**An hon. Member:** People like Dr. Misoi!

**Mr. Mulusya:** Yes, people like Dr. Misoi!

**The Minister for Health** (Gen. Mulinge): On a point of order, Mr. Temporary Deputy Speaker, Sir. Can hon. Mulusya substantiate the allegation that he has just made against Justice Guy Muli? If he truly knows that Justice Muli has taken Kshs5 million from that hospital, can he substantiate it?

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, I will substantiate. Mr. Matthew Guy Muli---

**The Minister for Health** (Gen. Mulinge): Substantiate by tabling written documents.

**Mr. Mulusya:** Why do you need written documents? We know that all the books were sent to the District Commissioner (DC), Machakos, for auditing. This issue was raised in the presence of the former Minister for Health, Mr. Angatia. I even told him to go and see what was happening there. But all he did was to go and ground-break. He did not give instructions for the books to be audited until I, myself as a representative of that area, insisted that the auditing must be done. Now the auditing has been stopped with the influence of this---

**The Minister for Commerce and Industry** (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, if the hon. Member for Kangundo wants to use my name to substantiate what he was asked to substantiate, I want to tell him that he is wrong. We never did such a thing. So, he either substantiates properly in the normal way or he withdraws. He cannot use my name.

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, I personally told the former Minister for Health that we go and see what is happening in Kangundo Mortuary, but he told me that Luhyias do not see dead bodies. He said that himself. What other substantiation does he want?

**An hon. Member:** Pole sana!

**The Minister for Health** (Gen. Mulinge): On a point of order, Mr. Temporary Deputy Speaker, Sir. If hon. Mulusya is unable to substantiate, I request that he withdraws that allegation.

**Mr. Mulusya:** No, he is your kinsman!

**The Assistant Minister, Office of the President** (Mr. Sunkuli): Mr. Temporary Deputy Speaker, Sir, I rise in support of this Motion. If the Ministry of Health carries out a research, what it will discover is that the greatest killer nowadays in many of the rural areas is malaria. Malaria is by far the deadliest killer. Taking into account all things, even AIDS, perhaps, the only thing that kills as many Kenyans as malaria is road accidents. But in many parts of the country, malaria is becoming almost impossible to contain.

Mr. Temporary Deputy Speaker, Sir, speaking about Trans Mara, there are only two ways to handle the malaria problem. Indeed, there only two ways to handle many diseases in that district today. The first problem that I see is the attitude towards primary health care by the Ministry of Health.

## QUORUM

**Mr. Nyagah:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Despite the fact that I have been here from 2.30 p.m., and that there has been a selective choice of speakers, looking at the numbers, we cannot abuse our rules. We have no quorum.

**The Temporary Deputy Speaker** (Mr. Otieno): There is no quorum. Ring the Division Bell.

*(The Division Bell was rung)*

**The Temporary Deputy Speaker** (Mr. Otieno): Order, hon. Members! Proceed, Mr. Sunkuli.

**The Assistant Minister, Office of the President** (Mr. Sunkuli): Mr. Temporary Deputy Speaker, Sir, I was saying that one of the ways of handling malaria and the most effective one is for the Ministry to consider starting a serious programme of primary health care. My friend, the Director of Medical Services, who is a very efficient director, has undertaken in the past to have the whole of Trans Mara spread with insecticides in order to destroy the cause of plasmodium that causes malaria. I think that is one of the most effective ways. The Minister for Health should just move into the whole district with pumps and insecticides, and destroy mosquitoes because that is the only way to do it.

The second way, Mr. Temporary Deputy Speaker, Sir, is what I have said this in the past, that at St. Joseph Hospital, 13 people are dying every week because of malaria, at least in the month of May, June and July. That was the figure in 1995 when malaria was very bad but now 1,000 people are dying in the district hospital without taking

consideration of people who die outside the hospital. That is the kind of situation we are suffering from. Everyday, when we are harvesting maize in Trans Mara we also record deaths of people because malaria comes at known time. It comes in April, May, June and July, it is important for the Ministry to lay emphasis on that. It is predictable and, therefore, their action should be predictable. It is not necessary that we must always bury the dead in those months.

Mr. Temporary Deputy Speaker, Sir, I do not know why in the Estimates, the Minister has not included funds for a district hospital in Trans Mara because Trans Mara is a fully fledged district. We have absolutely no hospital in any part of the district and I was hoping that there was going to be some funds. I hope that in the one of the sub-votes that caters for a more general item, the Minister will at least squeeze some funds for the starting of a foundation that may require completion next year of a district hospital in Trans Mara. I have waited for this for long. People are continuing to crowd in the only hospital which is a mission hospital in Kilgoris. The other places do have district hospitals, and I think, it is important that in an area that suffers so many casualties in terms of malaria we should have a district hospital.

Mr. Temporary Deputy Speaker, Sir, I hope that the Ministry of Health will start doing more research on the area of water borne diseases. All of a sudden people are suffering from water borne diseases like typhoid. I hope that the Ministry will do research on all these. Maybe, it is typhoid or something else. But definitely, there was a crisis in the Tanzanian border in Angata Bargo where many of the residents of that area suffered from waterborne diseases. I think the Ministry needs to pay attention to this and take appropriate drugs there. It should also educate the people about primary health care because water-borne diseases, like vector-borne diseases require an emphasis on primary health care. I think the Ministry should be guided by the old adage: Prevention is better than care. It should pay more attention not to treatment, but on primary health care. Let us see more activity by the officers of the Ministry of Health in the control of diseases and improvement of the environment that usually causes these diseases.

Mr. Temporary Deputy Speaker, Sir, I do not agree with what the hon. Member for Mosop said. But there is a point in what he said about some facilities that have been erected either by the Government or by the people that have become redundant because nobody uses them at all. I have in my constituency a hospital that lay fallow and it was inhabited by bees for two years. That is the Lolkorian Hospital. I want to thank the Director of Medical Services, because he personally took action and opened the hospital. There is another one next to Migori which could be utilised by the Luo and the Maasai people at a place called Karda. The Ministry could open this hospital to ease the congestion at Ombo Hospital and other hospitals in Migori where the people of Trans-Mara have to go for treatment. I think it is important that the gentlemen who are taking notes do write that there is a hospital called Karda that is lying fallow. It is being occupied by lizards for the time being. Why can the Ministry not go and occupy that hospital? Everything is there. There is water and electricity in that hospital. Can the Ministry move in by employing sweepers and deploy nurses in that hospital, so that it can function? That will ensure that our facilities do not lie fallow.

Mr. Temporary Deputy Speaker, Sir, I do not know what the Ministry's policy is on the employment of nurses. As our population rises, we require more personnel at a higher ratio to attend to those who are sick. It is not possible that retrenchment policy should be employed in the Ministry of Health because it will be contrary to the reasons why we fought for our Independence. One of the things that our forefathers said when they fought for Independence was that they wanted to eradicate disease. It is not possible for the Government not to employ more nurses. I think it is just important that all the people, who have been trained by either the Government in the MTCs or by the Private institutions, are absorbed because we have not reached a situation where the nurses are enough. They are not. We need to employ more of them. We need to absorb these nurses into the Government and I think everybody else who is concern about health. The World Bank and the political IMF should not impose this thing on any personnel of the Ministry of Health because that is going to make life in this country very difficult. I think the IMF, with all its political intentions and support of the Opposition in this country must not lose sight of the fact that health is a very important element and we must not be told to retrench in the Ministry of Health. We must get into a situation where we employ everybody who is a nurse, in order to make sure that our people are looked after properly.

Mr. Temporary Deputy Speaker, Sir, the Government should subsidise some of the Mission Hospitals. This will ease the problems that are prevailing now, where poverty is becoming a vicious circle. If one goes to a hospital, one is required to pay a deposit and once one has paid that deposit, one is treated and one cannot go out until the balance is paid. Many people are now coming to the MPs to ask for assistance, so that they can be discharged from hospitals after staying there for a month or a year. This could be eased if the Ministry of Health sends some personnel in order to reduce the pressure on the private hospitals.

With those few remarks, I beg to support.

**Mr. Mwaura:** Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Vote of the Ministry of Health. There are two very vital things in every nation that a Government must give to its own people, and one of them is to look after the good health of the people and the other one is food.

Mr. Temporary Deputy Speaker, Sir, earlier speakers have said here that since Independence, because of the increase of our population, the demand for the services of the Ministry of Health have increased. Whereas other speakers have said that the inadequacy that we see in the Ministry of Health today, has been caused by lack of funding, I think there is still a lot to be done in the Ministry to improve its efficiency. Earlier speakers have complained about the lack of drugs in the hospitals and this is one of the largest problems we have in this country. This is an area where the Ministry must really take some precautionary measures, since we do not want to see our people continue dying because of lack of medication.

Mr. Temporary Deputy Speaker, Sir, in my own Constituency, Kigumo, I would like the Ministry to know that we have three health centres, but they do not have facilities. For example, the Kigumo Health Centre which was built during the colonial time, up to now, has no electricity. As a result, when women go there for delivery, they are faced with a serious problem and sometimes the medical staff are forced to use lamps to help these women to deliver. I would like the Ministry to ensure that electricity is provided to that health centre. Recently, in this Parliament, the question of malaria being one of the major killer of our people was discussed, therefore, the Ministry must ensure that there are enough drugs and more methods that are going to be applied in order to eradicate malaria epidemic in the country. Malaria is not only a killer of our people, but as a tourist country, a lot of tourists are frightened by malaria. Therefore, it is very important that the Ministry do take remedial measures to eradicate the malaria epidemic.

Mr. Temporary Deputy Speaker, Sir, the other thing that the Ministry should also implement is the mobile clinics because we do not have facilities in the rural areas. I think it is time that the Ministry came up with mobile clinics which should visit the rural areas where most of our people live. In areas where mobile clinics cannot reach, for example, North Eastern Province, rescue operations should be established in order to save lives. Such operations would save people dying from diseases which could otherwise be tackled if efficient facilities were available.

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

*[The Temporary Deputy Speaker  
(Mr. Wetangula) resumed the Chair]*

Mr. Temporary Deputy Speaker, Sir, one of the other area which needs to be looked into is that of holding seminars so as to educate our people on methods of avoiding the spread of diseases. The holding of public seminars will go a long way in helping curb the spread of diseases which could otherwise be prevented.

The morale of our staff is another area which has been very disappointing. Every other day, we read that patients are not attended to by doctors. I believe that time has come when the Ministry, particularly the Director of Medical Services, should ensure that the medical staff is educated on the essence of upholding professional ethics. An hon. Member here talked about a certain patient dying because there was no equipment to save his life. This is very bad. It is very important that lives are saved.

The Minister also talked about cost-sharing. I am one of those Members of Parliament who believe that the standard of our hospitals has continued to decline. I do not know whether this is because of the little salary that is paid to the staff, the morale or the training of the staff, but these are the issues that Ministry should tackle.

There is also the question of the National Health Insurance Fund which has gone a long way in improving the health of this nation. It is not everybody who can afford best medical care. But if there are facilities in form of insurance, this would go a long way in helping most of our people. It is important that people have access to medical facilities.

I would like to urge the Minister to ensure that in every district there is a district hospital. Recently, Maragua District was created. I would like the Minister to set funds aside so that in the long run we have a district hospital. I am sure that the officers in the Ministry of Health are aware of the poor state of Murang'a District Hospital. It is just the other day when the Head of State visited the hospital and found it in a pathetic situation. We would like to see the Minister for Health and his senior staff making visits to the district hospitals so that they can see the problems that affect the rural population.

On the question of non-clearance of drugs, hon. Osogo did mention the fact that this consignment had not been cleared because there were other items besides drugs. We would like the Minister to check whether what hon. Osogo said is correct. If the consignment has been held because of these other items, we would recommend that the person who did this should cease providing the country with drugs.

With these few remarks, I beg to support.

**The Assistant Minister for Commerce and Industry** (Mr. Galgalo): Thank you very much, Mr.



Temporary Deputy Speaker, Sir. I think the problems being experienced in the Ministry of Health are not limited to this Ministry alone. Problems are in every Ministry in this nation. I believe most of these problems arise because we, the citizens of this nation, are not patriotic.

**The Assistant Minister for Home Affairs and National Heritage** (Mr. Mutiso): Some!

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Mutiso, you are heckling!

**The Assistant Minister for Commerce and Industry** (Mr. Galgalo): Mr. Temporary Deputy Speaker, Sir, I feel that if all of us sincerely dedicate our services to this nation, funds will be available without dependence on International Monetary Fund (IMF), World Bank or from any other source, to offer services to the people of this nation.

There are institutions called Medical Training Centres in this Ministry. I have noted that to be admitted in these institutions, it is not the quality of the interviewed persons that matters, but I believe, it is who knows Mr. Boit or who goes to see him in his office. For example, last year, only four people were taken from Moyale District and yet, more than that number qualified to be taken. I know of a young boy who had a B- and missed university admission just by one point, but could not be taken for any diploma course in the Ministry of Health. What does this indicate? The required qualification is either C+ or something of that level. This clearly shows that in some of these medical institutions, there are people who are admitted with D- and yet somebody with a B- cannot be admitted. I think these are extremes of corruption.

#### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Galgalo! You should be here on Tuesday afternoon to carry on.

Hon. Members, it is now time for interruption of business. The House is therefore adjourned until Tuesday, 19th August, 1997, at 2.30 p.m.

The House rose at 6.30 p.m.