

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 10th July, 1996

The House met at 2.30 p.m.

[Mr. Deputy Speaker in the Chair]

PRAYERS

ORAL ANSWERS TO QUESTIONS

Question No.613

BAN ON HARAMBEE DOCUMENTS IN OFFICES

Mr. Ndzai asked the Minister of State, Office of the President whether he could ban all Harambee documents/cards in all public offices as wananchi are asked for Harambee before their problems are solved.

The Minister of State, Office of the President (Mr. Kalweo): Mr. Deputy Speaker, Sir, I beg to reply.

Although no public servant is allowed ask for Harambee from the public in public offices, before solving the problem of wananchi, my office cannot impose a ban on Harambee/cards in offices as this will undermine the spirit of Harambee.

Mr. Ndzai: Mr. Deputy Speaker, Sir, it is a fact that everybody in Kenya wants Harambee, but in public offices, when you go there, mwananchi is asked to pay for Harambee before his problem is solved. Now, what about those who cannot afford to pay for Harambee; who will solve their problems?

Mr. Kalweo: Mr. Deputy Speaker, Sir, some corrupt officers may be involved in such practices because we do not know who they are, my instructions are that, nobody should be forced to contribute for Harambee whether in offices or anywhere. Some officers may request for something in another form of corruption or inducement. But let Kenyans be vigilant and report such matters to the correct officers.

Thank you.

Mr. P. N. Ndwiga: Mr. Deputy Speaker, Sir, I am surprised to hear that the Minister cannot stamp out some of these habits. It is common knowledge that when people go to DO's offices, especially on matters related to the Land Boards, they cannot be attended to these days until and unless they have paid Harambee or some amount for the KANU National Youth Development Programme. Could the Minister answer the very first Question asked? What is he going to do about the people who cannot afford those things? Graft is spreading all over. What is he going to do about the people who cannot afford this contribution and they are the majority, it is all over in Runyenjes? In every Land Board, they are there, the DO and those wazee. I have given him specifics.

Mr. Kalweo: Mr. Deputy Speaker, Sir, what I am going to do and I am doing it now, is that, my instructions are that, do not force people to contribute Harambee and if you are forced, do not give money.

Dr. Otieno-Kopiyo: Mr. Deputy Speaker, Sir, first of all I take this opportunity to renew my diplomatic relationship with you. Is the Minister aware that some of these DOs or DCs wink at you when you want a permit or a licence? On the one hand they are waving the paper he is supposed to sign and on the other, he is waving the Harambee card. By insinuation this is actually tantamount to asking for bribes. Is he aware of this, and if he is aware, could he do away with collection of these funds within public offices?

Mr. Kalweo: I am not aware, Mr. Deputy Speaker, Sir, because that is to succumb to malpractices.

Mr. Ndzai: Mr. Deputy Speaker, Sir, my question is on cards or other documents for Harambee in public offices. Could the Minister issue a circular to all public offices that Harambee/cards or other documents should be kept away from the tables of public offices because when you go to any public office to present your problem, you are told, "I have a Harambee tomorrow, Sir, what are you going to do?" It is high time your office did something. We do not refuse Harambee, but we should not be asked for Harambee in offices before our problems are solved. This is because not everybody can pay the Harambee money. Something should be done about it.

Mr. Kalweo: Mr. Deputy Speaker, Sir, I think the hon. Questioner is in agreement with me that we do not impose Harambee on people, so whoever will be requested in that manner--- We have told our officers that they should stop doing this stupid thing. Harambee is voluntary, even inside the House here, I may request for Harambee, and you are not forced to give and anybody being forced to donate should report to the relevant authorities.

Mr. Shikuku: The Questioner's real question is asking the Minister to make sure that his officers do not bring these Harambee cards or documents to public offices. Could he answer that question and say from today, no more? If you want Harambee, you can go and do it elsewhere but not in public offices.

Mr. Kalweo: Mr. Deputy Speaker, Sir, what I said is that if you are forced to contribute towards a Harambee you refuse.

Mr. Ruhii: On a point of order, Mr. Deputy Speaker, Sir. Can he answer that specific Question. Will he instruct all Government officers not to have these Harambee cards in their public offices for soliciting bribes?

Mr. Kalweo: Mr. Deputy Speaker, Sir, my instructions are that people should not be forced to contribute Harambee.

Question No. 605

ESTABLISHMENT OF TIGONI DIVISION

Mr. Nyanja asked the Minister of State, Office of the President, whether he was aware that a new division named Tigoni Division has been carved out of Limuru and Kiambaa constituencies without a new District Officer being posted to the new Divisional Headquarters at Tigoni.

The Minister of State, Office of the President (Mr. Kalweo): Mr. Deputy Speaker, Sir, I beg to reply.

I am aware of the creation of Tigoni Division and a District Officer, Mr. Geoffrey Gachagua, was introduced to the public in a public rally in April 1996.

Mr. Nyanja: Mr. Deputy Speaker, Sir, this Question should have been asked by Private Notice. I agree with the Minister and for once, he has been honest to this House. When I asked this Question, Tigoni did not have a district officer (DO) because he was still in Limuru. There is a very serious matter already in Tigoni Division. When I say this I must emphasize the fact that Tigoni is a division in Limuru Constituency. The parents of Umoja Primary School including the Board of Governor and the Parents Teachers Association have come to me complaining that pupils from this school are cleaning the office of the new DO which was once a house belonging to a veterinary officer. Can the Minister tell this House how many civil servants are now attached to the DO of Tigoni Division? How many departmental heads are there in that division? We cannot accept our children to be used the way some Members here are used like robots to vote. We have given birth to these children and taken them to school to learn and now they have become servants of the DO of Tigoni!

Mr. Kalweo: Mr. Deputy Speaker, Sir, I agree with the sentiments expressed by the Questioner. We have not posted departmental heads, but action will be taken urgently.

Mr. Mwiraria: Thank you, Mr. Deputy Speaker, Sir. There are many divisions created all over the country. I have three new divisions in North Imenti and several locations but none of them has got any staff posted there. I started with two DOs instead of four, no extra chief and so on. How long does the Minister intend to take before he appoints chiefs to new locations and the new divisions created in North Imenti?

Mr. Kalweo: Mr. Deputy Speaker, Sir, it is a matter which is being pursued. This is not only happening in Imenti but everywhere where we have created new districts, divisions or locations. It is the intention of the Government to take administration nearer the people. There are so many young people in this country who need employment and soon we are posting people to these places.

Mr. Nyanja: Mr. Deputy Speaker, Sir, now that the Minister has confirmed that there are no departmental heads in the newly created divisions, why is the Government in a hurry to create districts, divisions and locations? In this specific case, why has Tigoni Division been created? Kanyingi is bragging around that that is his constituency and I want him to know that I am the Member of Parliament for Limuru. This is very serious matter because the Government is now proving that these are political divisions, districts and locations, otherwise, how can you have a division without a police station or a departmental head?

Mr. Kalweo: Hon. Nyanja is there as a Member of Parliament and Kanyingi is there as the KANU chairman for Kiambu and we have many other members in the country. Let hon. Members know that, whether

they call them political divisions Kenya itself is a political country.

Question No.412

ARREST OF PARASTATAL EXECUTIVES

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

- (a) how many parastatal executives had been arrested and charged with offenses relating to fraud during the last two years; and,
- (b) how many of these executives had been convicted.

The Minister of State, Office of the President (Mr. Kalweo): Mr. Deputy Speaker, Sir, I beg to reply.

The Government in its commitment to eradicate corruption in the country has in the past two years arrested and charged 24 senior officers with offenses relating to fraud in State Corporations. The offenses include misappropriation of public funds, conspiracies to defraud Kenya Government of revenue and altering false documents and obtaining money by false pretences.

Dr. Otieno-Kopiyo: Mr. Deputy Speaker, Sir, I suppose that without getting entangled into the rigorous of that answer and the misconceptions inherent in it, the Minister is referring to the Kenya Ports Authority affair which he knows was only done politically for another purpose. The Public Accounts Committee recommended that the Attorney General institutes criminal investigations against Somaia because he took money from the Office of the President to supply some weapons and equipment that were never supplied up to now. Nothing has been done.

Mr. Rotino: On a point of order, Mr. Deputy Speaker, Sir. The hon. Member is referring to a matter which is before the Public Accounts Committee and the Report has not been tabled.

Dr. Otieno-Kopiyo: Mr. Deputy Speaker, Sir, it is very important even for new Members of Parliament or for those who are not very well read to read the Report. It is very important! I am referring to page 53 of the Report of the Public Accounts Committee of the Government of Kenya Accounts for the year 1992/93, paragraph 129, which we already debated and passed last year. I am surprised that is the new Member of Parliament who is a replacement for other people in that Committee and he does not know about this. I forgive him.

Mr. Alfrick Birgen was then taken to court because he disagreed with one Nicholas Biwott and he was put in jail. Mr. Paul Ndarua has never been charged. Mr. Philip Mulei has never been taken to court. Mr. Kunguru has never been taken to court. Mr. Lawi Kiplagat who sold the Milling Corporation of Kenya, which was valued for Kshs505 million, for Kshs100 million which was never paid and he was then moved to be in charge of privatization of parastatals. He became the Executive Secretary. He was then promoted to become the Chief Executive of the National Housing Corporation. When will the Government take this House seriously?

Mr. Deputy Speaker: Order! I regret that I have to do this. This is a Committee of Supply day and by 3.30 p.m., we must be through. It will be most unfair to some hon. Members, if their Questions are guillotined by that time. Therefore, you must understand that you have to be absolutely brief, and to the point. I am afraid I will not allow more than three minutes for comments per Question. We should be able to conclude before that time.

Dr. Otieno-Kopiyo: Mr. Deputy Speaker, Sir, I appreciate your point. But remember this Question has been on the Order Paper for five weeks and it is a weighty issue.

Mr. Deputy Speaker: I know that.

Dr. Otieno-Kopiyo: We spend public money and millions of shillings have gone into the production of this Report. Are these Reports for show? That is what I am asking. This is not something we can brush off, even if this is the only Question asking about this matter. When is the Government going to charge these people?

Mr. Kalweo: Mr. Deputy Speaker, Sir, I think some people have been charged in a court of law. It will continue. But this kind of Question, whereby some names of other personalities or people are mentioned here, some of them are not in corporations. It does not mean that we have finished charging them. We are continuing.

Mr. Muite: On a point of order, Mr. Deputy Speaker, Sir, is it not a reality that this Government has no intention of fighting or eradicating corruption? Is it not a reality that even those who are charged in a court of law, are charged for show and public relations, and the cases are subsequently withdrawn? When, for instance, is the Attorney-General going to charge the Chief Executive who ran Kenya National Assurance down, and we can say where he is? When is he going to be charged, convicted and sent to Kamiti Prison?

Mr. Kalweo: Mr. Deputy Speaker, Sir, I have said that where we discover such fraud, and there is a

case---

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

Mr. Kalweo: I am answering another point of order!

Mr. Deputy Speaker: Yes. He is answering another point of order. Let him continue.

Mr. Kalweo: Mr. Deputy Speaker, Sir, what I have said is that we cannot exonerate some and convict others. Therefore, wherever there is a case of fraud, we have to take action.

Dr. Otieno-Kopiyo: On a point of order, Mr. Deputy Speaker, Sir. First of all, I said before that the Office of the President was the wrong Ministry to answer my Question, because they are not in-charge of prosecution. Secondly, they are the ones who are presiding over this corruption. How do we expect them to charge these people? To add on to that, up to now, part (b) of the Question has not been answered.

Mr. Deputy Speaker: Hon. Kalweo, can you deal with part (b) of the Question?

Mr. Kalweo: Mr. Deputy Speaker, Sir, the answer to part (b) is as follows: One person has been convicted, but he is out on bond pending an outcome of an appeal he has filed.

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

Mr. Icharia: Mr. Deputy Speaker, Sir, before I ask the Question, may I say that I have not received the written answer to this Question.

Question No. 631

STOPPAGE OF USING JOGOO SYMBOL

Mr. Icharia asked the Minister of State, Office of the President that since Jogoo forms part and parcel of our National Emblem, when KANU will stop using the Jogoo as a symbol of the party during this time of multi-partyism.

The Minister of State, Office of the President (Mr. Kalweo): Mr. Deputy Speaker, Sir, I beg to reply.

The Jogoo Symbol alone does not constitute our National Emblem. Therefore, KANU has no intention of stopping using it as its symbol.

Mr. Icharia: Mr. Deputy Speaker, Sir, the Coat of Arms of this Government belongs to the State and not to a particular political party. If the Coat of Arms is not protected, any party coming to power in future will wish to change it to suit itself. Can the Minister bring a Bill to this Parliament to protect the Coat of Arms so that no organisation or party will use any of the symbols contained in it?

An hon. Member: That is a very fair question!

Mr. Kalweo: Mr. Deputy Speaker, Sir, the Emblem is not made of only Jogoo. The lion or in Luo language "*Sibuor*" is used by FORD (K) party. The Jogoo or the lion alone does not constitute the Emblem. So, whoever talks of the Emblem talks about the whole of it and not of a single item.

Mr. Icharia: On a point of order, Mr. Deputy Speaker, Sir. I did not say that KANU alone should be barred from using any of the symbols in the Coat of Arms. My question is: Can we protect the Coat of Arms so that no party or any organisation can in future use any of the symbols in the National Emblem, so that it can remain intact and protected for posterity? You should bring a Bill in this House with regard to this.

Mr. Kalweo: Mr. Deputy Speaker, Sir, the original Question was that KANU should not use Jogoo.

Question No. 308

LOANS FOR UNIVERSITY STUDENTS

Mr. Mbeo, on behalf of **Mr. Ojode**, asked the Minister for Education:-

(a) whether he was aware that some Kenyan students both from the public and private universities did not qualify for loans to cater for their education requirements; and,

(b) if the answer to "a" above was in the affirmative, whether he could direct the authorities concerned to approve these loans without any discrimination.

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

(a) I am aware.

(b) The Ministry does not direct the Higher Education Loans Board (HELB), as the Board operates according to rules and regulations specified in the Act which was enacted by this House, establishing the HELB.

However, the HELB has assured the Ministry that it is ready to consider appeals for loans from students in the public universities with respect to the 1995/96 Financial Year.

Mr. Mbeo: Mr. Deputy Speaker, Sir, first of all, I did not understand why the new Assistant Minister was sitting on the other side of the House. I used to see her seated on this side, and not the other side.

However, arising from the answer by the Assistant Minister, could she confirm or deny that three quarters of all the loans that have been approved up to date, have been for the rich while the poor have been denied the chance to get them?

Mrs. Ndetei: Mr. Deputy Speaker, Sir, the Ministry is not aware of that. I, therefore, deny that very strongly. However, if the hon. Member has any special case of a very poor child or an orphan which he feels should have been considered, this can be done through the Ministry or HELB.

Mr. Murungi: Mr. Deputy Speaker, Sir, when we debated the Higher Education Loans Bill, in this House, we were assured that all students in institutions of higher learning, including private universities, will benefit from these loans. Could the Assistant Minister explain why not even a single student from the Catholic University has benefitted from these loans?

Mrs. Ndetei: Mr. Deputy Speaker, Sir, we are not aware that the Catholic University Students have applied for loans. Secondly, granting of these loans depends on availability of funds and some students come from very well-to-do families and they are in the universities. The main target for this loan and bursaries are the poor and orphaned children who are known up to their villages.

Mr. Deputy Speaker: Next Question, Mr. Maore!

Question No.329

CORRUPTION AT MOMBASA PORT

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

- (a) if he was aware of the massive vandalism and corruption at the Mombasa Port which is costing the country millions of dollars;
- (b) what measures the Ministry had effected to punish the culprits and seal the loopholes; and,
- (c) whether he would direct Kenya Ports Authority to compensate the victims of such vandalism and corruption.

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

(a) I am aware of cases of vandalism and thefts within the Port area. Most cases involve theft of radios and cassette players from motor vehicles. The Police in collaboration with the Anti-Corruption Unit have been addressing this problem very energetically and have managed to considerably reduce cases of theft and vandalism over the last few months.

I am also aware of suspected cases of corruption where some employees of the Kenya Ports Authority were arraigned in court in February, this year, charged with offences of allowing motor vehicles to leave the Port without payment of duty. The cases are still pending before the court and further comment on this matter including the losses in terms of revenue to the Government is *sub judice*.

(b) Culprits who are caught are arrested by the Police and KPA security and are taken for prosecution in courts of law. In the case of KPA employees, they are also taken for prosecution and are also subjected to firm disciplinary action according to the laid down procedures. Several actions have been taken to seal the loopholes which include repair of the periphery fence which was damaged at various places giving easy access to the Port area. Secondly, tighter control of movement of vehicles and people at the various gates at the Port, including refusal of entry to anybody who has no authorized business within the Port area. Thirdly, tightening of discipline of KPA security personnel and police, including increased supervision. Increased patrols throughout the Port area on a 24 hour basis and fourthly, installation of additional security lights.

(c) There is a laid down procedure for compensating victims of cases of theft or vandalism. Cases have to be fully substantiated, properly documented and lodged before they can be compensated for by the Kenya Ports Authority.

Mr. Maore: Mr. Deputy Speaker, Sir, I thank the Assistant Minister for attempting to answer the Question this time. My other question emphasises mainly on the issue of vandalism. The Assistant Minister says, they have been trying to settle cases of victims who have been able to fully substantiate with proper documents which should be lodged before they can be compensated. How much did the Kenya Ports Authority

spend in the last 12 months in compensating victims of vandalism?

Mr. Morogo: Mr. Deputy Speaker, Sir, I have no known case of compensation so far but, as I said, when the KPA is fully satisfied that the aggrieved has been vandalised, we will compensate the---

Mr. Maore: On a point of order, Mr. Deputy Speaker, Sir. The Assistant Minister in his own answer, has stated very clearly, and actually that was the gist of my question, that most cases involve theft of radios and cassette players from motor vehicles and maybe some other spare parts. I am asking specifically on that. What efforts have you made to compensate the victims because the majority of importers get a lot of their motor vehicles vandalised by none other than the Kenya Ports Authority employees? How much have you spent in compensating the victims?

Mr. Morogo: Mr. Deputy Speaker, Sir, when we have fully satisfied ourselves that these cases are genuine, then we will certainly compensate the victims. I have said, complaints have been arising on---

Mr. Deputy Speaker: The question asked is: how much have you spent in compensating the victims?

Mr. Morogo: Mr. Deputy Speaker, Sir, we have not spend anything as I had earlier answered.

Mr. Deputy Speaker: Next Question, Mrs Phoebe Asiyo!

Question No.629

COMPLETION OF ROAD C19

Dr. Otieno-Kopiyo, on behalf of **Mrs. Asiyo**, asked the Minister for Public Works and Housing, when funds will be available to complete Road No.C19 Katito/Homa Bay Road, whose construction was discontinued suddenly at Kendu Bay more than three years ago.

The Minister for Public Works and Housing (Prof. Ng'eno): Mr. Deputy Speaker, Sir, I beg to reply.

This Katito/Homa Bay, Road is a 71 kilometre road, 40 kilometres of which have been tarmacked up to Kendu Bay. Now, there is no provision for tarmacking the rest of the road. However, I am very busy trying to negotiate with some interested donors to see whether money can be made available to complete this road. But, in the meantime, we will continue to make it motorable.

Dr. Otieno-Kopiyo: Mr. Deputy Speaker, Sir, 10 days ago, at Homa Bay, some of us were made to "tingiza tingiza kidogo" because of this road. The Government promised that something small will be put aside for finishing this road. Now, the Minister is saying that there is no consideration whatsoever, only a bit of repair.

I am rather surprised, and this is the kind situation that puts the Government in embarrassment when you make the Head of State go somewhere to make a promise and then the Minister denies. Which one is the correct position?

Prof. Ng'eno: Mr. Deputy Speaker, Sir, the truth of the matter is that, there is no provision for it in this Financial Year. But, I have given the assurance and the Government is committed to completing this road. We realize the importance of this Road C19.

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

Prof. Ng'eno: I am trying to answer another question!

Mr. Deputy Speaker: Let him finish!

Prof. Ng'eno: So, I am saying that we are committed. I myself toured Nyanza Province some two to three months ago and gave the undertaking to the residents of the area that, I will negotiate and I am now negotiating with a potential donor to see whether we can get the money to complete that road. So, this is a very serious matter, it is not just a joking matter, "eti, kutingiza tingiza." The people "tingizad" for many other reasons.

Mr. Mbeo: Mr. Deputy Speaker, Sir, is the Minister really in order to mislead this House that funds are not available for this particular road, when the Government promised, when we were all there? The hon. Dr. Otieno-Kopiyo was there, hon. Asiyo was also there and they "tingizad" and they were promised by the Government that funds were going to be available, and the Minister himself stood up and bowed confirming that the funds were available. On that note, is it in order for him to mislead the House?

Prof. Ng'eno: Mr. Deputy Speaker, Sir, I am saying that the Government is committed and is looking for funds. In fact he is right. The Government said, funds will be made available. What I am saying is, the funds are not shown in the books as available but we are busy trying to raise the money to fulfil the promise.

Mr. Deputy Speaker: Next Question, Mr. Joseph Lotodo!

Question No.574

ELEPHANT MENACE IN BARINGO

Mr. J. D. Lotodo asked the Minister for Tourism and Wildlife:-

(a) whether he was aware that wildlife particularly elephants from the Laikipia Ranch Company have continued to destroy the crops and the property of the people of Kaptuya Sub-location of Churo Location in Tangulbei Division, Baringo District;

(b) if the answer to "a" above is in the affirmative, what action will the Ministry take to protect the farmers' crops from further destruction; and,

(c) if he could consider paying compensation to the farmers whose crops and property have been destroyed.

The Minister for Tourism and Wildlife (Mr. Ngala): Mr. Deputy Speaker, Sir, I beg to reply.

(a) I am aware that occasionally elephants from Laikipia Ranch Company have been destroying crops and property of the people of Kaptuya Sub-location in Tangulbei Division, Baringo District.

(b) My Ministry has given firm instructions to the managers of Laikipia Ranch Company to constantly monitor the fence surrounding the ranch and to carry out immediate repairs to damaged parts of the fence which are used as exits by the elephants. In addition, the Kenya Wildlife Service has deployed rangers at Muchongoi out-post to monitor wildlife activities and to repulse elephants which move into the cultivated areas and where necessary, shoot rogue elephants. It is not possible to consider compensation to farmers whose crops have been destroyed. This is because the compensation pertaining to crops or property damaged by wild animals was done away with in 1989 through an Act of Parliament, namely the Wildlife Conservation and Management (Amendment) Act, Cap 376.

Mr. J.D. Lotodo: Mr. Deputy Speaker, Sir, while I appreciate the answer given by the Minister, and given that tourism is a foreign exchange earner for this country, could the Minister consider putting up an electric fence, so that it can ward off rogue elephants?

Mr. Ngala: Mr. Deputy Speaker, Sir, in fact, that point has been taken into account. I would like to say that in an effort to prevent elephants from raiding cultivated farms in these areas, the Ministry put up a fence around Laikipia Ranch Company. The fence proved effective, although some individual elephants have been known to break fence posts. So, that situation is already in place.

Question No. 639

AMENDMENTS TO CO-OPERATIVES ACT

Mr. Mbui asked the Minister for Co-operative Development:-

(a) whether he was aware that due to excessive powers given to the Commissioner of Co-operatives by the Co-operatives Act, the marketing co-operatives cannot compete with other business agents effectively; and,

(b) whether he could consider tabling a Bill to make amendments to the Act, so as to remove the stated anomaly.

The Minister for Co-operative Development (Mr. Munyi): Mr. Speaker, Sir, I beg to reply.

(a) I want to inform hon. Mbui that I am not aware of the excessive powers he is referring to. Very soon I will, under the liberalisation programme, bring a Bill to this House for discussion. Anyone who has views on anything to do with the Co-operatives Act and other matters connected with co-operative societies, will have a chance to air them.

Mr. Mbui: Mr. Deputy Speaker, Sir, a Minister worth his portfolio should know very well what is happening in his Ministry. He says that he is not aware of the excessive powers of the Commissioner. I want to make him aware now that the powers of the Commissioner for Co-operatives are excessive and are not applicable as of today. Today, the Commissioner has powers to appoint and dissolve even management committees of societies, and yet these societies are not his. He has dissolved committees in Kirinyaga District. He even barred the former chairman of Kirinyaga District Co-operative Union from contesting an election. Yet, the Minister says that he is not aware that the Commissioner is very powerful. Revision of the Co-operatives Act was supposed to be effected four years ago. I remember it was supposed to be done at the time when I was the Vice-Chairman of the Kenya National Federation of Co-operatives. It is known that the Commissioner for Co-operatives has vowed never to allow this Act to be amended. Can the Minister tell the House when, not in due course, he will bring this

Bill to this House for debate, so that our societies can work freely and without dictatorship?

Mr. Munyi: Mr. Deputy Speaker, Sir, the hon. Member will have an opportunity to give that suggestion when I bring the Bill is brought here for discussion. I would like to invite hon. Members, including hon. Mbui, to the Ushirika Day Celebrations, where they can have an opportunity of airing their views. And that is important!

Question No. 628

DISSOLUTION OF KILIFI CO-OPERATIVE UNION

Mr. Ndzai, on behalf of **Mr. Mumba**, asked the Minister for Co-operative Development:-

(a) whether he was aware that Kilifi District Co-operative Union Management Committee was dissolved by the Provincial Co-operative Officer, Coast, in November, 1995 during their Annual General Meeting; and,

(b) why the Ministry did not organise for fresh elections of the Kilifi District Co-operative Union Management Committee in February, 1996 as promised by the Provincial Co-operative Officer, Coast.

The Minister for Co-operative Development (Mr. Munyi): Mr. Deputy Speaker, Sir, I beg to reply.

I would like to tell the hon. Member that we gave instructions for elections to be held for all the seven active co-operative societies in Kilifi District. As a result of our instructions, elections have been held for seven active co-operative societies in the district. In August, 1996, elections will be held for the Kilifi District Co-operative Union Management Committee.

Mr. Ndzai: Mr. Deputy Speaker, Sir, the Minister says seven primary societies have held their elections. When will elections for the other societies take place?

Mr. Munyi: Mr. Deputy Speaker, Sir, the total number of societies in Kilifi District is nine. Two societies are dormant, and elections have been held for the seven active societies. I even know the date when each society held its election.

Mr. Achieng-Oneko: Mr. Deputy Speaker, Sir, the Minister says that he is about to table a Bill in this House. But could he first invite the Parliamentary Committee dealing with co-operatives to give its views on the proposed Bill? This will even make Parliament's work easier. Most things related to a Bill like the one he intends to introduce here, could easily be dealt with by a committee.

Mr. Munyi: Mr. Deputy Speaker, Sir, hon. Achieng-Oneko is free to bring forward whatever suggestions he has on co-operative societies. He is even free to bring up any suggestion.

Mr. Deputy Speaker: Let us move on to Questions by Private Notice.

QUESTIONS BY PRIVATE NOTICE

SALE OF KISII BOTTLERS

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

(a) What is the total number and value of the ICDC share holding in M/s Kisii Bottlers intended for public sale under the liberalisation programme of the company?

(b) Under what circumstances and terms were 300,000 ICDC shares worth about Kshs.11 million sold to a businessman (Gudka Westend Motors) for Kshs.10,710,000 without complying with the procedure and rules stipulated by the Parastatal Reform Programme?

(c) Will the Government nullify and cancel the irregular sale of ICDC shares to an individual businessman and ensure that the local business community in Kisii and Nyamira Districts is able to participate in the privatisation of M/s Kisii Bottlers in accordance with public policy on the liberalisation of the economy?

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

(a) There are 500,000 equity shares held by ICDC in Kisii Bottlers Ltd which are to be privatised under the on-going Public Enterprise Reform and Privatisation Programme. The value of these shares is yet to be determined.

(b) In addition to the 500,000 equity shares, which I have just mentioned, ICDC also has 735,986 underwritten shares. These underwritten shares were to be off-loaded to the local investors, and since 1990 to date the ICDC has sold 240,141 of these shares to various local investors, leaving a balance of 495,845

underwritten shares. The proprietor of M/s Gudka Westend Motors, as an investor and businessman in Kisii applied to the ICDC for the purchase of 300,000 shares of these underwritten shares. The ICDC did not object to this application by the businessman as it had taken too long to dispose of these shares. However, the Board of Directors of Kisii Bottler Ltd refused to sanction the intended sale. I wish to clarify that the sale of these underwritten shares does not fall under the ambit of the Parastatal Reform and Privatisation Committee (PRPC), and was in fact going on even before the Parastatal Reform and Privatisation Programme began in 1992.

(c) The issue of the Government nullifying and cancelling the sale of ICDC shares to Gudka Westend Motors does not, therefore, arise as the Board of Directors of Kisii Bottlers Limited refused to register the transfer of the said shares and the matter, I understand is still in court.

Mr. Anyona: Mr. Deputy Speaker, I want to say that the Assistant Minister has betrayed his ignorance at the end of his answer by claiming that the matter is in court because it is not in court any more. The court made judgement on 3rd April, 1996. So, the matter is not in court.

Now, having educated him to that extent, can he now explain whether the responsibility of selling those shares lies with the Board of Directors of Kisii Bottlers, or whether it lies with ICDC, and in which case how come that Gudka Westend Motors made an application to Kisii Bottlers and got permission to buy shares from ICDC and later on the Board refused to register transfer of shares? How do you explain that? There is some mystery, the usual story of corruption!

Mr. Keah: Mr. Deputy Speaker, Sir, first of all, I am more educated than he thinks I am. I am fully aware and I have a full file of the whole case, and I can tell him a few more things which he is not aware of.

That the matter was determined for ICDC, I am aware of. What I stated here is that the responsibility of transferring any shares in Kisii Bottlers Limited is the responsibility of the Board of Directors of Kisii Bottlers Limited. ICDC happens to be a director and a shareholder.

When ICDC agreed to sell those shares to Gudka Westend Motors, they had not agreed in the Board of Kisii Bottlers Limited, and that is where the problem is. Of course, I am aware of the court matter between Gudka Westend Motors and ICDC, and not between Gudka Westend Motors Limited and Kisii Bottlers Limited.

Mr. Anyona: Mr. Deputy Speaker, Sir, there is a problem here. The Assistant Minister is saying that the responsibility of selling the shares lies with the Board of Director of Kisii Bottlers Limited. In this case, ICDC has authorised the sale of those shares and the shares have actually been sold. When Kisii Bottlers refused to register the sale, Gudka went to court and the court has ruled in his favour. So, where do we stand, were the shares sold or are they not sold? There is no more case? What is going to happen now? And Gudka owns the whole of Kisii, he is going to displace everybody from there and take over!

Mr. Keah: Mr. Deputy Speaker, Sir, the shares have not been transferred by Kisii Bottlers Limited to Gudka Westend Motors Limited. It is the transfer.

Mr. Deputy Speaker: Next Question, Mr. Mutahi.

Mr. Mutahi: Mr. Deputy Speaker, Sir, it is unfortunate because, naturally, I am not confrontational, controversial and so on. And it is unfortunate that today was my first time to be sent out of this House for the last four years. It is because of what happened and the insults you poured on me. However, I beg to ask Question No.2 by Private Notice.

DISCHARGE OF OPERATION PATIENTS

Mr. Mutahi: Mr. Deputy Speaker, Sir, I beg to ask the Minister for Health the following Question by Private Notice.

(a) Is the Minister aware that on 20th June, 1996, all patients admitted in Nyeri General Hospital awaiting operation were discharged?

(b) Why were they discharged unattended?

(c) Is the Minister further aware that the hospital is operating without sheets and blankets for the in-patients?

The Assistant Minister for Health (Mr. Criticos): Mr. Deputy Speaker, Sir, I beg to reply.

(a) I am not aware that on 20th June, 1996, all patients admitted in Nyeri General Hospital awaiting operation were discharged. However, I am aware that patients who had been booked for operation through the surgical clinic the previous week had to be rescheduled if they were not any serious operations to take place.

(b) I am not aware of patients being discharged. I am aware that surgical operation was postponed due to the hospital which had inadequate dry linen which was affected by the following factors. Bad weather delayed the drying of linen which was further compounded by the breakdown of two drying machines.

(c) I am unaware that the hospital is operating without sheets and blankets for the in-patients. However, the hospital has obtained 100 high-density mattresses and 70 normal mattresses in September-November last year, 400 sheets in June, 1996 and 300 blankets in the same month of June.

All these were obtained from the region of Public Works Supplies Branch through Facility Improvement Fund, otherwise known as cost-sharing. They were obtained to supplement the existing stock. The hospital has further obtained mackintosh, waterproof sheets worth Kshs.270,000 through the MOH with co-operation of an NGO or GTZ.

Mr. Mutahi: Mr. Deputy Speaker, Sir, it is very unfortunate that the hon. Assistant Minister can answer that Question the way he has answered.

Hon. Kairu and myself visited that hospital on 17th June, 1996, because his cousin was admitted in the same hospital and we witnessed that there are no bed sheets, no blankets and so on. Now, he is telling us that blankets and sheets were delivered in the same hospital in the months of September and November last year. Where did these blankets and sheets go because they are not there? It is hardly a month since I was there, there is no water and even now there is no water in that place.

On part "b", the Assistant Minister is saying that the operations could not have been carried out because the linen could not dry up. There were emergency cases and the weather is still bad in Nyeri District. What is the Assistant Minister going to do about these cases of operation and these cases of lack of linen in the hospital?

Mr. Criticos: Mr. Deputy Speaker, Sir, I would like to point out to the hon. Member that I was talking about mattresses in September-November last year. In the later part of last month in June, we delivered the sheets and linen. Furthermore, this is what the Ministry is prepared to do, I am happy to inform the MP that the drying machines have been repaired and normal operation of the hospital has resumed. Furthermore, what I am let to believe by my officers is that there were no serious emergency cases in the operating room.

Mr. Deputy Speaker: Next Order!

COMMITTEE OF SUPPLY

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

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

(The Minister for Health on 9.7.96)

(Resumption of Debate interrupted on 9.7.96)

Mr. Deputy Speaker: I think it was Mr. Achola who was on the Floor at the close of business last evening.

Mr. Achola: Thank you, Mr. Deputy Speaker, Sir for giving me this opportunity to continue from where I left last evening. Before the House rose last evening, I was talking about the importance of the National Hospital Insurance Fund (NHIF), and the fact that the Fund is really the centre of corruption in this country. I was complaining about the fact that the high corruption that is prevalent at the Fund is costing the contributors a lot of headaches. You will recall that last year many hospitals in Nyanza and Western Provinces were closed down because of certain alleged frauds. But the truth of the matter is that the said frauds were committed in conjunction with employees of the Fund. So far, we have not heard of any of those employees ever having been charged in a court of law. I am, nevertheless, glad that the Minister said that, the Fund is going to be re-structured. One would hope that, like they do in the United States, the National Health Insurance is taken seriously because the cost of hospitalisation in this country is extremely high.

I would now like to take a trip back to my home district of Migori. Migori District hospital caters for over 700,000 people in the areas surrounding Trans Mara and Tanzania. The hospital is completely congested, and we do not have enough facilities there. In fact, last week when the President visited the district, we had the pleasant occasion to present to him certain shortages that we thought his Government could address. For

example, the hospital has a 20-bed capacity only and one wonders whether that is the type of capacity that a district hospital should be catering for. This hospital has no theatre, no mortuary and yet when we look at the printed estimates which have been provided here, we have only been given K£30,000 to enable the district erect certain buildings. This is absurdly insufficient. I would, therefore, like to appeal to the Minister that next time a budget is done, something reasonable is included to make Migori District hospital a real district hospital instead of a "dispensary", which I think is what it is today. In fact, if one visited Migori hospital, one would be surprised that patients actually sleep on the floor. Like hon. Mutahi has been saying, there is no linen, patients go in their own clothes, bed sheets are not available and it is actually a pathetic state.

Last year, I brought a Question here which raised the problem of theft of hospital equipment. The stealing has continued and the few drugs that we get at the hospital find their way to private clinics and never in the Government hospitals at all. I see that the Minister has allocated some K£89,000 for the purchase of drugs in Migori Hospital, but this can hardly be enough, considering the fact that the population around this particular hospital is over 700,000. I would like to appeal to the Minister that if there is anything else, he should increase his allocation for the purchase of these drugs.

Yesterday we talked about the prevalence of drug resistant kind of malaria. This one is contributing to several multi-admissions in the hospital and, keeping in mind that the hospital is thoroughly congested, I hope that the Minister is going to come up with a statement as to how we are going to address this particular situation. The problem of drug resistant diseases can be worse than the problem of Aids. Just imagine if malaria was resistant to all the drugs; I do not need to emphasise that even condoms would not help in this particular case. So, it is important that the Ministry identifies which particular strains of malaria these ones are and also establishes whether the drugs finding their ways into the local market are effective in treating these diseases.

It is also possible that certain unscrupulous businessmen could be selling placebos instead of the real medicine, and that could be increasing the incidence of resistance of malaria parasites to those drugs.

I would like to register my utter disgust at the manner in which the Ministry treated the issue of Prof. Obel. At one time, there was a Question raised on the Floor of this and hon. Criticos came in here and gave us very welcoming news; that the drug "Pearl Omega" was actually effective in treating AIDS. But that did not last very long. I think it was after 24 hours that the Minister himself came in here and overturned that particular information. I think the whole country is disturbed because the AIDS issue touches the hearts of many people. Not that they have been infected by the disease, but somehow, every Kenyan is affected by the fact that one or so members of their family could have suffered from the disease. Therefore, I would like to appeal to the Minister to come out clean and tell us what is surrounding the Obel saga.

Mr. Deputy Speaker, Sir, I would like to mention very briefly on certain preventive actions that the Ministry has proposed taking. I will again go back to Migori District hospital where about 50 per cent of the---

(Mr. Criticos moved to the microphone)

My good God, my time is over!

Mr. Deputy Speaker: Mr. Criticos, are you replying?

The Assistant Minister for Health (Mr. Criticos): No, Mr. Deputy Speaker, Sir, I am not. I am giving my contribution as a Member of Parliament.

Mr. Achola: On a point of order, Mr. Deputy Speaker, Sir. How come I was cut short on that one?

Mr. Deputy Speaker: Order! You were not cut short. I understand you were left with seven minutes.

Mr. Achola: Mr. Deputy Speaker, Sir, yesterday I only spoke for one minute.

Mr. Deputy Speaker: Well, if that is the case, I am sorry about it, but I have to go by the records of the Clerk at the Table. The hon. Assistant Minister for Health, of course, is entitled to contribute in his own right, but if I had known that you were not replying, I would have preferred somebody else because it is your Ministry really. I wish you would defer it. I am not sure you are not standing to criticise your Ministry.

The Assistant Minister for Finance (Mr. Keah): Thank you very much, Mr. Deputy Speaker, Sir, for giving me this opportunity to also contribute to this Motion. I would like to take this opportunity to say to the Minister of Health and, indeed, to his entire staff, to express my thanks and appreciation for a difficult job that they have to do in order to take care of our health and the lives of Kenyans.

In making this contribution, while appreciating that the Ministry is constrained by funds, personnel and physical facilities; my number one appeal to the Ministry is that we should utilise whatever resources we have to the best of our ability. Discipline is one tenet which must be enhanced in the Ministry of Health. When I talk about discipline, I am talking about discipline in relation to the staff, cleanliness and all the other aspects which

make a hospital an attractive place.

It is very disappointing to find that when one goes to some Government hospitals, the first thing that hits one is a wave of pungent and an unacceptable smell. This, to a large extent, is really due to lack of cleanliness. I want to urge the professionals in the Ministry to make sure that the hospitals are maintained and kept clean. I want to express my thanks to the doctors and the nurses who, nobody thinks of thanking. The nurses in particular do a tremendous job. They offer themselves to look after the patients and in many times, we fail to thank them. On my own behalf and that of the people of Kaloleni, I want to thank the nursing staff and the doctors.

The other issue which I would like to bring to the attention of the Minister is the admission of medical students at the Kenya Medical Training Institutes. I have been struggling to find the statistics of people from the Coast as a whole and the number is an insignificant figure. I wonder whether there is any criteria at all in the selection for the students that are admitted in those institutions, even those who qualify. I would like the Minister, when responding, to particularly let us know the criteria used in the selection of students for admission to the MTCs. We at the Coast are really complaining. From the research that I have done, there has been nobody at all from Kaloleni Constituency and that worries me very much.

I think we should have a plan in the Ministry of Health, such that medical care is available in every sub-location. At least, in every sub-location, there should be a dispensary. Medical care ought to be closer to the people because we have difficulties of transportation. In some areas like Kaloleni, we have impassable roads during both the dry and wet seasons because of sand when it is dry or mud when it is rainy. We therefore, have patients being carried using wheelbarrows or on people's backs to the hospital. This is shameful because it is 33 years since we attained our Independence. What I am asking for is a planning by the Ministry to ensure that we have a dispensary, at least in every sub-location. I am not asking for too much when I ask for a dispensary in every sub-location. But, these things have got to be planned. Some locations do not even have a dispensary for that matter. I have several locations in my constituency that do not even have any facility whatsoever. So, in my view the resources we have in my view, which are entrusted under the care of the Ministry of Health, are inequitably distributed and I am asking for equitable distribution of the cake that we have - small though it may be. We have to ensure that we have equitable distribution of medical care.

I am indeed, from the Ministry of Finance but I would like to inform my colleagues in the Ministry of Health that the management of the Ministry of Health is solely their responsibility. We, in the Ministry of Finance cannot use the pen. Let me appeal to the Ministry of Health to carry out more effective planning to ensure that there is a dispensary in every sub-location and ensure that there is a health centre, at least in every location and a sub-district hospital in every division, for that matter.

Let me also comment on the Mission Hospitals; this is because 40 per cent of the medical care provided in this country is provided by Mission Hospitals. There used to be a scheme where mission hospitals would get grants through various bodies. I want to appeal to the Ministry that these grants should go directly---

Dr. Otieno-Kopiyo: On a point of order, Mr. Deputy Speaker, Sir. Under the doctrine of collective responsibility, is it really possible that we should perceive that what is done by the Ministry of Health is done by the Cabinet as a team under the aforesaid doctrine? How can the Assistant Minister take the opportunity to criticise what his counter-part has done when he has the opportunity to do it within the Government?

The Assistant Minister for Finance (Mr. Keah): Mr. Deputy Speaker, Sir, do you agree that, that is a point of order and do you agree that I do sit in the Cabinet? He should be better informed. This is the habit that we must rid ourselves of in this Parliament. Hon. Members should not disrupt other hon. Members' time. I know that hon. Dr. Otieno-Kopiyo did that deliberately, so that he can take my time in order that my contribution is curtailed.

What I am saying here is that 30-40 per cent of the medical care in this country is provided for, by the Mission Hospitals. The Government used to give grants to the Mission Hospitals. What I am asking for is that if there is any grant at all, it should be sent directly to the Hospitals rather than being passed through an intermediary. Passing through an intermediary does not enable the beneficiaries to get the money---

Mr. Anyona: On a point of order, Mr. Deputy Speaker, Sir. I think the point raised by hon. Dr. Otieno-Kopiyo is very important---

Mr. Deputy Speaker: Order! Order, hon. Anyona! I think collective responsibility, is as collective as those in the Government want it to be.

Mr. Anyona: With due respect to the Chair, that is not correct because---

Mr. Deputy Speaker: Order! Order, hon Anyona! You will not argue with me here. If you think that I am wrong in my interpretation on the doctrine of collective responsibility for this purpose, come to my Chamber and we will discuss.

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

Mr. Deputy Speaker: Order! Order, hon. Anyona. For heaven's sake, let us not have another one on this, please.

The Assistant Minister for Finance (Mr. Keah): I am not criticising my colleague for the sake of criticism. I am defending the people of Kaloleni, whom I have a duty to represent in this Parliament and if anybody does not want me to represent them, it is bad luck.

I support the Vote of the Ministry of Health and I wish them all the very best in their budget. Thank you very much.

Dr. Otieno-Kopiyo: On a point of order, Mr. Deputy Speaker, Sir. Section 17 (iii) of the Constitution states that "the Cabinet shall be collectively responsible to the National Assembly for all things done by or under the authority of the President, Vice-President or any other Minister in the execution of his office". I take great exception to the comments made by hon. Keah, because I was making an informed opinion and there is something that I have read. If he has not read it, bad luck to him, not to me.

Mr. Muite: I thank you, Mr. Deputy Speaker, Sir. In April, 1996, when we were going through the Supplementary Budget, there was an item of money that came for re-allocation from the Ministry of Health. It was shown as a saving and that the Ministry had saved the money during that year and it came here in April and we re-allocated it. I believe that part of it must have gone towards the construction of the Eldoret International Airport. If the Ministry of Health now says that they want all this money in order for the money to remain in the books while they know about the state of the hospitals in this country, this is not fair. Provincial and Districts hospitals have become places to which Kenyans go to die, not to be cured. They are in a terrible state because there is no water and medicine in most of them. I feel sorry for the hon. Assistant Minister when he is pleading for clinics to be put up in his constituency. This is the Government that he is serving, it is the KANU Government and these are the services this Government is giving to Kenyans. Even if that clinic is constructed, what is the use of having buildings when there is no medicine in those hospitals? He talked about his Ministry, not being concerned with the administration of the hospitals in the Ministry of Health and I do know when we are talking about effective and able administration in the Ministry of Health, it is only the other day when this person whose name we are not even supposed to mention, for the time being, was conducting a Harambee in aid of the Nairobi Hospital, and he castigated the administration in the Ministry of Health and said that the Permanent Secretary goes to Nairobi Hospital for treatment. It is true they do, but let us examine the root cause. Is the fault entirely on the Director of Medical Services, the Administrator at Kenyatta National Hospital, or the Permanent Secretary for the Ministry of Health? How much money is the Administrator of Nairobi Hospital paid? What is his salary package and how does it compare with the salaries of those who are being asked to administer Kenyatta National Hospital (KNH)? How much money are we paying to Mr. Breiesen, who is now managing the Kenya Ports Authority (KPA)? Are we not being unfair to ourselves as black Kenyans because we pay adequate salaries to these non-Kenyans to go and administer and we pretend that our own people have no ability do a good job? Are we paying our own people the same salaries that we are paying these non-Kenyans? How much money was Mr. Brian Davies offered to come and run Kenya Airways and how does his pay package compare with what his predecessor was being paid? These are relevant questions that we need to ask ourselves because we have got many Kenyans with the administrative ability to run our hospitals and the Ministry of Health, but we must pay them adequate salaries, and we are not doing that. We cannot do that until we eradicate corruption.

All this money that we are voting to the Ministry of Health is going to end up in the pockets of a few individuals because of the manner in which drugs procurement is done, including the daughter of a top politician in this country, who is one of the biggest suppliers of drugs to Kenyatta National Hospital. These are issues that we need to address seriously. It is no use for this particular person passing the buck that he is being let down by his Permanent Secretary or the Director of Medical Services. The buck is never passed downwards, it is always passed upwards until it rests where it ought to rest. This is why the late J.F. Kennedy had a plaque on his desk written, "this is where the buck rests" because you do not pass it downwards, you pass it upwards; and the person who should take responsibility passes the buck to his officers. This particular person also goes to Nairobi Hospital very early in the morning at 5.00 a.m. He should not complain that other people are going to Nairobi Hospital.

Mr. Deputy Speaker, Sir, while we are talking about the Ministry of Health, the Minister in charge of that Ministry must realise that the health condition of this particular person whose title or name we are not supposed to mention is a matter of great public importance. We have seen even in today's *Daily Nation* in the back news, this particular person whom we are not supposed to mention looks like he has lost alot of weight. The health condition of this particular person is a matter that the Minister of Health should keep Kenyans in the know. Does

he have high blood pressure and if so, is it under control? What is the state of health of this particular individual?

We must be told and we must also stop pretending that this particular person is not a biological natural person. How is it that no African President ever suffers from even a cold? We are never told when they have pneumonia or malaria. How is it that African Presidents do not fall sick? When one is a President of any country that is a matter of great public importance to individuals. I would like to recommend that the Minister for Health should issue bulletins, regularly, on the health condition of the President, so that we know about the condition of his health. I would say that the President actually must take responsibility for what is happening in the Ministry of Health because this Government is his Government. Our people are dying because of lack of drugs. There are many people in the countryside today who are dying when they reach the age of 60 years because of high blood pressure and diabetics, and the drugs for these two diseases are very expensive. In my own Constituency, I have to conduct Harambee all the time and we can prolong the lives of our own people here for another 10 or 15 years if they are able to afford these drugs, but they cannot afford them. So who takes the responsibility for these premature deaths of Kenyans? Is it not this Government that is actually murdering those people which should take responsibility? At a time when they continue to plunder the resources that we vote for the Ministry of Health in this country, what sort of Government is this that actually steals the money that is supposed to go to the treatment of its own individuals?

[Mr. Deputy Speaker left the Chair]

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

Mr. Temporary Deputy Speaker, Sir, the Harambee effort is not supposed to be a replacement of well thought out health policies in this country. The Harambee spirit cannot replace policies on health and the implementation of those policies, but it is supposed to go and supplement in a small way. But now we come to the position in this country where everything is supposed to be done through Harambee efforts. We are supposed to construct roads through Harambee efforts, and conduct Harambees for the hospitals. Every hon. Member, including the hon. Members on the Government side, will agree with me when I make such a statement. I am sure they do not stay even for a month without being asked to participate or preside over a Harambee because somebody has to go overseas or has to go to Aga Khan or to Nairobi Hospitals for a major operation. We cannot run the country on Harambee basis. We cannot even afford to have these new districts that are being created right, left and centre and then people are told to do a Harambee to construct the offices or the house for the District Commissioner. Before long, we are going to be asked to attend a Harambee to contribute for the salaries for officers in the Provincial Administration. A time will come perhaps when we might even be asked to participate in a Harambee to contribute for the Speaker's salary. I mean, where do we draw the line between Government responsibility and the people's efforts about Harambee? This self-help system that we are talking about, we are being told everyday that we in the Opposition are not development conscious and yet we do not raise any taxes. If Kenyans pay taxes, where are we expected to get the money to undertake this so called development? Where can the Opposition Members of Parliament get money in order to build hospitals, buy drugs and run those hospitals? What is the Government itself doing and yet the taxpayers money, when collected by the Government, through direct taxation and indirect taxation, instead of that money being used for the purposes for which it is voted for, that money is siphoned out and put in the pockets of few individuals like Kanyingi to go distributing in these Harambees?

Mr. Badawy: Asante sana, Bw. Naibu Spika wa Muda, kwa kunipatia nafasi kuzungumza juu ya Wizara ya Afya. Inafurahisha kuona kwamba tumeongezwa kiasi fulani cha pesa katika Makadirio ya mwaka huu yakilinganishwa na ya mwaka jana, ingawaje imesemekana katika vitabu vya Makadirio kwamba pesa zaidi zimeongezwa kwa sababu ya kuwapatia wataalamu mishahara zaidi na mambo kama hayo. Hata hivyo, inafurahisha kuona kwamba hiyo pesa ya matumizi kwa mipango ya maendeleo katika wilaya ilitazamwa vizuri na vile ambavyo Hazina imetenga kiwango hiki cha pesa ambacho kimewekwa Wizara hii, ni lazima tukubali kwamba ni kiwango cha juu kabisa ambacho kinawezekana kupatiwa Wizara hii kulingana na mapato ya Serikali yetu kwa jumla. Sasa, basi ili Wizara hii iweze kutosheka na kile kiasi ambacho tumekipitisha hapa na tunazungumzia hivi sasa, tutarudi pale pale, ya kwamba usimamizi mwema ndiyo kitu kikubwa zaidi. Kwa hivyo, ningemsihi na kumuomba Waziri azidi kuweka mkazo katika usimamizi kwa sababu uharibifu ni mwingi na hata si kitambo sana ambapo Katibu wa Kudumu katika Wizara hii, na hata Waziri mwenyewe, wamekuwa mara kwa mara wakizungumza juu ya upungufu na wizi wa madawa na usimamizi mbaya wa ugawanyaji wa madawa katika hospitali za wilaya. Mambo kama hayo ni lazima yatiliwe mkazo. Tatizo kubwa ambalo liko ni ukosefu wa

uzalendo. Hata tupatiwe pesa ya aina gani, kama hakuna uzalendo na watu hawajiskii kwamba wanatumikia taifa lao na kama mtu hajiskii kwamba anatumikia binadamu wenzake, basi hata tukipata kiwango cha pesa cha aina gani, bado hazitatutoshelesha. Kwa hivyo, kitu ambacho ni lazima tukifurahie na ambacho kinanishangasha kuona kwamba baadhi ya Wabunge wenzangu wanatiatia hila na kuweka lawama katika hospitali za kibinafsi lakini ni lazima tukubali kwamba, kwa hali vile ilivyo sasa, tukiaangilia hali ya hospitali zetu za umma utapata kwamba kiwango cha usimamizi mbaya katika hizi hospitali kimezidi kwa sababu ya ukosefu wa uzalendo. Mambo yakiwa hivyo basi tutaendelea kuzihitaji na kutumia hospitali hizi za watu binafsi. Hata kama ni kama hospitali za Nairobi, Aga Khan au zile zingine ambazo zinajengwa muda kwa muda, bila shaka ukizichunguza sana utapata kwamba lengo lao zaidi ni biashara kuliko kuhudumia wananchi. Kwa hivyo ningemuomba Waziri akubali jukumu kama Wizara inayohusika na mambo ya afya ya taifa hili kuweka usimamizi mkali na azichunguze kwa makini hizi hospitali za kibinafsi. Sio tu katika usimamizi kuona kwamba kunatolewa huduma za sawa sawa na sio huduma za chini, lakini achunguze pia kile kiwango cha pesa ambacho kinatolewa kutibu wagonjwa na wateja wanaolipishwa katika hospitali hizi. Sasa imefika kiwango ambacho kama vile alivyosema mhe. Muite pale kwamba sisi Wabunge tunaitishwa Harambee mara kwa mara. Kila siku utapata kuna Harambee ya kumchangia huyu na huyu akiwa kule Aga Khan au Nairobi hospital na hospitali zingine. Kwa hivyo mambo haya haina ukomo. Ingekuwa ni jambo la busara ikiwa Wizara inaweza kupanga makisio na makadirio ya matumizi ya pesa katika hospitali za uma, yaani, zile ambazo ziko chini ya Wizara. Kuna haja kubwa sana na ingefaa Waziri alete Mswada hapa kuona kwamba hospitali za kibinafsi sasa zinapata usimamizi ule ambao ni wa busara kwa sababu, ukweli ni kwamba huduma zinazotolewa na hospitali hizi za kibinafsi kwa sasa ni za wale watu wanaojiweza; watu wanaolipiwa na mashirika zao wanapofanya kazi au watu ambao ni watajiri. Na ikiwa tunakubali kwamba hizi hospitali za kibinafsi zimejaza pengo hilo ambalo linatokana na kasoro ya huduma katika hospitali za umma, basi tutazifanyia hospitali hizi za kibinafsi Harambee kama vile tuliviofanyia hospitali ya Nairobi hivi majuzi. Kuna wengi waliosema kwamba hakuna haja tufanyie Harambee hospitali kama hii ya Nairobi lakini wale wanaoenda hospitalini ni binadamu pia. Ni ajabu kwamba neno kama hilo litazungumzwa katika Bunge hili ambapo sidhani kama kuna Mbunge ataenda hospitali ya Kenyatta akiagua kwa sababu wengi hapa wataenda Aga Khan ama hospitali ya Nairobi. Hii ni kwa sababu tunakubali kwamba huduma zilizoko kule hospitali ya Kenyatta ni huduma ambazo ni duni, lakini zaidi ni kwamba vifaa hazitoshelezi. Narudia kwamba hospitali za kibinafsi tutaendelea kuzihitaji wakati wowote na hakuna ubaya wowote ikiwa tutaendelea kuzihitaji. Na vile nilivyosema, Waziri angeangalia namna ya kuweka huduma hizi katika kiwango ambacho mwananchi wa kiwango chochote angeweza kunufaika na huduma hizo badala ya kutegemea huduma za watu fulani.

Bw. Naibu Spika wa Muda, tumeyachangia karibu kila siku magonjwa mawili; maradhi ya figo na maradhi ya moyo. Karibu kila siku wagonjwa wanasafirishwa kuenda Ulaya, India, Afrika Kusini na pahali pengine, kupata matibabu ya magonjwa haya. Wakati umefika ambapo pesa hizi tunazotumia kwa wingi kwa njia ya Harambee kwa kuwasaidia hawa ndugu zetu ambao wanahitaji matibabu nje, ili tuangalie pesa hizi zitazaidia hawa watu vipi kwa sababu kama ambavyo nilivyosema kwamba wagonjwa wanaweza kulipia huduma za hospitali za kibinafsi na hata wale wanaosafirishwa kuenda nje, pia ni wachache sana isipokuwa wale wanaojulikana na watu fulani kama Wabunge, Waziri au na kiongozi fulani ili wanaweza kufanyiwa Harambee. Lakini ni wangapi ambao tunaweza kuwafanyia Harambee? Kwa hivyo kuna haja kubwa kupatikane kliniki na hospitali za kutosha na sio hospitali ya Kenyatta peke yake; hata hospitali zingine katika kiwango cha mikoa. Hospitali zote kwa jumla ni lazima ziwe na lengo la kwamba zitaweza kuhudumia matibabu haya sasa ambapo ukweli ni kwamba hata katika hospitali ya Kenyatta, kwa mgonjwa aliyoko katika hospitali ya wilaya itabidii leo ajitumikie mwenyewe.

Ninarudi pale pale kwamba siku hizi, ni kazi ya Mbunge kumtafutia mgonjwa nauli na ikiwa ametumwa kutoka hospitali za wilaya kuja hospitali ya Kenyatta. Hayo ni matatizo ambayo ni lazima tuyaangalie. Hata zile gari za kusafirisha wagonjwa utapata huduma hizo pia zimeanguka kabisa kutokana na upungufu wa magari au kukosekana kwa magari kabisa.

Kwa hivyo, ni matumaini yangu kwamba kadiri ambayo Waziri amesema eti kuna nia kununua ambulensi, basi pasi angaliwe tu pahali ambapo labda ambulensi haikupatikana. Ukweli ni kwamba ni lazima kuwe na haya magari katika hospitali kama hizi ili wagonjwa waweze kusafirishwa na kupelekwa katika hospitali zile ambazo zina vifaa na wataalamu wa matibabu.

Bw. Naibu Spika wa Naibu, miongoni wa huduma katika Wizara wa Afya ni afya ya raia na wakati kama huu ambapo magonjwa yamezidi sana, ni wajibu wa Wizara ya Afya kutilia mkazo. Katika ile mambo ya afya ya msingi na mambo ya kuzuia magonjwa, kuna haja sana na inasikitisha kuona kwamba huduma ya afya ya raia, kwa hakika haitekelezwi kikamilifu.

Bw. Naibu Spika wa Muda, nimechunguza na kuona kuwa huduma za Public health ziko chini ya Serikali za Wilaya. Vituo vya Serikali za Wilaya kama masoko, zahanati, mahali wazi na stesheni za magari ni sehemu chafu kuliko pahali pengine popote. Nenda katika soko la Manispaa ya Malindi, pahali wananchi

wanapouzia mazao yao, mananazi na maembe. Utaona kwamba, mtu wa Nairobi na mtu wa Malindi anayejua nanazi lile limewekwa pahali gani asingelila kabisa. Lakini kwa sababu soko lile ni la manispa, na huduma ya afya kwa umma iko chini ya baraza la manispa, haiwezekani afisa wa afya ya umma kuchukua hatua yeyote ya kisheria. Mambo kama haya ni lazima yaangaliwe kikamilifu. Maofisa wote wa umma ambao wako chini ya ofisa wa afya wa hospitali za Serikali, lazima wawe tayari kupambana na uchafu na kiwango chochote ambacho si sawa katika vituo vya umma.

Ninaunga mkono maneno yaliyosemwa na Mbunge mwenzangu hapa jana, kwamba ziko hospitali nyingine ambazo ni chafu na huwezi kuingia katika vyoo. Labda nusu ya magonjwa ambayo wagonjwa wanapata katika hospitali zile za wilaya na wilaya ndogo, yanatokana na uchafu ambao uko katika hospitali. Kwa hivyo, usimamizi wa afya ya umma ni lazima utiliwe mkazo sana ikiwa Wizara hii inatilia mkazo primary health care, na kutilia mkazo kuzuia maradhi badala ya kuponya maradhi. Idadi ya wagonjwa wa malaria katika zile sehemu ambazo ziko na malaria imezidi sana kwa sababu yale mambo tuliokuwa tunayaona zamani, ya maofisa wa Serikali za Wilaya na hata ofisa wa afya ya umma kuzunguka na kuangalia, kuangamiza mbu na mayai yao, huduma kama hizo hazionekani, tena kabisa.

Bw. Naibu wa Spika wa Muda, wengi wamezungumza awali kwamba utumiaji wa madawa ya kulevyo umezidi sana, hasa katika sehemu za mijini kama Malindi na kadhalika. Tatizo hilo liko kwa wingi, lakini suluhisho lililowekwa la pekee la wauzaji na watumiaji kufungwa halitoshi. Kungewekwa vituo vya kuwahudumia hao watu katika hospitali na katika jela na ukarabati wao badala ya kufungwa pekee.

Kwa hayo, naunga mkono Bw. Naibu Spika wa Muda.

Bw. Nthenge: Asante sana, Bw. Naibu Spika wa Muda. Ninaunga mkono hizi pesa zitolewe kwa Wizara kwa sababu Wizara hii yategemewa na kila mtu, mkubwa kwa mdogo katika maisha. Lakini ubaya uliopo ni kwamba wizi umezidi. Kuna wizi mwingi hivi kwamba, katika zile pesa tunazotoa ni kiasi kidogo tu kinachowafikia wananchi. Zingine hupotelea njiani. Ningependekeza hivi, kila mtu awe mchungaji wa pesa ya Serikali. Pesa za umma ni zangu na ni za kila mtu. Kwa hivyo, tukiona mtu anajitajirisha kwa hizi pesa, badala ya kumpigia makofi kwa kutoa pesa nyingi katika Harambee, tumtandike! Tukimtandika na kumwambia "wewe ni mwizi", ataona haya hata kuliendesha lile gari kubwa alilonunua kwa pesa za wizi. Tutamwambia, "haya mwizi! mwizi!" Yafaa tugeuze nia zetu, hata wanaiba dawa za mtu anayekufa. Huu ni wizi mbaya sana. Badala ya kumsaidia mtu, ungelimsadia afufuke!

Jambo la pili ni lile lililotajwa na yule Mbunge aliyetangulia kuzungumza. Alisema kwamba hospitali zamani zilikuwa safi sana. Mimi ni mtoto wa Mwingereza, niliishi muda mrefu nikiwa chini ya Mwingereza. Tulikuwa tunasema, "huyo mtu ni msafi kama hospitali, lile ni safi kama hospitali," lakini siku hizi tunaweza kusema mtu ni mchafu kama hospitali. Kwa nini tusiweke mahali panapotunziwa afya yetu safi? Watu wameajiriwa wengi, badala ya kusafisha hospitali kila baada ya saa tatu tatu, anasafisha asubuhi na anapotea kwenda kutengeneza shamba, mwingine anaenda kulewa. Ninasema hivi; sote tusaidie Wizara hii na wale wakubwa wake waisaidie kwa kusema lazima usafi uwekwe, kwa sababu uchafu ni moja ya vile vitu vinavyosababisha magonjwa. Kuna jambo lingine ambalo ninataka kuona hapa Nairobi, kwa sababu mimi ni Mbunge wa hapa Nairobi. Sisi tumekuwa kama watu waliosahaulika. Hospitali ya Kenyatta imekuwa ni hospitali ya kutibu magonjwa magumu kutibu, yaani imekuwa referral Hospital. Sasa sisi watu wa Nairobi hatuna hospitali nzuri. Kwa hivyo, ninaomba Waziri atutengenezee hospitali moja ya kutoa huduma kwa saa 24. Kenyatta ni ya Wakenya wote. Sio ya watu wa Nairobi. Yafaa tuwe na hospitali moja, mbili au tatu ambazo unaweza enda ukapate dawa wakati wowote na unakuta daktari. Halafu, ikiwa ugonjwa ni mbaya sana, unaotaka madaktari waliosoma miaka mingi, utapelekwa Kenyatta, kama mtu mwingine yeyote wa Kenya.

Bw. Naibu wa Spika wa Muda, pia ninataka kumuomba Waziri wa Afya afikirie juu ya watoto na watu wazima wanaovuta bangi na yale madawa mengine. Ningelitaka kuwa na wodi moja kama ile ya magonjwa ya kuambukiza. Wawekwe pekee yao wale walevi na wavutaji wa bangi na kadhalika. Yafaa wawe wanachungwa kama banki, ili usiingie, kwa sababu unaweza kuwa umebeba bangi. Au tuseme mtu akiingia humo kuwaona wale wagonjwa awe karibu uchi ili asiwapelekee chochote. Uvutaji wa bangi umezidi Nairobi nzima sasa watoto wameharibika, na wao ni watu wazima sasa. Namna moja ya kuomaliza huu ugonjwa ni kuwa na wataalamu wa magonjwa ya akili. Wawe wakitibu mtu bila yeye kuletewa dawa nyingine. Ukienda Mathari, bado wanapelekewa huko, ukiwapeleka jela, huko pia wanapelekewa. Sababu yangu ya kusema hivyo, ni kwamba, mimi nimefungwa jela na nikaona bangi inavutwa; hata askari wanavuta. Nataka pawe ni mahali ambapo pametengenezwa na kufikiriwa sana, wataalamu tunao; hawa watu wasahau kuvuta sigara na bangi.

Jambo lingine, Bw. Naibu Spika wa Muda, ningependa nione yule daktari ambaye anasema kuwa anajua namna ya--- kutibu magonjwa ya kuambukiza. Alianza kitambo, nimechunguza na kugundua kuwa alianza kitambo kutafiti juu ya haya magonjwa. Alikuwa anahusika na AIDS, na yafaa asaidiwe na wenzake. Maprofesa wote yafaa wakusanyike, tuwe na sifa kuwa Kenya imepata dawa. Wacha kufikiria juu ya yule

Professor pekee, wewe kumbuka Kenya. Sababu gani tumepoteza ile imani na taifa? Hii ni kwa sababu tukivumbua hii dawa itajulikana katika dunia nzima kuwa Kenya ina wataalamu; si huyo Prof. Obel, watakuwa ni madaktari wetu wote ambao watapewa heshima popote waendapo. Ningalipenda badala ya watu kuona wivu, wakubali kuketi pamoja. Hata mimi nitajivuna na nitasema, "msichezee watu Wakenya, wajua kuvumbua hata madawa." Sifa iwe ya nchi.

Jambo lingine ambalo ningependa kuliona likifanyika mara moja ni kwamba, wakati wa kufundisha wanafunzi kufanya kazi, tukumbuke tuna sehemu ambazo zilikuwa zimekataliwa na Mwingereza kama kule Turkana. Yafaa watu hao wawe wakitengewa nafasi kadhaa katika vyo hata kama watoto wao hawakupita vizuri, yafaa wafikiriwe. Yafaa asilimia 20 ya nafasi katika vyo zitengwe kwa watu wanaotoka sehemu za ukame, hata kama mtoto alipata gredi ya C, anapewe nafasi. Baada ya mafunzo wataweza kurudi kule na wakafanye kazi. Sisi watu wa Ukambani, Kikuyuni tulianza hivyo hivyo. Wale maofisa wa afya wa zamani walikuwa watu waliofika darasa la saba na nane. Unapofundishwa kazi ya matibabu pia unafunzwa kiingereza na hesabu. Kwa hivyo, hawa watu wasaidiwe kwa vile wao ni Wakenya. Nimeona kwamba tumeshikwa na ule ugonjwa wa ubinafsi lakini ninataka sasa tuwafikirie wenzetu. Tufikiri juu ya Kenya badala ya watu binafsi. Kwanza, wengi wa hawa watu ni watu wakuhama hama na hawana watu wengi waliosoma. Tusipowajali basi tutawaacha nyuma sana kimaendeleo na jambo kama hili hata kwa Mungu ni laana. Kwa nini tujitafutie laana? Bw. Waziri, wapatie nafasi hawa watu ili nao pia wajifunze mambo ya matibabu na kama ni Msomali akienda huko kwao anaelewana na Wasomali wenzake badala ya kumpeleka Mkamba huko.

Jambo lingine linaloudhi ni lile la kuwafanya madaktari kusimamia hospitali. Kuna watu wengi ambao wanaweza kufanya kazi hiyo. Kuna watu kama wakili na wengine ambao wanaweza kusimamia uongozi wa hospitali. Hawa madaktari walio na elimu ya kutibu ni wachache sana na kwa hivyo tunafaa kutumikiwa na wote waliopo badala ya kuwaweka katika maofisi waketi tu. Ni watu wachache sana wanaofaulu katika elimu ya sayansi. Kama ningekuwa na wakati wa kutosha, ningefafanua jambo hili lakini Waziri anaweza kuniona nimpatie mawaidha. Badala ya madaktari kuwa wakuregezi katika Wizara ya Afya ni vyema kama wanguwatibu wagonjwa. Watu wengi wanafariki kwa sababu wa uhaba wa madaktari. Ningependa Bw. Waziri asikize jambo hilo.

Ningependa jambo la kumaliza mbu lihimizwe. Zamani tulikuwa na watu waliokuwa wanahusika na jambo hili la kumaliza mbu lakini sasa siwaoni tena.

Mwisho, ningependa kuongea jua ya mpango wa uzazi. Waambiane watu wadogo wasipange uzazi kama watu wa Ulaya. Sasa wameanza kupunguza idadi ya watoto na huenda wasipate hata mtoto mmoja. Sasa hivi, kule Ulaya serikali zinawapa watu pesa ili wapate watoto.

Kwa hayo machache, naunga mkono.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Maundu): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to make my contribution on this very important Vote for the Ministry of Health. We have been able to go through the allocations and the Votes and we have seen that the Minister has tried this time to make available some of the services that were unavailable.

One of the most crucial and important areas for the Ministry of Health that has created a lot of concern for many people is the procurement and distribution of drugs in this country. Secondly, another aspect is the establishment of health facilities in this country and thirdly, the allocation of monies to various sectors within the country in support of health facilities.

I will talk on the facilities that we are having currently in Makueni District. I may say with all due respect to the Minister that his allocation last year and this year is absolutely disturbing and appalling. We have been able to compare the allocations that have been made available to various centres, hospitals nationally and we have found that without any particular reason, health facilities in the whole of Ukambani have been treated like they do not exist at all. Just for the purposes of comparison, I have been able to look at Kathiani which is a district hospital within the allocation of the Minister and found that it gets nothing. Kangundo Hospital in Machakos District also gets nothing. The whole allocation for rural health support and other facilities within the whole of Ukambani, all the four districts taken together, is a mere K£371,000. That is all the allocation that you can see within this Budget that the Minister has provided. If you look at other areas, and I do not want to be parochial, they have more. Compare Ukambani with a place like Siaya which has K£432,000, Homabay has K£456,000, Kakamega has K£646,000, Kitale has K£445,000 and Nyeri has K£760,000. I am saying that this allocation in terms of sharing the national cake within the Vote of the Ministry is totally imbalanced and it is very difficult for us to accept that, in fact, the Minister was fair in considering the procurement and allocation of funds for Ukambani. What reasons has he given for a place like Makueni which is a new district getting a mere K£120,000 and yet a place like Eldoret gets K£500,000? One wonders when the people of Makueni will ever be

given anything. It would appear that the Minister for Health perhaps was persuaded that we have no problems in Ukambani in relation to drugs. I would like to say with due respect that Makueni District Hospital has some of the poorest facilities that you can think of in this country, and that situation is now perpetuated by this Budget. Last year, we did not get anything but we exercised restraint and patience. We hope that the Minister will have a look at this position and consider giving Makueni District Hospital a fair allocation, at least, to uplift the standards of health within the district. Makueni District Hospital has no facilities for caesarean operation or minor operation because up to now, this hospital does not have electricity. The generator that is in Makueni is obsolete. It does not function. It may function today and fail tomorrow. Transporting patients who require emergency attention from Makueni to any other hospital in Nairobi is a nightmare. Many patients who require to undergo a caesarean operation have suffered and in most cases, they die on the way. I remember a case, just the other day one of the women within the local areas passed away, but she could not be taken to the local mortuary because it has not been operating for the last four years. That situation is appalling and really disgusting. This is because without a proper mortuary in Makueni District, people are now preserving dead bodies in the traditional manner. They are put in sacks and then put under damp beds, at least, to give the parents, relatives and other related people time to organise themselves. It is a very expensive exercise. We have addressed this issue before, but it has never been taken into account.

Mr. Temporary Deputy Speaker, Sir, if a man or a woman goes to Makueni Hospital and is admitted there, relatives, friends and all kinsmen must bring water. Water is a big problem in Makueni District. This hospital was built more than 15 years back, but up to date, it does not have a single drop of water, or even a facility to make water available. I have always wondered what is so difficult for the Ministry of Health to provide a viable water resource within that hospital by making a borehole which will not even cost the Ministry Kshs5 million. I have always wondered why it is so difficult to make allocation for monies going to Ukambani: Nobody ever thinks of making any provision for financing projects in Ukambani. Everybody thinks of sending relief food thinking that we do not require much. This is because, naturally, the Kamba people do not complain. They are patient and express a lot of restraint in most matters, particularly when such matters are national.

Mr. Temporary Deputy Speaker, Sir, I would like to say this: Makueni Hospital does not even have an ambulance. There is only one vehicle which is now stalled for the last two weeks. It is not mobile and nothing is functioning. While we support this particular Vote, we would like to request the Minister, both in his own interest and the interest of the people of Ukambani, to provide, at least, an ambulance and a vehicle which is serviceable and other services for Makueni Hospital.

Another issue that I have always considered to be critical in the procurement and distribution of drugs is: What is the policy of the Ministry with regard to doctors and clinical officers who are operating their own clinical services adjacent to the hospitals where they work? The problem that Kenyans have been facing is that, as long as the doctor who attends the patients in the hospital operates a clinic next door in the market place, the issue of the shortage of drugs will continue to be a problem in this country. There are situations where a patient will never be attended to in a general hospital, which is cheaper for most Kenyans. Instead, he is referred by the same doctor to see him at his clinic at 6.00 p.m., 7.00 p.m. or on Sundays. In such a situation, there is no way we are going to control the fraudulent distribution of drugs. Clinical officers are now allowed to operate their own clinics within the environs of the hospitals. They are doing it without limitation.

I think the Ministry of Health should now come up with a clear policy as to when doctors and clinical officers who are still employed by the Government should engage in their private practice. My suggestion is that the Ministry should now consider setting up viable committees at district levels to control the distribution of drugs.

It would appear that the Ministry has failed to control the movement of drugs within various centres in the districts.

With those few remarks, I beg to support.

Dr. Kituyi: Mr. Temporary Deputy Speaker, Sir, on the outset, I wish to congratulate the Danish Government through Danish International Development Agency (DANIDA) for resumption of funding of the Kenya Expanded Programme on Immunisation (KEPI). I am sure that hon. Angatia, who is the Minister for Health would join me in these congratulations. I would like to say the following about this issue.

In the last Financial Year, the Kenya Government lost out on an allocation of more than Kshs200 million which was the regular funding from the Danish Government through DANIDA for KEPI. As I said last year, the only reason why that component of the Danish support to the Ministry of Health did not come through, is that Paragraph 17 of the Bilateral Negotiation, which was to authorise that the Kenya Government will allow the donor to appoint an auditor at any time to inspect the books of accounts on KEPI, was rejected by the Kenya Government negotiators.

One year later, the Kenya Government has accepted that condition. And at what price? Already, if you

look at the statistics of immunisation in this country, between 1975 and 1991, the coverage of infants and children immunised in Kenya increased to 71 per cent, making it the largest cover of immunisation in the whole of the third world. But from 1991, because of a mix of administrative deficiencies, corruption in administration of donor funds and shifting priorities away from critical areas of immunisation, there was a steady decline. In the middle of such decline, it was then unfortunate that the Ministry of Health was ready to forego Kshs200 million for KEPI, just because they were not ready to let the donors look at the books of account at their discretion.

Having said that, I wish to turn to more global matters about the Ministry of Health. In his Budget Speech, the Minister for Finance did mention to the House about the Government's interest in shifting to preventive and promotional health services and increment of allocations to the Ministry of Health by 19 per cent.

But if you look at the finer text, the kind of things that emerge are very strange. First of all, this Government has picked from international publications and conference declarations, particularly the Social Summit Declarations of Copenhagen last year, that it is fashionable to talk about shifting attention to preventive and promotional health services.

But if you look at the actual text of what they intend to do, you will see a lack of vision. You will see a Government which has very limited allocation of its own resources for the purposes of preventive and promotional health services. For example, at a time when this Government is paying lip service to the international pressure for greater attention to environmental health, the absence of clear vision about the national agenda for environmental health is reflected in the fact that, out of K£4.9 million allocated to environmental health services, K£4.5 million is allocated to Rift Valley and Eastern Provinces only.

If you look at the finer details, there is no clear description as to: under what specific items such an overwhelming component of public allocation for environmental health services is being allocated to two provinces in this country.

Secondly, on preventive and promotional health services, what one would have expected is a Government, which in its own allocation, would give a substantial component of the Development Expenditure to experiment with new openings on promotional health services. There would be a reallocation of money to train personnel that are critical on the grassroots level for promotion of health services and preventive medicine. But what we see is an allocation of less than 20 per cent of the total Development Budget to promotional and preventive health services, from a Government which is declaring that it is shifting away from curative to preventive and promotional health services.

Mr. Temporary Deputy Speaker, Sir, in today's world, there is no Third World country which has got a key on how to sustain efficient health services without a clear definition of the divide between public and private health provision. In such conditions, it would have been acceptable and understandable that the Government would start showing by practice expansion of training programmes for grassroots level health education, promotional health services and increased allocation in expanded promotional services. But, what we are seeing here is a totally different thing. We see a Government which is giving a very modest allocation to development expenditure for health. Indeed, even with the modest development budget for the Ministry of Health, Government's own appropriation payments and expenditure from the Exchequer is less than 33 per cent of the total development budget. So, what we are seeing, even being boasted as a development budget for the Ministry of Health, is an anomaly where Government wants to masquerade behind the programme and projects assistance through bilateral donors which does not reflect domestic consciousness about health priorities, but reflect an acquiescence to international concerns about collapsing health in Kenya.

Mr. Temporary Deputy Speaker, Sir, this country's health services are suffering a major crisis. One, that the talking classes have access to a very, very efficient private health service and two, that the managers of public health services do not believe in what they are managing. A crisis similar to what we have in education, where the rich, the political class, the rulers and even the organizers of the Ministry of Education take their children to a parallel education system. You see the same reflected in the health services.

Mr. Temporary Deputy Speaker, Sir, a Government in a Third World country which has acceded to the instruments of the Copenhagen Social Dimensions Agreement cannot boast that its vision of a new health service is increased user charges. At a time when every Member of Parliament is having the burden of going to pay or make promises of payment to release corpses from hospitals for burial, at a time when persons are only recursing to medical health services when they are critically ill, because they cannot afford to go to hospital in the early stages of being sick, at a time when we are reverting to more crude forms of medication and superstition because of our inability to pay what it costs in public health services. The critical considerations in public dialogue on health, should be, how we can make even the most modest services accessible and affordable to the common person in the country and not talking of how much we can be able to raise money from the users of health services.

Mr. Temporary Deputy Speaker, Sir, any country's rational health policy deals with a number of critical

considerations. The first one is, how can society help to bail out the chronically ill or the long term ill who naturally will always be expected to pay much more than they can afford? A blanket declaration of policy about recovering cost through user charges is an abdication of the blanket umbrella that the Government is supposed to offer to the most vulnerable health groups in society. All informed studies on the provision of public health services have shown the following two considerations. The first one, is, that in all the countries of the world including the U.S.A, public provided health services are more efficient and more cost-effective than privately provided health services. What it means for us, is that as a country, we have to start discussing what role the mushrooming sub-standard nursing homes have to play in the emerging debate of sustainable health services in the country. We have come to a point where we have to start seeing the nursing homes for what they are. They represent a problem, not a solution. The mushrooming of nursing homes is only a reflection of the failure of public establishment of clinical facilities for the people. Nursing homes are a trading business which is exploiting the collapse of public health services and when Government is hiding behind--- a manifestation of a sickness, then the Government is sick in its diagnosis of the problems of the country. Where we have come is a point at which we have to be bold as a country. This country's health services are not going to be saved because of the puritanical chest thumping of individuals who belatedly visit some run-down institutions and discover that people have been dying there. This country's health services are not going to be saved by generous donations by the President and others through Harambees at hospitals. This country's health services in the medium term, will very carefully need the creation of a solidarity tax where the lucrative good business that has become private hospitals has to pay a direct tax, which is used for the rehabilitation of health facilities from drugs---

The Temporary Deputy Speaker (Mr. Wetangula): Hon. Gumo!

Mr. Gumo: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the chance to contribute to this important Motion.

The Ministry of Health is one of the most difficult Ministries to run. I must congratulate the Minister and his Permanent Secretary for the work they have done for the last three years. It is one of the most difficult Ministries and you remember at one time, it had one of the most experienced Ministers by the name, hon. Mwai Kibaki, and there was no change. Kenyatta Hospital for example, is a place that today has been left for destitutes because if you took your own maid to Kenyatta Hospital when she is sick, the first feeling would be that you are dumping her there to go and die. That is one of the worst places today despite all the money that has been pumped into that hospital. I think the problem is with the African culture, because the majority of the Africans when given places to manage, make sure the places collapse. We have seen very efficient Africans who have been employed by Wazungus or Asians and they have worked so well and very efficiently. But, the day they are employed by their fellow Africans, they make sure the place collapses. There are so many and we have seen them and therefore, I think this is the problem we have. Unless we change our attitudes, we can talk here for years, days will pass, we shall also go and others will come, but there will be very little change. We are very good at talking about others and despising others and even despising governments and individuals, but we never go back and find out what the problem is. The problem is with ourselves; that is where the problem is. Unless we discipline ourselves and we decide to work with commitment for this country, we shall never get anywhere. It does not matter who is in position, it will be the same thing.

One time in Kenyatta National Hospital, there were cases when a lorry that went into Kenyatta National Hospital compound loaded with bedsheets and blankets, was the same lorry that went back with those sheets and blankets. Nothing was delivered except that papers were signed. Now what do we do? It also happened with beef. Drugs are allocated to hospitals from the Central Medical Stores, sometimes they are sold at the same place or they get to the district hospitals and they are sold the same day. There have been commissions, the hospital has been privatised and now it is being run by a Board but there has been no change. Why? The Minister has been trying, we have been seeing him go round, trying to alleviate the situation, he is dealing with very clever people. They only wait for him to leave and then they do what they want. In fact, if we did not have private doctors and those clinical officers that we are now criticizing, our people would be in bigger problems. They would be dying like chicken in this City or anywhere else. The private doctors and clinical officers who have opened small clinics in the countryside have, in fact, helped people more than Government hospitals. So, we should encourage them to continue doing so. But our culture has to change.

Mr. Temporary Deputy Speaker, Sir, the other day when Prof. Obel came up with a new drug that can at least do something about AIDS, the first people to criticise him were doctors. If it were in another country, doctors would have sat down, discussed and tried to find a way of making that drug even better. In this case, they just dismissed the new drug and yet, they had not managed to introduce any AIDS drugs in this country. Why do you criticise what you have not done? Why do you not sit, discuss and see how to improve that particular drug instead of criticising it. People who have tried that drug, even those who are in the countryside, are very happy.

They say that at least it does something. And people are using it today. You know, when somebody is desperate and knows he is going to die, he will take anything that you give him. So, please let us try and think differently. Let us not only criticise. We should be trying to find ways of correcting whatever has gone wrong.

I would say that Nairobi, particularly, does not have hospitals. This is because Kenyatta National Hospital (KNH) is a national hospital. Some five years ago, the World Bank was supposed to give to the Nairobi City Council (NCC) some money to develop health centres around the City, so as to ease congestion in the KNH. Then the Ministry of Health came up and said: "Oh, if this money is given to the NCC, it will be misused and nothing will be done. We must control it". The Ministry's officers went to Washington and discussed the matter.

The then Permanent Secretary is the one who brought up that idea. But so far, nothing has happened. I do not know whether that money came and went the same way they were objecting to. The health centres, like the one near Government Printer, which were supposed to be promoted have not changed. We need to develop these health centres into even small hospitals, because Nairobi does not have hospitals at all. These health centres used to run very well some time back and people did not have to go to the KNH. Today, they are almost closed down. We used to have this particular health centre staffed with five or six doctors. Today, it has only one or two doctors. These are the things that the Ministry of Health should be at least, thinking about.

Another important issue pertains to private hospitals. Private hospitals, particularly in Nairobi, have become too commercial. Even if you had a road accident very close to Nairobi Hospital and you did not have two shillings, the staff in that hospital will not treat you: You will die on the bench. This is the situation in Nairobi and Aga Khan and other hospitals. One time when we had a public meeting in Makadara, a certain lady collapsed and her relatives took her to Aga Khan Hospital. But because she did not have Kshs10,000 to put in as a deposit, she stayed in that hospital up to almost one o'clock in the night when I was called and told: "The lady who collapsed in your meeting at 2.00 pm. has not been attended to and is almost dying". I had to get up in the night and go there. I did not have any cash in my pocket. I tried to give the hospital staff a cheque but they refused it. They had to ring the hospital administrator at night and I had to talk to him for this particular lady to be admitted. Is this professional? Today, if you are a poor man, you will die. You have to be rich to be treated.

Why should we have hospitals like these ones which do not care? The other day we held a big Harambee for the Nairobi Hospital. These hospitals should have at least a wing for out patients who would be paying at least Kshs100 a day!

Mr. Busolo: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the hon. Member in order to contradict himself? Earlier on, he told us that it is no use for us to criticise private doctors and private hospitals. Now he himself is very critical, in fact, of private hospitals. Is he in order?

Mr. Gumo: Mr. Temporary Deputy Speaker, Sir, I talked of clinical officers and some private doctors. I did not talk about everybody. The particular doctors in Nairobi Hospital and other hospitals are among the ones I left out. So, let these private hospitals, which have made a lot of money, also open small clinics where they will be charging a minimal amount and treat the poor man also.

With those few remarks, I support.

The Temporary Deputy Speaker (Mr. Wetangula): Mr. Minister will you require all your 30 minutes to reply?

(Mr. Angatia shook his head)

Mr. Murungi, you have five minutes to contribute.

Mr. Murungi: Thank you, Mr. Temporary Deputy Speaker, Sir. It is unfortunate that the Ministry of Health is a sick one. It is very sick. The Ministry of Health is suffering from lack of ideas. It is suffering from poverty of ideas. If you look at the way funds have been allocated to the various items of this Ministry, you will find that we are spending K£220 million on curative health, K£11 million on preventive and promotional health, K£68 million on rural health services and K£62 million on the KNH.

I think these priorities are wrong. The majority of our people live in rural areas and they are dying daily of preventable diseases. We did some research in South Imenti and found that most of our people are suffering from amoeba because they drink water which is not boiled. They are also suffering from dysentery and pneumonia because they do not know how to dress; they suffer from malaria because they do not clear bushes around their houses, and also malnutrition. They are also dying of AIDS because young girls cannot say "no" to sex.

What we need is education. We need to pump a lot of money in health education in this country, especially at the grassroots level. When I was a young boy, health officers used to visit our rural homes. That was during the colonial times. These officers used to ask us to clear the area around the ponds and clean home

compounds. They also showed us how to brush our teeth. The question we are asking today is: What happened to those village health officers? We need an equivalent of bare feet doctors who helped China some time back. We need bare feet health officers to walk in our villages and teach our people simple hygiene and we should put money in that area.

We are spending a lot of money on a few diseases of the rich. These are kidney, diabetes and heart problems. We are not spending a lot of money on diseases which affect poor people. Every weekend, we hold Harambees to send abroad heart and kidney patients. This Harambee system is a foolish one. If you look at the amount of resources we are using to send patients abroad every week and month, you will see that they are enormous. Why do we not improve our facilities at the KNH? In fact, the KNH has improved. I was there the other day and saw that now, it is very clean. We have qualified doctors and we are training more. Why can we not improve the Renal Unit? Why can we not pump more money into the Heart Unit at the KNH and get these ailments treated locally? And even if we do not have those very qualified doctors, if that is the excuse, then we can bring in doctors to treat patients in Kenyatta National Hospital. So, let us spend more money at Kenyatta National Hospital to improve these units, it will save us a lot in foreign exchange.

I would also like to point out that we, even here in the National Assembly, are not thinking properly because there is no comprehensive medical cover for hon. Members of Parliament. We have had occasion to do a Harambee for a former Speaker of this House who could not pay his bill at Nairobi Hospital. This is a great shame! We should have comprehensive medical cover for all our senior civil servants, hon. Members of Parliament and other people who are working for this Government day and night.

Lastly, I would like to point out that the medical services have gone beyond the reach of the common man and woman in this country. I would recommend that the Government introduces a health tax just like we have the road maintenance levy. And that health tax should provide funds which will be put in a special account for improving medical services in this country and also for making sure that the services are available to all Kenyans.

With those few remarks, I beg to support.

Mr. Temporary Deputy Speaker (Mr. Wetangula): I understand that the Minister has ceded five minutes of his time to Mr. Ndubai.

Mr. Ndubai: Mr. Temporary Deputy Speaker, Sir, I thank the Minister for giving me five minutes from his time.

Mine is to register my appreciation to the colleagues of this House who have been sympathising with me since I lost my wife. But beyond that, I believe that the Ministry of Health should now put its legs down and try to control and correct the mistakes which are happening in few private hospitals in this country.

The prime duty of any Government is to cater for three important basic things for its citizens, security, food and medical care. Those are the three basic requirements for any Government to take care of its citizens. But what is happening in this country, although this Parliament is approving a lot of money to take care of the citizens of this country, a lot of this money is not really going to the medicine, it is not going to the health care of this country, it is ending in the pockets of very few individuals. And it is on this basis, we are asking the Government of the day, through Mr. Speaker, to make sure that the money which is voted by this House must be properly used. It is must go to the Ministry of Health, it must reach the people and not go to few individuals.

Yesterday, I was coming from Amboseli National Park and I stopped at Kajiado where there was an accident. I decided to rush an injured person to Kajiado Hospital which is under the constituency of the Vice-President. When I went there, for a doctor to prescribe you medicine, you must buy a booklet from a bookshop which has been opened just at the entrance of the hospital by one of the doctors in the hospital. That book costs Kshs4 and every patient who goes to that hospital must buy that exercise book. Actually that doctor is doing a big business of selling books there to the patients who are coming to be attended to in that hospital.

On the question of doctors serving in the private hospitals in this country, there are doctors from India. I believe that the Ministry of Health must assess their qualifications, background and must approve them before they can take up jobs in any private hospital in this country. I can see the Permanent Secretary is here, Director of Medical Services and so on. They must go to these private hospitals secretly and see the doctors who have been "dumped" here from various countries whose qualifications are very, very doubtful. I have taken a bit of my time to follow those hospitals since I lost my wife, and what I have discovered in these hospitals is that if the Government of the day knows what is happening there, then it is not worthy to be the Government of the day. If you go to Aga Khan Hospital today, the medicine which is being supplied to patients there is all manufactured either in Bombay or Pakistan. These medicines are all substandard! Immediately you are given these medicines you have a lot of side effects.

I would request the Ministry---

The Temporary Deputy Speaker (Mr. Wetangula): Hon. Ndubai, you might in the process, jeopardise

your own wife's case which I saw is in the court this afternoon.

Mr. Ndubai: Mr. Temporary Deputy Speaker, Sir, I better jeopardise the case of my wife, but I save another citizen of this country!

(Applause)

I have had an occasion of trying to assist a patient last week who had been hit by a vehicle on Jogoo Road. When she came there, she said that she worked at the Wilson Airport, but they could not attend her because she did not have Kshs10,000. The lady was seriously injured and she was left on the casualty bench, because she did not have Kshs10,000 to be attended to immediately. One must fill a form in that hospital and at the bottom of it, you must declare whether you belong to Ismaili community or not. If you do not belong to that Ismaili community, it will take them 30 minutes even to talk to you.

All I am asking this House is that after 33 years of independence, this country must be completely independent of foreign doctors. We have very qualified doctors in this country. I remember very well, when I look backwards, the more I see forward. When the tribal communities were disbanded in this country, the GEMA community, Luo Union and so on, the purpose of those communities was to make their base strong to build an hospital like Aga Khan Hospital. But today, Aga Khan Hospital is operating as an Ismaili community under the protection of the Government of the day.

Thank you, Mr. Temporary Deputy Speaker, Sir.

The Minister for Health (Mr. Angatia): Thank you, Mr. Temporary Deputy Speaker, Sir. Much as I would have liked Mr. Ndubai to continue his speech, I think it is time also to reply and then move on to Committee Stage.

We are asking for about Kshs13.5 billion. Hon. Members of Parliament should know that per capita allocation of that money is Kshs300 per person. Distribute that money to all services in hospitals before you start lambasting the Ministry or the Government. When the resources are constrained, we must learn to live within the constrained resources and no amount of bullying the Ministry of Health or doing anything or whatever can change that position.

With those few remarks, let me first of all, thank all those hon. Members who have spoken, made their very useful contributions on this Motion and some of them, of course, are far-fetched and others are good, and I am very grateful to all of them.

Mr. Temporary Deputy Speaker, the question of dishonesty in this country is not confined to the Ministry of Health alone. It is a question that is giving us problems everywhere and I do not want to try to enumerate. The whole of this country needs to sit down and clean itself. It is not Government business to make people honest. People have to be honest wherever they are. I do not think I have any angels at the Ministry of Health at the moment, but this is no excuse for the Ministry of Health not meeting its responsibility squarely. We are going to do the best we can to make sure that the huge supply of drugs we have from Central Medical Stores are moved to depots and are also taken to hospitals; we are going to check why they do not move from the pharmacy at the hospital to the patient. As far as we are concerned at Afya House and Central Medical Stores, there are enough drugs in this country and are moved regularly and efficiently to all the hospitals in the country.

If a hospital in a district near Kisumu runs short of drugs, the personnel know what to do. They should go to the depot in Kisumu collect, their share of drugs and go to treat their patients. We shall look into the reasons why the link between the pharmacy in the district hospital and the patients is still causing us trouble. But having reached that far, it means that we have already achieved a great deal. We have now reached the pharmacy in the district hospital, and we will want to find out why the patient does not receive those drugs.

Mr. Temporary Deputy Speaker, Sir, I want to thank Members who have spoken about preventive health.

I also want to draw Members' attention to the amount of money that has been allocated to preventive health. Members may be looking at the Recurrent Expenditure without looking at the Development Expenditure. In our effort to shift services, attention and resources from curative to preventive, we are, of course, not going to abandon patients at hospitals because we are doing only preventive. We are going to continue treating people in hospitals, but we are paying increasing attention to preventive health services. If Members look at the Development Vote, they will find that there is an increase of up to 93 per cent of the allocation of Development Vote to specifically, preventive health care services. If Members were to look at this and know that you cannot move all in one year and clear all the problems that you have in health, they should be able to thank the Treasury and the Ministry of Health for this attention which has been demonstrated by that huge allocation.

I have already said that preventive health is our priority and the health of the people of this country will not be maintained by drugs and doctors. Good health of people is maintained by people taking care of

themselves, making sure that the environment is clean, eating clean, balanced food, drinking clean water and keeping their areas of residence clean. This is what will keep them in good health, not drugs and not doctors. Even if you have a doctor per person, even if you have tons and tons of medicine, and you give to wananchi of this country, but they do not take care of their own health themselves, they will still not enjoy good health.

Mr. Temporary Deputy Speaker, Sir, I want to single out one hon. Member, Dr. Kituyi, who asked about our immunization programme. Our immunization rate has been going up every year. In 1987, it was only 41 per cent, in 1993 it was 78 per cent, now it is 80 per cent and we hope that by the year 2000, it will be 98 per cent.

These are big strides. The achievement that we have made is one that Members of Parliament should notice and thank the staff in the Ministry of Health, rather than condemn them. It is not a Ministry of Health affair alone, everybody has a responsibility and, especially, the leaders to participate in educating Kenyans so that they do their bit to make sure that they enjoy good health.

At this point, if you allow me, I will read a statement that I would like members of Parliament to pay attention to, and to take to their voters at home. To enhance immunization in this country, we have prepared a message which I want hon. members to take home. The message is as follows:-

"The Government, through the Ministry of Health has embarked on a very ambitious exercise of eradicating poliomyelitis from this country on or before the year 2000 by conducting annual mass campaigns and immunization against this disease for the next three years. This entails vaccinating all children below five years with two doses of oral polio vaccine at an interval of four weeks each year. This exercise demands co-operation and participation of all leaders of this country from the grassroots up to the National Assembly to sensitize the public on the importance of this activity. This year, this immunization is taking place on 10th and 11th of August, throughout the country. Later on, after four years, it will take place on 14th and 15th of September. We intend to vaccinate 5.2 million children. We expect leaders to support this and to give this message as wide publicity as possible when they go to their constituencies."

Thank you, very much, Mr. Temporary Deputy Speaker, Sir.

Dr. Lwali-Oyondi: On a point of order, Mr. Temporary Deputy Speaker, Sir. I get the message quite well and it is a good effort. But is the Minister in order to tell us that we can spread that message, which we are very ready to do, yet his Cabinet has decided that we in the Opposition cannot address anybody, even in the market place? How then shall we spread that important message to our electorate?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, anybody who becomes a leader in this country and takes the responsibility of leading people, has a duty. It does not matter who has stopped him, but there are provisions in this country as to how Members will address people. In any case, Members of the Opposition are always addressing wananchi, and all you need--- unless you are abdicating your responsibilities today, then tell me so.

Mr. Shikuku: On a point of order, Mr. Temporary Deputy Speaker, Sir. You and I and, indeed, the people of Kenya know that we are not given licences or allowed to address meetings. Even during the campaign at Molo, we were blocked, and yet, we just wanted to go and campaign for a Councillor. Is he in order to pretend and mislead this nation that we are allowed to hold meetings when we are refused permission to do so by this Government of which he is a Cabinet Minister? How then do we spread this message?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, Mr. Shikuku is excused, he may not spread the message.

I now want to turn to accessibility to health facilities in the rural areas. The Government is not spending any more money putting up new structures, but the Government has started a rehabilitation programme and we are hoping that any new structures that come up are likely to come up through Harambee and in consultation with the local Committees and so on. We would like to minimize on these ones so that we can concentrate on the quality of facilities we have got instead of building very many more facilities. I would like to ask---

Mr. Mak'Onyango: On a point of order, Mr. Temporary Deputy Speaker, Sir.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, I have to reply.

Mr. Mak'onyango: I would like to comment on the point he has just raised, of telling this House that it is now the policy of the Government not to put up new structures. Is the Minister convinced that this is the right approach? This is because the population of Kenya is shooting up at such a high speed that we need to provide for that growing population. How is he going to provide for the growing population without providing new facilities?

The Temporary Deputy Speaker (Mr. Wetangula): Mr. Mak'Onyango, he does not have to be convinced. He only said that it is a Government policy.

Mr. Mak'Onyango: No, it is a wrong policy.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, we have actually spread health facilities very close to people. There are a few gaps in the country which we are aware of and we will encourage the local community to help us put up some more, although the Government cannot take up the full responsibility of building these kind of facilities.

I want now to comment on the National Hospital Insurance Fund (NHIF). There are complaints that some hospitals were de-gazetted. The hospitals which were de-gazetted were accused of fraud. The Ministry of Health does not have policemen, people who can investigate, charge or whatever else is required. But if members of Parliament are serious that people in Ministry of Health are corrupt, they are stealing money and so on and now, the Ministry of Health with the help of Office of the President has arrested people who are accused--- whether rightly or wrongly, whether they are guilty or not guilty, they have been accused of fraud. Now, Members of Parliament are saying they should be released and should not be accused of fraud. I am not sure what Members of Parliament are asking us to do. If it is true that these people have been engaged in fraudulent activities, it is proper that they appear in court.

Mr. Temporary Deputy Speaker, Sir, I want to issue---

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Minister in order to imply that Members of Parliament have requested for those doctors, who had made false claims to the NHIF to be released? All we were asking is that the facilities should be given to the wananchi, the contributors, so that they can enjoy their rights when the cases are going on in court. We are not a court. Is he not misleading this House?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, those cases are pending before court and we hope they will be concluded very soon so that the Advisory Committee and the Director of Medical Services can carry out fresh inspection of those institutions. Those which will be found to meet the new conditions will be allowed to claim again. Those which will not meet the new conditions, will be advised accordingly. In addition to that, at the moment, people are free to claim---

Mr. Achola: On a point of order, Mr. Temporary Deputy Speaker, Sir. The Minister has not responded to what hon. Obwocha has just said. We are not asking him to reinstate these hospitals which were claiming fraudulently. What we are saying is that the NHIF should allow its contributors to claim in the normal way that they used to do, instead of being asked to pay cash and claim later.

The Temporary Deputy Speaker (Mr. Wetangula): Mr. Achola, this is not question time.

Mr. Achola: Mr. Temporary Deputy Speaker, Sir, it is not question time, but I am---

The Minister for Health (Mr. Angatia): Members of the public are free to use those institutions and claim from the NHIF. The institutions that have been taken to court---

Mr. Mak'Onyango: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Minister not misleading the House by saying that Members of the public are free to use those facilities, when he knows very well that those facilities are not there because they have been closed down? How are members of the public going to use them when they are not there?

The Minister for Health (Mr. Angatia): No facility has been closed down. If the owner of that facility has closed it down, it is not my business. The NHIF is being restructured and it will cover a greater number of Kenyans when it becomes a full fledged health insurance scheme. We hope that this will be achieved by the end of this year. At the moment, a serious audit is being conducted and arrangements are being made so that when this audit has been completed, proper feasibility studies will be conducted and the matter will come to this House later, for approval.

The allocation of funds to Kenyatta National Hospital is perfectly in order. I would like hon. Members of Parliament to visit and use Kenyatta National Hospital. It is well known that Kenyatta National Hospital is under a lot of pressure. City Council services have failed. After all, our aim in the Ministry of Health while we are carrying out a reform which has been approved by this House, is that we shall decentralise and give local authorities powers to participate. While carrying out this process, we expect Nairobi City Council to play its role.

It should revitalise its own health services and relief Kenyatta National Hospital of the undue pressure which has been exerted on it. This will reduce the work load at Kenyatta National Hospital, so that it does not act as a dispensary, health centre, first point of call and so on. This is exerting unnecessary pressure on Kenyatta National Hospital and I think Nairobi City Council should take up its responsibility and treat its people elsewhere.

By so doing, Kenyatta National Hospital will then be allowed to do, the job which it is qualified to do, which is to deal with cases referred to it by the Provincial and District Hospitals and even Nairobi City Council Health facilities.

When we look at the Kenyatta National Hospital provision, you will realise that the amount of money that

has been allocated is commensurate with the services that the Kenyatta National Hospital is expected to perform. If hon. Members are keen enough, they will see that at some stage, the funds that are being given to Kenyatta National Hospital have been declining gradually, so that this year, this allocation has been limited to 12 per cent of the total Vote of the Ministry. This has been going down and we hope that eventually, when Kenyatta National Hospital is a truly referral hospital, it will be able to stand on its own. Kenyatta National Hospital is ready to take up its responsibility. At the moment, it is dealing with important cases like heart transplant. The Renal Unit at Kenyatta National Hospital is the best in this region. For a heart transplant in a Government Hospital, Kenyatta National Hospital is the best in this region. I would invite hon. Members of Parliament to visit Kenyatta National Hospital, not to look for votes but to see the services which the hospital is providing. After all, at the moment, it provides certain services in the amenity wards as good as you can get in the best hospitals in Nairobi and yet, its charges are not that exorbitant. I would like to ask Members of Parliament that we deal with Kenyatta National Hospital at a later date when I have enough time to enlighten Members.

We support mobile clinics but resources have put a limit to this and so, we are not using them as much as we would have liked to, because of the constraints in resources.

We have carried out a survey for those vehicles which have been grounded. We are in the process of disposing of them, starting with Afya House itself and we shall move out to the provinces. Those vehicles which can be repaired will be repaired and those which cannot be repaired will be sold through the tender system.

The mortuaries, as I commented when I was moving my Vote, are in a very worrying state. We have put aside Kshs6 million for that purpose. We will carry out renovations on some of them but as I said yesterday, there are complications arising from power supply or power failure and overloading because local authorities have not risen to their challenge of providing mortuaries for their local authority areas, so that police can use those mortuaries instead of using hospital mortuaries. This problem is going to stay with us for a while but we are working on it.

On cost-sharing money, a hon. Member made a very misleading statement here that cost-sharing money comes to Afya House. I have explained many times in this House, how the cost-sharing money is used and I do not think it is worth spending time explaining it again today.

I have already said that the provision from the stores is limited. Even the Ministry of Finance is also limited and it is up to us Kenyans to make sure that the economy grows so that it can provide more money than a mere Kshs300 per person per year in this country.

We requested for enough money to provide ambulances where they are supposed to be provided, but we got very little. Since this is a start, I am hoping that in the next financial year, when this money is voted, we will buy what we can. In the next financial year, when we will be given some more money, we will also buy some more.

On adolescent pregnancies, when we talk about reproductive health and the importance we attach to it, Members of Parliament are not supportive. This is a very worrying area and the debate which we usually witness in the Ministry of education, members of the public and the clergy is that people have to be educated. Our children are entitled to correct information if they are going to lead proper lives, avoid illicit narcotic drugs, irresponsible sex and behave responsibly in this country. Children are entitled to education and I think Members of Parliament and other leaders should join the Ministry of education and the Ministry of Health, in educating teenagers by giving them correct information so that they do not indulge in activities that are harmful to their health.

We do support Mission Hospitals. Last year, we voted Kshs6 million for them and this year, we shall give them Kshs7 million. It is the money that is not enough. It is not the wish of the Ministry of Health not to support these very good partners of ours because they give us very good services and we are very grateful to them.

On the cleanliness of hospitals, I have asked Members of Parliament to try the exercise of distributing the Kshs300 per person to see how much of it will be available for cleaning the hospitals. Water supply to hospitals is not the duty of the Ministry of Health. Local authorities are supposed to assist the Ministries by helping Kenyans in the disposal of garbage, keeping the environment clean and supplying water to these institutions. When a municipality like Nyeri Municipal Council cuts off water from the Nyeri General Hospital, how do they expect doctors and the hospital administration to do their work? They know that there are patients in the hospital and that operations are going to take place and yet, they proceed to disconnect the water. They leave the hospital stinking and you cannot blame anybody. In any case, many of our junior staff as I said yesterday, have retired and we have not been allowed to replace them, and, as things go along, the local boards will have to take the responsibility of cleaning their own hospitals. They should not expect cleaning to be done by Afya House. I do not expect the Director of Medical Services to waste his time by going to instruct hospital administrators on how to keep their hospitals clean. There are bigger things to be done than those and that is why we set up local boards

in various hospitals. If the local boards do not want to rise up to that challenge, I would ask that hon. Members of Parliament should help us in that.

On mushrooming clinics, we have set up an inspectorate which will be going around the whole country. We have already started and nearly one hundred people who have been operating illegal clinics have been taken to court in Nairobi alone. We are going to carry out this exercise throughout the country and I want to warn those who are putting up illegal and unacceptable clinics which have been referred to as kiosks to stop that habit. This is because the lives of Kenyans should not be endangered. In any case, I still caution Kenyans that they should not go to unlicensed clinics for treatment. They should go to Government Hospitals and Mission Hospitals. I am grateful to hon. Members of Parliament who have talked about terms and conditions of service for doctors. But, again, this is due to the lack of funds. This is a matter that is being reviewed all the time and I am sure that we will revisit the issue very soon, in conjunction with the doctors.

Mr. Temporary Deputy Speaker, Sir, the time is up, but I do want to assure Mr. Nyagah, that the information he gave to the House yesterday was misleading because Embu Provincial Hospital has been upgraded.

Hon. Members have asked for the upgrading of various health institutions and we are working on this gradually. I am hoping that as funds become available we would upgrade more hospitals. Aga Khan Hospital will be investigated when the time is ripe. Malaria resistance in Nyanza Province and other places have moved on to what doctors call "second-line of drugs". We are no longer using chloroquin, but still it is a matter of education.

Mr. Temporary Deputy Speaker, Sir, with those few remarks, I want to thank all the hon. Members who have spoken on this Vote and to assure them of the dedication and seriousness members of staff in the Ministry of Health. You can be sure that we love our people and we will do our best with the best if you give it to us and I am sure that by this time next year, the lives of Kenyans would be a little bit better than they are now.

With those few remarks, I beg to move.

(Question put and agreed to)

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

IN THE COMMITTEE

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

Vote 11 - Ministry of Health

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I beg to move:- THAT, a sum not exceeding K£238,500,205 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 1997, in respect of:-

Vote 11 - Ministry Of Health

(Question proposed)

VOTE R 11 - RECURRENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Head 310 - Headquarters Administrative Services

Mr. Obwocha: Mr. Temporary Deputy Chairman, I really wanted a clarification on page 386 because it does not tally. I wanted a clarification from the Chair as to what he is asking because the net expenditure requested in these Estimates was K£400,823,130. While on the same issue, could the Minister tell this House something on Item 365 about grants to the Commonwealth Regional Health Community Secretariat, K£1,684,425? What is this for and where is this Secretariat based?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, Kenya is a member of

the East-Central and Southern African Commonwealth Regional Secretariat based at Arusha, Tanzania. In fact, at the moment, the Regional Secretary is a Kenyan.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, I would like to draw your attention to page 386, the summary. There is what they called the National Health Insurance, and I see there---

The Temporary Deputy Chairman (Mr. Wetangula): Hon. Dr. Lwali-Oyondi, we are dealing with items under Head 310.

Dr. Lwali-Oyondi: But, Mr. Temporary Deputy Chairman, Sir, could we not have started with the summary?

The Temporary Deputy Chairman (Mr. Wetangula): We are dealing with Head 310 and if you have nothing on that, give an okay to somebody else.

(Head 310 agreed to)

Head 311 - Headquarters Administrative Professional Services

Mr. Achola: Mr. Temporary Deputy Chairman, could we have an explanation as to why the expenses under Items 060 and 065 have more or less been trebled from the previous year to this year?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, personal emoluments, house allowances and other personal allowances were increased in the 1994/95 Financial Year. An exercise of upgrading of all the professional staff in the Ministry has been going on and when we upgrade them, they earn much more money than they earned the previous year.

(Head 311 agreed to)

Head 312 - Provincial Professional Administrative Services

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, I want a clarification concerning what the doctors have been complaining about all through that their terms should be revised. Why, for example, on Item 000, and I do not know why it is 000, on personal emoluments, it was increased substantially and, yet there has been a request from the doctors to revise their salaries and allowances to accommodate the kind of work they are undertaking?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, the salaries have been increased and in this particular case, we are not dealing with only doctors. For example, like in Nairobi Province there may be only one doctor and we have not yet come under the hospitals where the bulk of the doctors are. So, it is definite that there is an increase and the doctors terms have been improved as I have already said in the last two years.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, I would like to draw your attention to Item 050 - House Allowance. Throughout the Printed Estimates the house allowances this year are less than last year.

We know that most of the doctors' houses have been grabbed and they must be living in private houses. What explanation can the Minister give us as to why this amount of money is so little as compared to last year and yet, they are supposed to pay more?

The Minister for Health (Mr. Angatia): I think this will mean that we have provided most of them with houses.

Dr. Lwali-Oyondi: On a point of order, Mr. Temporary Deputy Chairman.

The Temporary Deputy Chairman (Mr. Wetangula): He has answered your question. What is the point of order about? You wanted to know why the house allowance has diminished and he has told you that he has provided houses.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, my point of order is that the doctors in Nakuru, for example, their houses have been taken away!

Mr. Mbeo: If you look at Item 065 which shows that for the Financial Year 1995/96 K£.150,672 was allocated there is a drop to K£.47,529 this year and the Minister has just told us here that they have reviewed the medical allowances but now we are seeing that they are reducing them. Can the Minister explain the cause of these trend?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, these Items that we are

dealing with are administrative Items. Where the doctors are working in an actual hospital you will find that allowances have been enhanced but these are administrators and medical allowances are given for people who are handling patients and who are at risk.

Mr. Mwiraria: Mr. Temporary Deputy Chairman, I would like to move to Item 312 on page 390 which deals with Eastern Province. The province is expected to make do with K£.241,891 down from K£423,001. Does this imply a reduction of services or what exactly is happening?

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman. We have not started that.

The Temporary Deputy Chairman (Mr. Wetangula): I thought that Mr. Mwiraria is perfectly correct.

Mr. Obwocha: Mr. Temporary Deputy Chairman, I thought that we are on Head 312 and up to Head 392.

The Temporary Deputy Chairman (Mr. Wetangula): Yes, that is the position.

Mr. Obwocha: Then he did not state the sub-head so that we can follow.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, in a lot of these cases, the change in allowance took place from September, 1994, and it has been taking place the whole of 1995. So, if these year the figures are beginning to go down it is because we were paying very heavy arrears but otherwise the increase is real and it is there but if we cleared with the arrears last year, people will continue having arrears every year.

(Head 312 agreed to)

(Head 314 agreed to)

Head 348 - Medical Legal Services

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, I again draw your attention to the house allowance. Again from K£331,000 down to K£19,000 and houses have been taken away from the doctors, how does the Minister explain this?

The Temporary Deputy Chairman (Mr. Wetangula): Dr. Lwali, does the answer he gave you on the point you raised not cover this one?

Dr. Lwali-Oyondi: No.

The Temporary Deputy Chairman (Mr. Wetangula): He told you that where there is a reduction of house allowance then it means that he has provided houses.

Dr. Lwali-Oyondi: But the houses have been taken away!

The Temporary Deputy Chairman (Mr. Wetangula): Order Dr. Lwali. The houses do not necessarily mean Government houses. Do they?

The Minister for Health (Mr. Angatia): On which page is that?

The Temporary Deputy Chairman (Mr. Wetangula): It is on page 393, Head 348. 050 the second Item on house allowances. He is asking you why the figure for house allowances has been diminished while you know that houses for staff have been grabbed. That is the language he used.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I have just said a short while ago that when changed over grades in 1994, arrears were paid last year. These arrears included house allowance, medical allowance and salaries. At the same time some of the people who were getting house allowances who lived outside moved into Government houses because wherever there is a Government house it certainly will be better than a privately rented house. So, Dr. Lwali should go to the details later on and he will find that a combination of those two will give a reduced figure this year.

(Head 348 agreed to)

(Head 349 agreed to)

Head 454 - National Aids Control Programme

Mr. Nyagah: Mr. Temporary Deputy chairman, Sir, if you look at Item 157 on the Prevention and Control of AIDS, we all know that AIDS is a big killer in this country and we seem to be reducing whatever we are allocating towards this particular programme. How does the Minister explain this position?

The Minister for Health (Mr. Angatia): Well, it has gone up.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman. Indeed I also wanted to ask the same question. It is not really that it has diminished but it has gone up by only K£8,000. Now, can the Minister tell this House, and the people of Kenya, whether K£65,000 is really enough to carry out a programme of prevention and control of AIDS? I think that is the real question. Where is the money to carry out this very extensive programme?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, a short while ago when I was replying to the debate on my Vote I said that most of the money on prevention has gone through development. So, as concerns AIDS, when we look at the Development Vote you will see a much bigger figure than this but in all sectors of health we are doing AIDS prevention and control in different forms but the biggest lump of money is in development.

Mr. Mwiraria: Mr. Temporary Deputy Chairman, Sir, even though maybe, the control items will be under development, one of the most important things about AIDS control is our ability to reach the people by publicity and advertisement. I noticed here that the provision is only K£21,000 and that would not give you three adverts on Kenya Broadcasting Corporation (KBC) Television. So, why is the provision for these items so low Mr. Minister?

The Minister for Health (Mr. Angatia): I did not get that question.

The Temporary Deputy Chairman (Mr. Wetangula): He is saying that the cost of advertisement and publicity is very high and you have provide for very little money.

An. Hon. Member: He does not have enough money!

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir a Member has really answered for me. If you do not have any money then what do you do. Indeed we wish you could have more.

Mr. Mak'Onyango: I wish to draw your attention to Item 131 that is Expenses of Boards, Committees and Conferences. I see the Minister has provided quite a substantial sum for these rather than provide such a huge sum for the control of AIDS. I think, the money should go more towards AIDS control than just for expenses in voting more money for board members, Committee meetings and delegates.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, in fact, if we had more money we could have put more there. We are setting up boards at district level and also at hospital levels. There are new boards, we are establishing offices, the secretariats, and we wish we could have more money than this.

Mr. Obwocha: Mr. Temporary Deputy Chairman, indeed the Minister would do us good if he told us where in the Development Estimates, the programme for the control and prevention of AIDS has been provided for. That is all we are asking because this particular item under 454 (National AIDS Control Programme the amount of money provided for is so little. So, if he does not know, then he should consult the officers. We want to know where the money is.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, do you want me to refer to my Development Book now? It will come in a moment.

Mr. Nyagah: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is the Minister in order to say that an allocation of K£3.4 million is enough, bearing in mind that this is a big killer?

The Minister for health (Mr. Angatia) Mr. Temporary Deputy Chairman, Sir, let me now answer the previous question, regarding Head 325 - Communicable and Vector Borne Disease. In the same item, 157, Sexually Transmitted Diseases/infections we call it HIV/STI - members can see for themselves, the figures shown here; K£9,020,000, K£10,700,000, K£3,000,000 and K£7,000,000. On the same item, if you go down that figure, you will see AIDS Prevention Control Programmes, but as I have already said, STDs and AIDS are combined because they tend to move together. So all those allocations there are dealing with AIDS, STDs and other such things.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman, Sir. The Minister is misleading the House because we are asking specifically about the AIDS control. He is quoting Item 157, Sexually Transmitted Diseases, which is quoted separately from the National AIDS Control, AIDS Prevention and Control and Community Care on Items 197 and 198; AIDS Prevention and Control Programme which have only been allocated K£125,000.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Obwocha, I thought he said the two go together.

The Minister for Health (Mr. Angatia) Mr. Temporary Deputy Chairman, our programme is STI/HIV/AIDS. Item 157 in the Development Book gives the second title and the amount given is dealing with the same programmes.

(Head 454 agreed to)

Head 514 - District In-Service Training Services

Mr. Mwiraria: Mr. Temporary Deputy Chairman, I wish to refer to Head 514 - District In-Service Training Services, Item 194 - Training Expenses, which is a new item in the Budget. I am just wondering whether included under this item is any training to deal with eradication of malaria now that we are getting strains of malaria which are incurable and the Minister knows that once you get incurable malaria in Kenya, we will perhaps lose many more people than we are losing from all other diseases. Is that going to be an item under this Vote or is there somewhere else in the Votes where that is provided for?

The Minister for Health (Mr. Angatia): This item is just like the secretariat which organizes programmes but the actual programmes for training people come under different items. Like AIDS and malaria prevention, this is an office that organizes. What the hon. Member is asking is fully covered plus more than what he has said.

(Heads 514 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head-410 - Embu Provincial General Hospital

Mr. Obwocha: I would like to turn the attention of the Minister to page 399 under Embu Provincial Hospital. Why do we not have comparative figures for 1995/96 so that we can compare the request of his expenditure?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, I said when I was concluding my remarks that Embu Hospital has now been upgraded from a district hospital to a provincial hospital. So, it is being voted for for the first time as a provincial hospital.

Head 316 - Provincial Hospitals

Mr. Nyagah: Mr. Temporary Deputy Chairman, Head 316, Item 160 - Purchase of Food and Rations. I have brought a Question here on many occasions that this allocation that is being done in this hospital is not enough and in fact it does not measure to a hospital like Garissa where it has a much bigger funding. Why does the Ministry still find it prudent to give very small amounts to this hospital?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, upgrading Embu to a provincial general hospital means that now that there are two provincial hospitals in Eastern Province, they have to share the amount available for that item. So if we have got K£130,000 for Embu we probably have another amount alike for Machakos. In any case, this is the first time we are treating it as a provincial hospital and I am hoping that cost-sharing money will also assist. In fact, Embu Provincial General Hospital collects a very large amount of money. I do not have the figure now but I do not expect that item to cause a problem.

Mr. Nyagah: Mr. Temporary Deputy Chairman, may I put my Question yet again. I took Item 160 and said that there is discrimination to this particular hospital in Embu, in that, the rating of this is a lot lower than that of Garissa which is a provincial hospital. If you look again through the same Estimate here, it falls short of Hola Sub-District Hospital and Muranga Hospital and those are district hospitals whereas this is a provincial hospital. Why the bias and once again we have talked about cost-sharing money not being put into capital investment which is what happened in this particular case?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, my answer still applies. I do not know whether the hon. Member was listening. I did say that there are two provincial hospitals which are unusual. If the figure is unusual, that is also an unusual situation. This hospital collects a lot of cost-sharing money which assists also on this particular Item.

Mr. Munyasia: Mr. Temporary Deputy Chairman, Sir, Item No. 161 is on purchase of drugs.

The Temporary Deputy Chairman (Mr. Wetangula): It is under which Head?

Mr. Munyasia: It is under Head 316 and refers to a number of hospitals. So, I am comparing a number of hospitals. What justification does the Minister have to give Kakamega Provincial Hospital only K£432,000 for purchase of drugs, while giving Embu and Machakos combined K£725,440? What justification does he have? Is it by population or by preference of certain diseases or what is it?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, is he saying that Kakamega has been given more than Embu? Is that the question?

Mr. Munyasia: Eastern Province has two provincial hospitals, Embu Provincial Hospital and Machakos General Hospital. Embu has K£340,000 and Machakos has K£385,000, making the total amount to be K£725,440. Kakamega Provincial Hospital which is the only hospital that serves the populous Western Province has only K£432,000. What is the justification for this?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, the amount provided has been considered enough. Let the hon. Members understand that money provided for drugs is not spent by the hospitals. If you look at the footnote in the book, you will find that the drugs are supplied by the Central Medical Stores. Where there is a specific need for money to be spent at the hospitals, authority is given from Afya House for the expenditure. So, this money is not for spending. They have drugs supplied regularly and we consider population and, trends of diseases, and so on. For example, if diseases which are more costly are prevalent in Eastern Province and diseases which are less costly are prevalent in Western Province, the money is apportioned appropriately.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, I wish to draw your attention to Head 316, Item 00 which deals with personal emoluments. It is on page 396. The Minister had told us---

(A group of Members was observed laughing)

Please, save us from this laughing from hon. Members.

The Temporary Deputy Chairman (Mr. Wetangula): Order! It is not directed to you, hon. Onyonka. Hon. Moiben and your group, you are becoming a bit of a nuisance.

An hon. Member: He is a cattle rustler!

Mr. Moiben: But I have not said a word!

The Temporary Deputy Chairman (Mr. Wetangula): You sub-selected it. Order! Those who are not interested in what is going on, can you remain silent to give time to those who are interested to carry on?

Dr. Lwali-Oyondi: Thank you very much, Mr. Temporary Deputy Chairman, Sir. I had drawn the attention of the Minister to Head 316, Item 00, three times. It concerns personal emoluments which, I am sure include the remuneration of doctors. Last year, we had K£6 million, and this year, we have K£5 million. There is a reduction in the salaries of the staff. The Minister had assured us that he had increased the salaries of the staff. This is what we have been talking about in the debates. Could the Minister explain why there is a reduction as evident in this book?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, there are very many variables in personal emoluments. I have already said that since 1994, very many arrears have been paid out. Maybe this year we are going back to the actual salaries and no arrears.

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, I have a question on Head 316 on page 401, item 178 - Purchase of Hospital Linen. The Minister has provided K£80,000. He had provided only K£39,000 last year. Can the Minister undertake to ensure that arising from this development, we are going to have enough linen in the hospitals in Nyanza, especially Siaya?

The Minister for Health (Mr. Angatia): Yes, Mr. Temporary Deputy Chairman.

Mr. Mwiraria: Thank you, Mr. Temporary Deputy Chairman. On page 431 Item 317 - Meru District Hospital. The provision for 1996/97 has been reduced by more than K£400,000. The state of the Meru Hospital is so pathetic, I have said here on many occasions that ante-natal mothers sleep under a tree even in the July weather. I have also said that nursing care is so bad that you find in men's wards, there are as many women, because women stay to nurse their husbands or their children. Does this reduction in provision for the hospital mean that the Minister is condemning the Meru Hospital to death?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, that total there comes from page 430. For example, if he looks at page 430 item 050, we have reduced those house allowances by nearly K£300,000. So, reductions of that nature will lead the total to reduce by K£400,000

(Heads 316, 317, 318, 319,

320, 321, and 351 agreed to)

(Sub Vote - 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH.

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

(Sub Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

(Heads 335 and 336 agreed to)

Head 340 - College of Health Professions

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, we are complaining that we are not hearing the Clerk-at-the Table when he is reading the Heads.

The Temporary Deputy Chairman (Mr. Wetangula): But I have been repeating them!

Mr. Obwocha: Yes; he gets a debit and you get a credit for that.

Under Head 340, Item 341 the Ministry has increased its allocation of grants to Medical Training Colleges from K£17 million to K£19 million and yet, we know that students in these colleges pay fees. We are complaining about the admission to these colleges because the administrators have gone to the extent of asking for bribes. All Kenyans know that for your child to be admitted into any of these colleges, you must cough Kshs15,000.

The Temporary Deputy Chairman (Mr. Wetangula): Is that true?

Mr. Obwocha: Yes, and that is why the Minister is even keeping quiet about it! Can the Minister tell this House why he has increased the allocation of grants to K£19 million while these students continue paying college fees?

The Temporary Deputy Chairman (Mr. Wetangula): Bribes are not fees! Are they?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, of course, it is not true that you have to pay to be admitted into these colleges. That is a sweeping statement that is of no value.

It is true that there is an increase in the grant amount because the Medical Training Colleges are being formed into a parastatal. So, they will independently incur administrative expenses, which were being incurred by the Ministry on their behalf. Obviously, increased costs will be involved.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman, Sir. Then where is the reflection of Appropriations-In-Aid (AIA) here? That is the reflection of money being collected from the students, but why are you reflecting it under this Head?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, when the colleges become an independent body, they will have their own accounts which will be audited separately.

This is just a grant from the Ministry. They have their own estimates, which will be looked at by the board of directors and be audited by the Auditor-General (Corporations).

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, could the Minister explain how this K£10,275,524---

The Temporary Deputy Chairman (Mr. Wetangula): Are you not ahead of us? You are ahead of us!

(Head 340 agreed to)

(Sub-vote 114 agreed to)

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE FUND

Head 350 - National Hospital Insurance Fund

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, there are areas in this country where the contributors have been denied the facility of---

The Temporary Deputy Chairman (Mr. Wetangula): That is not what you were asking earlier, or you have changed your mind?

Mr. Mak'Onyango: No, I have not changed my mind. I am asking the same question. I would like the Minister to explain how this K£10,275,425 is going to be used and how contributors from areas where some of the hospitals have been closed down are going to be taken care of?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we know the hospitals which have been denied claims. They have not been closed down, let us correct that. They are very few compared to the claims coming from all other hospitals in the whole country. So, this money will be spent in the normal way that the National Hospital Insurance Fund is supposed to spend money.

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, I think the question we are asking the Minister here is: Under the National Hospital Insurance Fund scheme, the contributors remit their contributions to NHIF.

Now, you are giving the NHIF grants from the Ministry, and at the bottom you have said that you are going to collect Appropriations-In-Aid. Can you reconcile that position? Where are you getting this reimbursement within Central Government? And why are you asking for grants to NHIF when it has its own money which is spent on refunding to various hospitals that have treated the patients and paid their administration expenses? Why are you giving them grants?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Minister, did you get his question? He is asking why you are giving reimbursement from Central Government to NHIF when they collect so much money own their own.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, it looks to me like it is deductions from my own staff. We have 44,000 employees---

Dr. Lwali-Oyondi: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is the Minister in order to tell this House that "it looks like?" He ought to know what he is talking about. We do not want to have things "which look like," we want things "which are real."

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I was trying to recollect the number of staff we have in the Ministry. I know that there about 46,000.

This is the money we deduct as NHIF and remit to the Fund.

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, I think the Minister is misleading us. This money that is shown in here I think it is contributor money which is refunded to the Government after the NHIF has collected it. It is as simple as that, and the net effect is zero!

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman, Sir. Indeed, the Minister has not even heard what hon. Achola has said. He is actually misleading this House. This money represents grants given by the Ministry to NHIF. When the contributors have remitted their money, that is how reimbursement comes in. He was a bad headmaster!

Mr. Temporary Deputy Chairman (Mr. Wetangula): Order, Dr. Lwali-Oyondi! Mr. Obwocha did not ask any question, he simply insulted the Minister!

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, if I insulted the Minister, I wish to withdraw! I never insulted the Minister, I just said that he was misleading this House by saying that those are contributions from the Ministry of Health.

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, it is shown on the summary on page 386, that this is the money the Minister is asking for and the impression one gets here is that---He is making provision for this amount this year, and does not make any provision for the net expenditure, which means that this money is coming from somewhere, apparently to the Government. Could he explain?

The Temporary Deputy Chairman (Mr. Wetangula): I think the Minister has explained that point very clearly.

Mr. Mak'Onyango: No, Mr. Temporary Deputy Chairman, Sir, he has not.

The Temporary Deputy Chairman (Mr. Wetangula): What is it, Dr. Lwali-Oyondi? Mr. Mak'Onyango, obviously you have nothing to ask.

Dr. Lwali-Oyondi: Mr. Temporary, Deputy Chairman, Sir, we draw the Minister's attention to the same summary, and there is no comparative figure on that summary last year. But when we come to Head 350, we see that last year, there was Kshs7 million, which is not reflected in the summary. So, how does he get that?

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman, Sir. I think the hon. member is misleading the House. On the summary, we are talking about the National Health Insurance, that is different

from the National Hospital Insurance Fund.

(Head 350 agreed to)

(Sub-Vote 115 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

Mr. Busolo: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is it in order for our colleagues on the other side, to actually consult each other loudly and when you put the Question, they just say "Ayes"?

An hon. Member: Yes, it is in order!

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

Head 315 - Kenyatta National Hospital

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, I am on Item 340 - Grants to Kenyatta National Hospital. I have two questions on this. They have reflected what they are giving Kenyatta National Hospital, but the Minister has not given this House how much he intends to collect from the hospital on the cost sharing. If they are not going to do that, then he should tell this House how far or up to what year the accounts of this parastatal have been prepared. What are the latest audited accounts of Kenyatta National Hospital?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I am glad that the member has shifted the question. Kenyatta National Hospital is a state Corporation and raises its own funds. This House debates it and approves. The Kenyatta National Hospital is not in arrears at all. They are up to date with their accounts.

Mr. Mwiraria: Mr. Temporary Deputy Chairman, I wish to find out from the Minister whether the grant we are giving to Kenyatta National will be adequate to enable the hospital to rehabilitate the equipment in all its sections?

The Minister for Health (Mr. Angatia): For this year, yes, but we may have to ask for more money in the following financial year.

(Head 315 agreed to)

(Sub-Vote 112 agreed to)

(Vote R11 agreed to)

The Temporary Deputy Chairman (Mr. Wetangula): We will now move to Development Expenditure.

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Head 310 - Headquarters Administrative Services

Mr. Nyagah: If you look at all the Development plans that have been presented in this House, we have this Item 252 - Modernization of Afya House Lifts. What is this modernization which is being done every year and yet, when you go there, you do not see any change.

The Minister for Health (Mr. Angatia): What we got the last financial year was not enough and that is why we have asked for more this year, because the lifts will be rehabilitated this year.

(Head 310 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 316 - Provincial Hospitals

Mr. Achola: Could the Minister explain to the House why we have K£19 million on Item 413 - Health Integration Programme?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Achola, it is your duty to remain alert and ask questions that are relevant. Mr. Obwocha has been very alert and he has been asking all the questions correctly.

Mr. Obwocha: On Item 400 - Construction of Buildings -Non-Residential, last year they provided K£785 and now they are asking for K£5.445 million. Where are they building these estates and yet the Government policy has changed from housing civil servants to giving them house allowance? What are these buildings?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Obwocha, your question may not be relevant because the item is non-residential and you are talking about residential.

Mr. Obwocha: I re-phrased my question by asking: What are these buildings that they are putting up.

The Minister for Health (Mr. Angatia): The bulk of this money will be used to rehabilitate what used to be the Infectious Diseases Hospital which is being changed into a district hospital. I remember some hon. Members saying that there is no district hospital in Nairobi. We do have a district hospital now. There will also be renovations and new structures within Nairobi City Council. In fact, this is a World Bank-supported programme for de-congesting the Kenyatta National Hospital.

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Members, I want to caution you that under Standing Order No.17, we shall exceed our normal time past 6.30 p.m. until we finish the Order of the day.

Mr. Nyagah: On Head 318 - Mental Health Services, Item 191 - Rehabilitation of Psychiatric Unit. I would like to draw the attention of the Minister to the fact that mental cases have been disregarded in this country. They live in very pathetic situations, be it in Mathari which is the main one or any other district mental hospital - for instance, they have no clothes and so on.

Why has the Ministry not put more money so that these people can feel at least a part and parcel of the Kenyan society? You can even deduce that, through the amount of money that has been given.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, there is a tendency by doctors not to separate the patients very much, even when they are mental cases. So, there will be some renovations but the tendency at the moment is to look after these patients in our general hospitals, throughout the country along with other patients.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, I just want to seek a clarification on Head 317, Item 401 - Health Reform Programme. It has got K£20 million and yet, last year it had K£12 million. I do not understand what it is. Could the Minister explain what this one is?

The Temporary Deputy Chairman (Mr. Wetangula): He is asking what does Health Sector Reform Programme mean and why so much money?

Mr. Achola: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Wetangula): One at a time. Mr. Achola, you would be the next one. This time you are alert.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, I am trying to go to the relevant page where the details are written.

The Temporary Deputy Chairman (Mr. Wetangula): While you are still looking for the answer, we can take another question. You know the question, look for the answer as we get another question. Mr. Achola.

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, Item 198---

The Temporary Deputy Chairman (Mr. Wetangula): Order! Hon. Achola, I was praising you for being alert for nothing.

An. hon. Member: He is not alert!

(Laughter)

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, I feel that the Minister owes this House some explanation on the construction of buildings. I thought the Minister had said here earlier on the Floor of this House that the Ministry is not going to put up any new facility. What are these non-residential buildings that the Ministry is putting up all over?

The Temporary Deputy Chairman (Mr. Wetangula): He has just said that he is, for instance, converting IDH into a District Hospital.

Mr. Mak'Onyango: No! No, Mr. Temporary Deputy Chairman, Sir. Here he is asking for K£850,000, a big increase from K£420,000 in the previous year.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Minister, have you got the two questions clearly?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, let me deal with Item 317, first, on page 463. It shows the AIE over there and on page 463, it gives details, and there are all hospitals listed. Anybody who wants can find that their hospitals are there from page 463 onwards.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Minister, there are two questions at hand.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I am answering the first one, K£20 million how it is being distributed and I am showing you that on the same Item 317 on page 463, you would see items there where the money is going to be spent.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman.

The Temporary Deputy Chairman (Mr. Wetangula): Order! It is about K£8.5 million, you have allocated some for building under residential. He is asking where you are constructing these buildings, just above the one you have dealt with.

The Minister for Health (Mr. Angatia): It is on the construction of buildings non-residential, and that list is a long one and it answers the question.

Mr. Obwocha: On a point of order, Mr. Temporary Deputy Chairman. Is the Minister in order to mislead the House that that K£20 million is composed of various District Hospitals when actually from page 461-462 which he has referred us to, the details there are very clear? That on page 461, the K£20 million is on the Health Sector Reform Programme, and then they are getting that money from the IDF and ECC Programmes which are direct payments? It is written there. But our question is; what is this programme? That was our really basic question. That has nothing to do with all those various District Hospitals for building and so on. Just look at page 461.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Minister, his question is not about the money, but he is asking what is this Health Sector Reform Programme.

Mr. Obwocha: Those are donor funds that you are getting from the ECC/IDF and it is shown there.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we need to be at the same page. So, let me know the page that he is talking about.

The Temporary Deputy Speaker (Mr. Wetangula): Mr. Minister, what he has asked is, in fact, a very general question which is probably a matter of your Ministry's policy.

He is simply asking you what is the Health Sector Reform Programme. He is not asking about the money.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I explained about the Health Sector Reform Programme when I was moving Vote R 11 and also when I was replying. This particular K£20 million would be used on various programmes including reproductive health, STI and acquisition of commodities.

The Temporary Deputy Chairman (Mr. Wetangula): I think the Minister is quite clear.

Dr. Lwali-Oyondi: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Wetangula): On the same issue?

Dr. Lwali-Oyondi: No, Mr. Temporary Deputy Chairman, Sir, but an anomaly. He is writing here about the ECC. The ECC does not exist now, but there is an EU.

The Temporary Deputy Chairman (Mr. Wetangula): You are right, hon. Dr. Lwali-Oyondi, but that is more to form than substance.

Mr. Ojode: Mr. Temporary Deputy Chairman, Sir, I just want to make a note on Item 220. Last year,

it was given K£1,810,00 and this time it is only K£160,000 and yet, there are a number of medical equipments which are still lacking in most of our hospitals. What happens?

The Temporary Deputy Chairman (Mr. Wetangula): He is asking about the reduction of the figure.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, this was a grant from GTZ and this K£160,00 is now our contribution.

(Heads 316, 317 and 318 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 325 - Communicable and Vector Borne Diseases

Mr. Nyagah: Mr. Temporary Deputy Chairman, Sir, I have a problem with my eyes and the lights here. I would like to know from the Minister why he has lumped together two provinces whereas everything else we have gone through has been separated. I would like that Minister to inform us how much of that money is going to Eastern Province and the Rift Valley Province respectively and the distribution of that money in Eastern Province.

The Minister for Health (Mr. Angatia): I wish he could look at the back just as much as I can look because I am also using the same book. If it is on Item 192 then it is 50 per cent of the money that goes to each of the two Provinces respectively.

Mr. Nyagah: Mr. Temporary Deputy Chairman, Sir, I also did ask for the distribution in Eastern Province.

Mr. Munyasia: Mr. Temporary Deputy Chairman, Sir, still on Item 192, I would like to know how much money the Minister is allocating to the other provinces because I see it is only the Eastern and Rift Valley Provinces that are mentioned. We would like to know what he is doing under that same programmes for other provinces and where they are provided for.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, these are pilot projects and when they are successful, we shall spread the message to the other provinces.

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, on page 453 Item 198, could the Minister explain what this programme is all about?

The Temporary Deputy Chairman (Mr. Wetangula): What do you want to know about it?

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, I want to know what programme it is.

The Temporary Deputy Chairman (Mr. Wetangula): He spent so much time talking about it in reply, Mr. Achola.

Mr. Shikuku: Mr. Temporary Deputy Chairman, Sir, the Minister replied that this distribution will be 50-50 but taking into account the size of Eastern Province and Rift Valley Province, how did he come to this?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Shikuku, he said that this is a pilot project.

Mr. Shikuku: But are there no other pilot projects in other provinces?

The Temporary Deputy Speaker (Mr. Wetangula): I think it is self explanatory.

Mr. Busolo: Mr. Temporary Deputy Chairman, on Item 190, I want to inquire from the Minister whether there is any amount of money allocated for Webuye Constituency because we have Webuye Pan Paper Factory which is really polluting the area. I want to know if the Ministry has set aside any provision for that area.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I have not heard of any pollution from Webuye Pan Paper. That is under the Factory's control and it is in another Ministry. This amount of money put on Item 190 is just for administration and it is so small that it cannot run projects. It is just administrative.

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, if you look at Item 012 and 157, you can see the contradiction in which the Minister was when he told us that the money allocated for sexually transmitted diseases was included in the AIDS Control. Right there on Item 012, the AIDS Programme takes K£3.4 million, while the STD has taken K£10.7 million.

The Temporary Deputy Chairman (Mr. Wetangula): You are not right, Mr. Obwocha. Item 012 is not just AIDS it is STD and AIDS.

Mr. Obwocha: In other words Head 012, in fact, includes AIDS plus Sexually Transmitted Diseases

(STD) but he has gone further and requested in Head 157 for only STD amounting to K£10.7 million and now the question---

The Temporary Deputy Chairman (Mr. Wetangula): He earlier on said that although he has put different items the two normally go together. Is that what you said Minister?

The Minister for Health (Mr. Angatia): It is right.

Mr. Obwocha: Mr. Temporary Deputy Chairman, Sir, then the description of Head 157 should be STD/AIDS! He should not be misleading the House.

The Temporary Deputy Chairman (Mr. Wetangula): Minister, can you carry your cross?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, STD or rather STI infections are treated together all the time with HIV. If it is on the question on labelling, we can label it better next year but because our sources are different, we have put Head 012 separate from Head 157 but they are doing more or less the same job.

Mr. Nyagah: Mr. Temporary Deputy Chairman, Sir, you remember I asked about the distribution of that environmental help on item 192.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Nyagah, I even answered Mr. Shikuku. He said these are pilot projects and you cannot spread it all over the province because, maybe, there will be one district or another. I do not think there is equitable distribution here. It is a pilot project.

Mr. Busolo: Mr. Temporary Deputy Chairman, Sir, if it is actually a pilot project then can we be told who are carrying out this pilot project? Which godfather from outside is carrying it out?

The Minister for Health (Mr. Angatia): The Swedish International Development Agency (SIDA) and United Nations Food Programme Association (UNFPA).

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Busolo said that the answer is in Items 901 and 902.

Mr. Obwocha: On a point of order Mr. Temporary Deputy Chairman, Sir. If the Government is raising money, let the Minister be honest and tell us what it is because under Items 901 and 902, you said that they are only getting from SIDA K£ 858,864 when they are spending K£ 4.5 million. I do not think that is the correct version.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy, Chairman, Sir, it is SIDA and the Ministry of Health; our Government of Kenya (GOK).

Mr. Busolo: Mr. Temporary Deputy Chairman, Sir, the Minister had earlier on said that it is SIDA and he was challenged and some paper passed by. When I asked my earlier question as to whether Webuye was included, the paper came when the Minister had already spoken. Could I request him to go through all that paper?

The Temporary Deputy Chairman (Mr. Wetangula): Order! There is nothing secret about the papers. He has his officers here who have to assist him all the time.

Mr. Busolo: Mr. Temporary Deputy Chairman, Sir, I am just referring to the information.

(Heads 323 and 325 agreed to)

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Mr. Busolo: Mr. Temporary Deputy Chairman, Sir, I referred to Head 335, Item 158 which is Rural Health Centres and Dispensaries Rehabilitation on page 453 compared to page 548 Head 335 which is Milo Dispensary and in the Financial Year 1994/95 it got K£ 20, 000. In 1995/96 it got K£ 20,000 and 1996/97 it got K£ 20,000. This is a dispensary in my constituency. It is supposed to be for residential purposes. That is my area and I know that there is nothing like that. Has the money that appears in this book been impounded because there is nothing on the ground; there is nothing there to show that there is anything like that and I want to know where that money is because there is nothing on the ground to show for that since 1994?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, money for development will appear in these Printed Estimates books but it will not automatically come to Afya House. Sometimes it does not come at all and last year if I were to report on development money, Treasury was able to raise and allocate to us only 50 per cent of the money voted. So, if this money did not arrive, it may have fallen under that cut.

The Temporary Deputy Chairman (Mr. Wetangula): Members, you must limit your questions because we must end our business by 7.00 p.m. Ask only very specific questions. If you start making a speech, I will confiscate the opportunity from you.

Mr. Ojode: Mr. Temporary Deputy Chairman, Sir, Item 423 which Primary Health Care Programme, Head 335, last year had K£1.840 and this Financial Year it has been drastically reduced to K£102,000. I will give you another one also so that he can reply to both. Item 406 which is the Health Sector Project, it was allocated K£ 1.635 million. Can the Minister tell us what kind of projects these are because it was not there last year?

Mr. Nyagah: Mr. Temporary Deputy Chairman, the Minister referred to Item 454.

The Temporary Deputy Chairman (Mr. Wetangula): Head 335, Item 406 and?

Mr. Nyagah: Item 243, Primary Health Care Programme and Item 406.

The Minister for health (Mr. Angatia) Mr. Temporary Deputy Chairman, 343 is not there.

Mr. Obwocha: Okay, Mr. Temporary Deputy Chairman, let me ask the Minister one at a time because he will be confused.

The Minister for health (Mr. Angatia): What is the question, Mr. Temporary Deputy Chairman?

The Temporary Deputy Chairman (Mr. Wetangula): He is asking about the reduction of the sum allocated under item 243, Primary Health Care Programmes and also item 406, Health Sector Projects.

The Minister for health (Mr. Angatia): Mr. Temporary Deputy Chairman, last year it was grant money and this year we are now giving GOK money. The other one was 406. This is his coming for the first time, so I just need to get the actual project.

Mr. Badawy: On a point of order, Mr. Temporary Deputy Chairman. On the same page item 244, Kilifi Amref Projects, could the Minister tell us why no money has been allocated to that Project?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, AMREF was doing a special project and they do not have to money vote every year.

Mr. R. N. Mungai: Mr. Temporary Deputy Chairman, Sir, mine is on Head 335, Item 152. What is this Special Health Support Funds for which is taking K£10 million?

The Temporary Deputy Chairman (Mr. Wetangula): Special Health Support Fund, you want to know what it is?

Mr. R. K. Mungai: Yes, I want to know what it is.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, we are receiving special support - it is a fund for drugs.

Mr. Obwocha: Mr. Temporary Deputy Chairman, am I getting it that it is on drugs?

(Heads 335 and 337 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING

Head 340 - College of Health Professions, Nairobi

Mr. Obwocha: Mr. Temporary Deputy Chairman, while we protest strongly that he is misleading the House--- We are discussing development. This is very misleading, we cannot take this kind of answers. Under Head 340 we have Item 400 - Construction of buildings- Non- Residential. He is asking K£19,1000,967.

The Temporary Deputy Chairman (Mr. Wetangula): You want to know what building these are?

Mr. Obwocha: Yes.

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, last week the Ambassador of Japan and myself laid a foundation stone at the MTC Nairobi and this is where this money is going to be spent.

Mr. Ojode: Mr. Temporary Deputy Chairman, Head 315, item 456---

The Temporary Deputy Chairman (Mr. Wetangula): We have not reached there hon. Ojode.

(Heads 340, 342, 344 and 345 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

Head 315 - Kenyatta National Hospital

Mr. Ojode: Mr. Temporary Deputy Chairman, I just want the Minister to explain on Item 150, why this Financial Year there is no money which is put on the Health Care Financing Support, whereas he has increased tremendously the Kenya Health Rehabilitation Project Consultancy fees from K£2 million to K£6 million?

The Temporary Deputy Chairman (Mr. Wetangula): Where are you getting the word "fees," he said consultancy services.

Mr. Ojode: It is services actually. I am sorry. Could he explain that?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, health care financing is the contribution from patients and a new programme was introduced so, when it was being put in place, it cost money in terms of administrative costs. That is Item 150. Kenyatta National Hospital is undergoing tremendous rehabilitation at the moment, both in equipment and the buildings. So, it cost that much in consultancy.

Mr. Nyagah: Mr. Temporary Deputy Chairman, Yesterday the Minister, at the Grand Regency Hotel said that they will have more emphasis on this programme, particularly on the provision and rehabilitation in the rural areas. How come they have zero funding on this one and also on the primary health care?

The Minister for Health (Mr. Angatia): Mr. Temporary Deputy Chairman, what I said at the Grand Regency Hotel does not arise here.

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

(Vote D11 agreed to)

(Vote 11 agreed to)

(Question put and agreed to)

(Resolution to be reported without amendment)

(The House resumed)

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

REPORT

Vote 11 - Ministry of Health

Mr. Wetangula: Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding K£238,500,205 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 1997 in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

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

The Minister for Tourism and Wildlife (Mr. Ngala) seconded.

(Question proposed)

(Question put and agreed to)

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Ndotto): Order! The House is now adjourned until tomorrow Thursday, June 11th, 1996 at 2.30 p.m.

The House rose at 7.05 p.m.