

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 23rd July, 2002

The House met at 2.30 p.m.

[*Mr. Speaker in the Chair*]

PRAYERS

ORAL ANSWERS TO QUESTIONS

Question No.383

PAYMENT OF COMPENSATION TO MR. WERE

Mr. Nguni asked the Minister for Education when the landlord of milk store on Plot LR. No.18, Asembo Bay, Bondo District, Mr. Alfonse Were, will be paid his outstanding rent arrears and compensation for internal repairs and re-decoration amounting to Kshs77,390.00, approved by the Ministry of Roads and Public Works, vide letter dated 16th August, 2000 to the Permanent Secretary.

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

The Ministry will not pay Mr. Alfonse Were, the owner of milk store on Plot LR. No.18, Asembo Bay, Bondo District, because it vacated the premises on 31st October, 1998 and paid all its rent and one month's rent in lieu of notice to the landlord.

Mr. Nguni: Mr. Speaker, Sir, I would like to remind the Assistant Minister that letter request H11/112262/248 of 20th April, 2000 written by the Ministry of Roads and Public Works stated *inter alia* that:-

"The premises were handed back on 8th March, 2000 and not 1998".

Could the Assistant Minister, therefore, clarify as to which letter was written to the landlord by the Ministry of Roads and Public Works indicating it was vacating the plot on 31st October 1998?

Mr. Karauri: Mr. Speaker, Sir, the Ministry of Roads and Public Works was not party to this contract. The owner of the premises had even tried to engage a lawyer and, although he was convinced that there was no case, he is now using Parliament to answer questions that the lawyer could not answer.

Mr. Sungu: Mr. Speaker, Sir, the Assistant Minister must be surely aware that all Government buildings and those rented by the Government are looked after by the Ministry of Roads and Public Works and, therefore, it is the valid authority to tell us on which date these premises were vacated. Could the Assistant Minister be honest enough and pay back this man his money?

Mr. Karauri: Mr. Speaker, Sir, the repairs purported to have been carried out were not done during the subsistence of the tenant's agreement, because indeed, they were done after the Ministry of Education, Science and Technology had vacated the building on 1st November, 1998. The Ministry is, therefore, not liable to meet any of the expenses that may have been incurred after the Ministry left the premises.

Mr. Nguni: Mr. Speaker, Sir, I do not understand the letters the Assistant Minister is referring to. There is another letter stating that Kshs38,290 should be paid to the landlord in lieu of repairs after the Ministry vacated the premises. I have got this letter and I can lay it on the table. Could the Assistant Minister clarify as to why the Ministry of Roads and Public Works did an inspection and wrote a letter to the Permanent Secretary, Ministry of Education, Science and Technology stating that Kshs38,290 be paid to the landlord?

Mr. Karauri: Mr. Speaker, Sir, I do not know how the Ministry of Roads and Public Works was persuaded to write that letter because the renovations came after the Ministry of Education, Science and Technology had paid all the rent and one month's rent in lieu of notice.

Mr. Speaker: Next Question, Mrs. Mugo!

Question No.424

RURAL ELECTRIFICATION PROGRAMME

Mrs. Mugo asked the Minister for Energy:-

- (a) where the money allocated for rural electrification in Dagoretti Constituency is being held; and,
- (b) which parts of Nairobi area have been covered under the rural electrification programme during the past year; and,
- (c) when the rural electrification programme will be implemented in the constituency.

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

(a) Rural electrification funds are allocated to districts and not to constituencies. The projects to be considered for funding are also recommended and priority ranked by the District Development Committees (DDCs). As of now, no such projects have been forwarded to the Ministry.

(b) No parts of Nairobi have been covered under the rural electrification programme in the past one year.

(c) Projects in Dagoretti Constituency will be considered for funding under the rural electrification programme when they receive the requisite recommendation and priority ranking from the Nairobi Province Development Committee through Divisional Development Committees.

Mrs. Mugo: Mr. Speaker, Sir, I am very surprised by the answer given by the Minister. The Dagoretti DDC did recommend for implementation of these five projects namely: Mutuini-Muchukia, Mutuini Township, Gathiria, Kiuru, Mutuini-Kangemi. We got a letter from the Kenya Power and Lighting Company (KPLC) asking for 10 per cent deposit to be paid. This 10 per cent deposit amounted to Kshs1.75 million and it was paid. We also got another letter from the Permanent Secretary in the Ministry of Energy asking for the DDC recommendation. A letter and the minutes of the Dagoretti DDC meeting were forwarded to the Ministry of Energy. For the information of the Minister, Nairobi Divisional Development Committees are treated like DDCs. So, I do not know what the Minister is talking about because we have all the letters from the Permanent Secretary asking for recommendations which were forwarded from the DDC and Kshs1.75 million was paid. So, could the Minister go back and get a proper answer?

Mr. Okemo: Mr. Speaker, Sir, the hon. Member is talking about the Permanent Secretary having asked the DDC to present its priorities. The evidence we have in the office is that we have not received a response to that letter.

Mr. Keriri: Mr. Speaker, Sir, the Minister has talked about the DDCs presenting their priorities. In the year 2000, we were all asked to present our priorities. We, in Kirinyaga, were asked to present two priorities per constituency and we did that twice. In fact, we were asked to amend those priorities by the Ministry and not the Kenya Power and Lightning Company (KPLC). Since that time, we have not had any reaction from the Ministry and nothing has been done. What happened to those priorities that were clearly presented to the Ministry through the DDCs?

Mr. Okemo: Mr. Speaker, Sir, I did mention sometime in an earlier Question in this House, that the basic problem we have is lack of funding. In fact, as I speak today, we do not have any money either through budgetary allocations or the electricity levy that is paid by consumers. All that money goes to system maintenance and nothing is left for the expansion of the grid system. Therefore, the problem is not one of the Ministry being unable to respond to requests from the DDCs, but it is a problem of being unable to harness finances to be able to implement the projects. There is simply no money and, therefore, we cannot do anything about it.

Mrs. Mugo: Mr. Speaker, Sir, if I can refresh the Minister's memory, the letter was sent to his Ministry on 5th October, 1999 and by last year, the 10 per cent had already been paid to the KPLC. One, why was the money collected from these poor people if the KPLC had no intention of supplying electricity to Nairobi Area? Two, in last year's Estimates, 2001/2002, the allocation for rural electrification programme was Kshs9.147 million. In 2000/2001, Kshs11 million was set aside for Nairobi, and that is a total of Kshs21 million. The previous years, 1997/98 to 1998/99, Kshs622 million was allocated for this programme. So, it is not true to say that the rural electrification programme has not been implemented in Nairobi in the past one year. I am willing to table these papers or give them to the Minister. Could you ask the Minister to receive these papers from me if they are not there in his file, so that he can give this a House a proper answer? We want to know when our people will get either their money or electricity.

Mr. Okemo: Mr. Speaker, Sir, I want to take this opportunity to correct the misconception by the hon. Member and many others, that when you pay 10 per cent, it is a deposit towards the electrification. It is used for preparation of designs and, just like an architect, you have to be able to survey and prepare drawings. It is on the basis of these drawings that estimates for the actual electrification will be made. On the basis of those estimates, we write to the KPLC and say what the scheme costs.

Mr. Speaker: How do you arrive at this 10 per cent deposit in the first place?

Mr. Okemo: Mr. Speaker, Sir, it is a normal requirement. In many cases, you will find that the actual cost exceeds the 10 per cent. So, there is a subsidy that is paid by the KPLC.

Ms. Karua: Mr. Speaker, Sir, is the Minister in order to mislead this House about the 10 per cent when I

know in the case of Njuku Rural Electrification Programme, the KPLC, in writing, offered to refund the deposit? Is it in order for the Minister to give a contradictory answer?

Mr. Okemo: If the deposit was to be refunded, it means no actual survey or design work was done.

Mr. Angwenyi: On a point of order, Mr. Speaker, Sir. This is a very important matter. First, we are levying taxes on consumers of electricity in this country, presumably, to expand the rural electrification programme but we are not doing it. Could the Minister stop levying that tax on consumers of electricity? Could he also tell us how much money they have collected through the 10 per cent requirement? How many plans do they have at the Ministry for the 10 per cent funds that are paid?

Mr. Okemo: Mr. Speaker, Sir, that has already stopped. If you look at all the money that the KPLC collects and the amount of money that is required to maintain the existing systems, there is an annual deficit of Kshs90 million. So, you can see that, as it is, even if the levy were to be collected, it would not be possible to expand the existing system.

Mr. Speaker: Next Question, Dr. Kulundu!

Question No. 253

DEATH GRATUITY FOR MRS. MUTHURI'S DEPENDANTS

Mr. Katuku, on behalf of **Dr. Kulundu,** asked the Minister for Agriculture when the widow of the late Justus Muthuri, P/No.82100103, who died on 7th November, 2000, will be paid death gratuity.

The Assistant Minister for Agriculture and Rural Planning (Mr. J.D. Lotodo): Mr. Speaker, Sir, I beg to reply.

The widow of the late Justus Muthuri Thuranira will be paid death gratuity immediately the following documents, which the Ministry has requested for, are received from the family:-

- (a) original and copies of the death certificate;
- (b) original payslip for November, 2000;
- (c) a letter from the area DO or DC identifying the beneficiaries;
- (d) next of kin's identity card and his/her permanent contact address;
- (e) children certificates of birth for the purpose of processing widows compensation; and,
- (f) the deceased's PIN number and the station clearance certificate of Government liabilities.

Mr. Katuku: Mr. Speaker, Sir, the Assistant Minister is saying that these documents have not been submitted to his office. The information I have is that these documents have already been submitted. The only document which has not been submitted so far is the station clearance certificate of Government liabilities. If the Assistant Minister does not have those documents, I wish to table them. I have the death certificate, the letter from the DO and the original payslip for November, 2000. Could the Assistant Minister tell us why he has not paid this widow and yet, she has submitted the necessary documents?

Mr. J.D. Lotodo: Mr. Speaker, Sir, as you have heard from the hon. Member, he has admitted that there is one document which has not been submitted, the station clearance certificate on Government liabilities. Immediately that document is received, then the whole process will continue and the widow will be paid.

Mr. Muchiri: Mr. Speaker, Sir, you have heard the documents that are being demanded. These documents are always found in the personal file of an employee. The only document that cannot be found there is the death certificate. Why does the Ministry keep on demanding payslips when the Government has got those records and as a result, delay payments to the deceased's dependants and retirees?

Mr. J.D. Lotodo: Mr. Speaker, Sir, it is a matter of routine that the Ministry checks those documents, especially the payslips. Since the original payslips are sent to the district where the officer is working, the officer should, therefore, be able to produce that document. The last document which cannot be taken for granted is the station clearance certificate on Government liabilities. That is the last document required so that the payment can be processed.

Mr. Shitanda: Mr. Speaker, Sir, the Assistant Minister is talking about the station clearance certificate. This certificate is supposed to be provided by the Ministry and not the beneficiaries of the deceased. Could he tell us why the Ministry has not prepared that certificate?

Mr. J.D. Lotodo: Mr. Speaker, Sir, this certificate is prepared upon request from the claimant. The claimant is supposed to go to the station where the officer was working and then that certificate will be processed after confirming that Government liabilities have been surrendered.

Mr. Katuku: Mr. Speaker, Sir, the Assistant Minister initially talked about several documents which were not submitted and now he has zeroed in on one, which is the clearance certificate. The person in question is dead. Why

can the Assistant Minister not write to the station where he was working, which is Meru South Fishery Station, and get this information because the widow has been frustrated by the officers at this station? Why can the Assistant Minister not order this document to be brought?

Mr. J.D. Lotodo: Considering the urgency of this matter, we will write to the station concerned to provide us with this certificate immediately.

Question No.098

IRREGULAR ALLOCATION OF GOVERNMENT PLOTS

Eng. Toro asked the Minister for Local Government:-

(a) whether he is aware that the following Government plots in Kandara have been irregularly allocated:-

LAND/ADC/HSE/2; LAND/ADC/HSE/4; MCC/KAND/HSE/3; ADM/HSE/24; KAND/LC/HSE/1; KAND/LC/HSE/24 and KAND/LC/HSE/25; and,

(b) whether he could undertake to cancel the allocations.

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

(a) I am not aware that the listed plots have been irregularly allocated. It is not that I do not want to be aware, but you will note that I had a difficult time finding the answer to this Question because the particulars given are house numbers and not land reference numbers. I was not even able to get these particulars from the searches in the relevant registries.

Because of the answer to "a" above, "b" does not arise.

Eng. Toro: Mr. Speaker, Sir, I asked this Question because the plots concerned have Government houses built on them. As the Assistant Minister rightly says, Government houses are in position. These are Government houses and it does not matter whether they have plot numbers or not. The Assistant Minister should have established the plot numbers of these particular houses, which have been allocated to individuals. However, could he tell the House which Ministry each individual plot belongs to currently if they have not been allocated to individuals?

Mr. Kiangoi: I am simply saying that whichever way I try, I would not know the plot numbers because the hon. Member has not provided proper particulars. It was not my duty to investigate how the Question should have been asked.

Eng. Toro: Mr. Speaker, Sir, the Assistant Minister should not use his lawyer tactics to evade answering this Question. These Government houses stand on---

Mr. Speaker: Order, Eng. Toro! I think you would help the House and yourself if you addressed the issues raised by the Assistant Minister, that your question does not make identification easy for him. That way, he can help you.

Eng. Toro: Mr. Speaker, Sir, these identified Government houses stand on particular plots. I do not see why the Minister would find it difficult to find out which particular plot these houses have been built on. They have not been built in the air; they are standing on particular land. If he has not done so, could he go and find out the particulars of the plots on which these houses stand?

Mr. Kiangoi: Mr. Speaker, Sir, having given my explanation, do you wish me to answer that question again?

Mr. Speaker: Order, hon. Members! I think the Question is vague because it talks of plots as indicated there. As I understand now, these are not plots; they are descriptions of houses. Is that the case, Eng. Toro?

Eng. Toro: Mr. Speaker, Sir, when I received these particulars I assumed that they were of plots of the houses. However, as I said, these are Government houses. They do not belong to certain individuals. Those houses must be standing on particular plots which belong to the Government.

Mr. Speaker, Sir, I brought this Question to the House because some people allocated themselves these Government houses and put them up for sale. I now understand that these particulars do not describe the plot numbers. However, there are physical descriptions of the Houses that stand on those plots.

Mr. Speaker: Is it possible for you to find out?

Mr. Kiangoi: Mr. Speaker, Sir, the hon. Member knows that he can go to the physical planner who can identify those plots. After that, if he came back and asked the Question, then I would know whether it relates to my Ministry or not. As of now, I cannot answer the Question.

Mr. Speaker: Order! As a matter of interest, does the allegation that Government houses have been grabbed by individuals not leave you concerned, as a Ministry?

Mr. Kiangoi: It does, Mr. Speaker, Sir. As a matter of fact, last week when I was answering a Question about

houses in Woodley Estate, I was so much concerned that I went to the depth of the matter. I clarified it and was thanked by Mrs. Mugo. I would be of help to the House and the hon. Member if only I had the particulars. I am in a fix because I do not have the particulars.

Mr. Speaker: This being public property, could the two of you go, talk and understand each other, so that we know the facts when you come back to the House? I will defer this Question for a week.

Eng. Toro: Can the Question be deferred?

Mr. Speaker: Yes, the Question is deferred. Eng. Toro, you should also put your Questions properly so that the problem is identified.

Eng. Toro: The investigatory machinery is better on the Government side than mine as an individual Member of Parliament. I do not see why the Assistant Minister cannot investigate a case where Government houses are being sold.

Mr. Speaker: Order, Eng. Toro! I think you have one problem. You are always in a fighting mood even when you want to be assisted. It does not help you at all. There are times to fight and times to ask a Question. I think this is time for asking Questions.

Mr. Wamae: Mr. Speaker, Sir, if you look at this, you will find that it is describing the plot number of a particular Ministry. This should help the Assistant Minister to find out the other details. For instance, land ADC House No.2 must be physically there on the ground.

Mr. Speaker: Order! What is it that he should see?

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

Mr. Speaker: Order, hon. Members! It must mean something else anyway!

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

Mr. Speaker: Order, Mr. Michuki! We do not have the time to talk about this issue for too long! I have already deferred the Question, and I have directed Eng. Toro to get in touch with the Assistant Minister so that in a week's time, we get everything here. So, the Question is deferred for a week.

(Question deferred)

Question No.289

REHABILITATION OF SHAURI MOYO ROADS

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

- (a) why the four main roads within Shauri Moyo and Pumwani awarded to Krishan Behal Limited have not been completed after two years of awarding the contract;
- (b) whether he could state the contract sum for each road and how much has been paid for each; and,
- (c) when they will be completed.

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

(a) The four main roads in Pumwani and Shauri Moyo areas have not been completed because the contractor has not been paid a large amount of money due to him. As a result, the contractor has suspended works on this contract.

(b) The contract tender sum was not for a specific road. It was for a package on several roads and streets consisting of 36 kilometres of road network. The entire contract sum was Kshs624,187,949.30. The amount paid so far is Kshs496,877,389.50. The remaining work will be completed as soon as the contractor is paid the outstanding payment.

Mr. N. Nyagah: Mr. Speaker, Sir, the last time that this Question came here, some three or four weeks ago, the Assistant Minister said that they had done 80 per cent of the work. He was asked to specifically come up with the documents to prove that 80 per cent of work had been done and only a balance of Kshs128,000 was left. But that does not show on the ground. This is because only excavation work was done, and there must be something that we need to be told by the Assistant Minister. What is the Assistant Minister hiding by not telling us the contract sum for each of the four roads, yet it is contained in the contract document?

Mr. Kiangoi: Mr. Speaker, Sir, indeed, it was said that 87 per cent of the work has been completed. But as I have said, it is not one road; it is a package on roads. The roads completed so far in Shauri Moyo and Pumwani areas include Lamu Road, Ahero Street, Ombira Street, Sakwa Road, Butecho Street and Kericho Street. These have been completed. If it is only excavation work that was done in a given area, as the hon. Member is alleging, then, undone work is part of that which is remaining.

Mr. Ndicho: Mr. Speaker, Sir, the Assistant Minister has said that the roads have not been completed because some outstanding sum of money has not been paid to the contractor. As a matter of law, it means, therefore, in this contract, there is a party that has breached part of its obligation. Could he tell us between Krishan Behal, a very notorious road contractor who starts roads and never completes them, and the person who was awarding the contract, who has breached the contract to necessitate the non-completion of this project?

Mr. Kiangoi: Mr. Speaker, Sir, the hon. Member has said that as a matter of law, the contract can only be breached between the employer and the contractor. We have said that the contractor has not been paid a given sum. I thought that if it was a matter of law, then, the hon. Member would have understood where the breach lies.

Mr. Ndicho: Mr. Speaker, Sir, the Assistant Minister has just admitted that whoever he is calling the "employer" is the one who has breached the contract and not Krishan Behal. Could he then tell us why they have breached the contract?

Mr. Kiangoi: Mr. Speaker, Sir, it is because there are no sufficient funds. I will explain. This is because the Ministry used to get 21 per cent from the Fuel Levy Fund through the Kenya Roads Board (KRB), but we are no longer an agency. Therefore, there are no funds, but we are negotiating with the Treasury so that we are funded.

Mr. Angwenyi: On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead this House that the Ministry is not receiving its 21 per cent from the Fuel Levy Fund when, in fact, last week the relevant Ministry published information showing that it had sent 21 per cent of the funds to the Ministry of Local Government and gave a copy of the published information to the Committee on Energy, Communications and Public Works?

Mr. Speaker: Anyhow, as you respond to Mr. Angwenyi, how does the Ministry go ahead, award a multi-million contract - Kshs600 million - as a matter of fact, when you do not have the money?

Mr. Kiangoi: Mr. Speaker, Sir, as you may know, the Government works on estimates. It is anticipated that revenue will be collected, and we will get funds from that revenue. That revenue is what is not forthcoming any more because I have said that the Ministry of Local Government is not an agent of the KRB. I would fail to understand how the KRB would have distributed money to a body that is not an agent under the Act.

Mr. N. Nyagah: Mr. Speaker, Sir, last week, the Minister for Roads and Public Works gave a dressing down to Krishan Behal on his visit to Meru North because of the shoddy jobs that he has been doing. In this case, we have a situation where the *El Nino* rains are expected in September, and the Government will spend big money to redo all of these roads. Is the Assistant Minister prepared to give us a contract document to prove the point that I want to prove in part (b) of the Question; that, this money has been misappropriated and this man has been paid money for work not done so that it can be shared out? Could he produce this contract document for us to make a follow-up?

Mr. Kiangoi: Mr. Speaker, Sir, even if I were to lay on the Table the contract document, it would not show that, that money has been misappropriated. It will show the contract sum, what has been paid and what is outstanding. I have said that work done so far is 87 per cent and is worth Kshs545,370,984.21. The amount paid so far is Kshs496,877,383.50. That would not be in the contract document.

Question No.140

COMPENSATION FOR INJURY TO STUDENT

Mr. Musila asked the Attorney-General:-

(a) whether he is aware that one Julius Vamba, a student at Katheka Secondary School, lost one eye through injuries inflicted by a teacher on 5th October, 1996; and,

(b) what action he is taking to ensure that the victim is compensated by the Teachers Service Commission for the loss of his eye.

The Attorney-General (Mr. Wako): Mr. Speaker, Sir, I beg to reply.

(a) I am aware that one student by the name Julius Vamba at Katheka Secondary School suffered injuries as a result of an alleged caning by a teacher, one Samuel Nzevi, on 5th October, 1996.

(b) There is an appeal pending before the High Court, Civil Appeal No.136 of 2000, which is coming up for hearing on 31st July, 2002 - which I believe is next week. The Attorney-General will await the outcome of the appeal.

Mr. Musila: Mr. Speaker, Sir, I thank the Attorney-General for his answer. This is a very interesting matter, because the boy in question, who was injured, and who has lost one eye in 1996, was awarded a paltry Kshs125,000 on 28th December, 1999. The appeal was filed on 24th March, 2000. Is the Attorney-General satisfied that justice was done when the Government was asked to pay only Kshs125,000 and has taken five years even to appeal against the award of a very small amount of money that this poor boy ought to have been paid five years ago?

Mr. Wako: Mr. Speaker, Sir, as I understand the facts, the teacher was charged in a criminal case and was

acquitted on the basis that it was a pure accident. It is true that the lower court found that the student should be paid a compensation amounting to Kshs125,000, but we were instructed to appeal against that decision because the liability was not there. If there is a bit of injustice, it is a slight delay that has happened after the judgement was given and up to now. We should wait for the outcome since the case application is coming up on 31st July.

Mr. Muchiri: Mr. Speaker, Sir, the Attorney-General has accepted, whether by accident or through a criminal activity, that this young boy was injured by a teacher who was executing his duties. In the first instance, why did he not accept liability straightaway and pay that young man instead of indicating that he was not willing to pay?

Mr. Wako: Mr. Speaker, Sir, I do not understand the question, but the issue of liability is in dispute. The court found that it was a pure accident and nobody was liable, at least criminally. So, liability is being looked into and the appeal is coming up on 31st July. So, we should await that outcome. If there is an appeal for an ex-gratia payment, that can be considered, but it cannot be the subject of a discussion in Parliament.

QUESTIONS BY PRIVATE NOTICE

KILLING OF INNOCENT KENYANS BY POLICE

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

(a) Is the Minister aware that on Saturday, 8th June, 2002, a GK vehicle registration No.GK 085J carrying police officers from Keroka Police Station and Administration Police Officers from Magombo Camp hit Ms. Eunice Nyamoita Oginda, after which the officers opened fire and shot dead two students namely, Dennis Ombaye Mang'are and Duke Mochama and a tout, Mr. Tom Osinde?

(b) What action has he taken to have the driver of the GK vehicle charged with the killing of Ms. Oginda?

(c) What further action has he taken to charge the police officers with the killing of the three innocent Kenyans?

(d) What arrangements has he made to have the families of the victims compensated by the Government?

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

This Question had been answered earlier, and all that is needed are copies of a postmortem report which I now have, and I wish to table.

(Mr. Samoei laid the documents on the Table)

Mr. Anyona: Mr. Speaker, Sir, this really is very puzzling, because when the Question came up the first time, I think you were here, and the Minister said that he had instructed the Commissioner of Police to arrest the police officers concerned, but he asked to be given more time to get the postmortem reports. For another two weeks, he was not able to do it and he asked for more time. Last Thursday, he was not here, and an Assistant Minister tried to give the original answer. The Chair ordered that the Minister himself comes to answer the Question and lay the postmortem report on the Table, because he had made certain definite statements.

Mr. Speaker, Sir,---

Mr. Speaker: Order, Mr. Anyona! You are taking a lot of time. In fact, when Questions keep on being answered piecemeal, week after week, we lose track and keep on taking the time of the House. But if the order was that the Minister comes to Table the document, he has done that. Now ask him all the questions you want. You have the time.

Mr. Anyona: Mr. Speaker, Sir, at that time, I got a written answer from the Minister in which he made certain statements. Today, I have a written answer signed by Mr. Samoei and stating completely different things. I do not know which is which. In any case then, I would need time to look at the postmortem reports before I can raise any further questions.

Mr. Speaker: So, we shall keep on deferring this Question week after week! What is your reaction, Mr. Samoei?

Mr. Samoei: Mr. Speaker, Sir, if, indeed, it is in the interest of this House, I do not mind if this Question is postponed so that Mr. Anyona can have a look at the facts available in the postmortem report. However, the answer that I have given today has got more facts, as opposed to the answer given by the Minister earlier.

Mr. Speaker: Is it in dispute as to the cause of death; that the deceased were not shot?

Mr. Samoei: It is not in dispute, Mr. Speaker, Sir.

Mr. Speaker: So, why are you worried about the postmortem? If the cause of death is not disputed, then the

reasonable question to arise is no longer on the postmortem, but what action you will take. Why are we bothered about the postmortem report any more?

Mr. Anyona: Mr. Speaker, Sir, last time when I asked the Minister whether he had arrested the police officers, he said that he was waiting for the postmortem report so that he could take action and tell the House what action had been taken. Now, the Assistant Minister's answer is completely contradictory to the other one and that is why he did not read it.

Mr. Samoei: Mr. Speaker, Sir, unless Mr. Anyona is asking a Question other than the one on the Order Paper, to the best of my knowledge, the answer that I have given is based on the Questions that has been asked as it appears on the Order Paper. I will not attempt to answer Questions that have not been listed.

Mr. Speaker: Anyhow, what do you propose to do? Do you still want the Question to be deferred to Thursday or next week? I do not want this Question to go beyond next week. In fact, I do not want this issue of deferring Questions every week. We lose a lot of time due to this, and we get confused as a result. So, what do we do, Mr. Samoei?

Mr. Samoei: Mr. Speaker, Sir, I think you have put this Question in perspective. The issues that have been raised in the Question are already addressed as far as I am concerned. The postmortem report is right here before the House, and I will not be able to answer the ensuing questions even on Thursday, because an inquest file No.6/2000 has been opened. Unless this inquest is concluded, there is not much I can tell the House.

Mr. Anyona: Mr. Speaker, Sir, the Minister made a statement in this House. Precisely, I asked why there was an inquest when the policemen who killed these people were known. The Minister asked for more time, but in the meantime promised to order arrests and get the postmortem report so that he could know what action to take. Those are the steps I have been waiting for and they are not forthcoming. He is trying to twist answers by---

Mr. Speaker: Mr. Samoei, are you inquiring whether or not these people committed suicide or shot themselves?

Mr. Samoei: Mr. Speaker, Sir, there are two issues here. There is the issue of the traffic accident which caused the death of the lady, Ms. Eunice Nyamoiita Oginda. That is being investigated vide traffic accident file No.29/2000. When we conclude those investigations, we will charge the driver of the GK vehicle accordingly. That we shall do.

As for the other issues that have been raised with regard to the inquest, we have to determine the correct position, because the police officers in question have, indeed, recorded statements to the effect that they were under threat from the public. It is common knowledge that members of the public sometimes become a menace and a threat to police officers. Police officers are human beings who also need to be protected by the law, and that is why this inquest file was opened. We want to determine whether, indeed, the police officers were under threat or not.

Mr. Muite: On a point of order, Mr. Speaker, Sir. Is it in order for the Assistant Minister to mislead the House that an inquest is being held when he is owning up that the cause of death was shooting? Is an inquest not held when somebody has died in mysterious circumstances? An inquest is supposed to establish those mysterious circumstances. What inquest is there to hold when the police shot and killed some people as you have said?

Mr. Samoei: Mr. Speaker, Sir, as I said earlier, it is not in dispute that the persons were killed by the police officers. What is in dispute are the circumstances under which that shooting took place. That is what is under investigations and unless it is determined, we cannot charge those police officers!

Mr. Speaker: Mr. Samoei, is that not a very dangerous statement to make in the House? Policemen will not be arrested when they shoot people until an inquest has been held! Is that not very dangerous?

Mr. Samoei: Mr. Speaker, Sir, I think it is equally dangerous for us to arrest police officers who, when carrying out their duties, were under threat from the very people they are supposed to protect! That is equally dangerous!

Mr. Wamae: On a point of order, Mr. Speaker, Sir. Is it in order for the Assistant Minister to demand an inquest when he should take those policemen to court to face trial? He should take them to court.

Mr. Samoei: Mr. Speaker, Sir, I think we are following the correct procedure in that particular case and once the inquest is determined, we shall take action.

Mr. Angwenyi: On a point of order, Mr. Speaker, Sir. If this Question had been answered four weeks ago, we could not have had the murder that was committed at the University of Nairobi, where a police officer shot dead a student. In that particular case, two students were shot dead in clear daylight. The police officers who shot those people are known. When are we going to be able to protect the lives of Kenyans? Could the Assistant Minister tell us why he cannot arrest those policemen today and have them charged in a court of law?

Mr. Samoei: Mr. Speaker, Sir, that will be done. We are only concerned with procedure. We have taken the matter to court for inquest. That is why an inquest is being carried out. That is the procedure which we shall

follow.

Mr. Anyona: Mr. Speaker, Sir, in view of the fact--- Maybe, the Chair may want to refresh its memory by looking at the HANSARD. The Minister clearly said that he had already instructed the Commissioner of Police to arrest those officers. But, in addition, he wanted to be given more time to get the inquest report. Now, we are getting a completely different answer from his Assistant Minister! Now, really, I mean---

Mr. Speaker: Well, I suppose the Minister forgot at that time that the Commissioner of Police is the head of the police. Maybe, he forgot! So, he realised later that the Commissioner of Police is the head of the police. So, he decided to change course. Anyhow, I do not know what they will tell us next! Let us move on to the next Question by Mr. Gitonga!

Mr. Achola: On a point of order, Mr. Speaker, Sir. I do not know how we have left this issue because it is very important! What have we decided now? What is your ruling?

Mr. Speaker: Order! I will not defer it to no end because in my estimation, we are not really getting anything useful out of this. I think the best thing Mr. Anyona can do is to follow it up under the normal procedure and request for a Motion of Adjournment. I suppose we cannot get anything now beyond what we have heard. If the Assistant Minister insists that every time a policeman shoots somebody dead an inquest must be held, that is a very dangerous statement.

Capt. Ntwiga: How do we know there is an inquest?

Mr. Speaker: Order! We must believe him if he says there is one.

Proceed, Mr. Samoei!

Mr. Samoei: Mr. Speaker, Sir, without trying to challenge your authority really, the circumstances surrounding that particular case are, indeed, very grey! We are talking about police officers, who carry out their duty of protecting Kenyans while under threat from the same Kenyans. I do not know whether you can look at it from the other side.

Mr. Speaker: Yes, I can!

Mr. Samoei: Mr. Speaker, Sir, they too deserve justice on their side. Justice demands that somebody is innocent until proven guilty!

Mr. Speaker: Order, Mr. Samoei! I think I have left that Question because it is not for the Chair to get involved. But the Chair was just pointing out one thing to you. I said that the Chair should not get involved. The only thing I was bringing to the attention of the Assistant Minister is that, while protecting the lives of police officers to do their duties, I do not think they have the right to kill others. I think this House has a duty to speak in very loud voice when lives of Kenyans are being taken away outside the judicial process. Whatever the circumstances, I think the law is very clear that the police can only act with reasonable force to apprehend a suspect and amongst the things he can do is to shoot to disable; like shooting at the leg! Why the heart all the time?

(Applause)

CAUSE OF MR. KAMAU'S DEATH

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

(a) Is the Minister aware that the body of the late John Kamau Evan was found dumped outside a bar at Rukuma Trading Centre on the morning of 8th June, 2002?

(b) Could he inform the House the circumstances that led to Mr. Kamau's death?

(c) How many people have been apprehended in connection with his death?

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

(a) Yes, I am aware that the body of Mr. John Kamau was found dumped outside a bar at Rukuma Trading Centre.

(b) Mr. Kamau's death was as a result of excessive drinking of *miti ni dawa* and hot drinks.

(c) Nobody has been apprehended as a result of that incident. An Inquest File No.7 of the year 2002 is still open and investigations are still on.

Mr. Gitonga: Mr. Speaker, Sir, that is a very absurd answer! The Assistant Minister has admitted that Mr. Kamau died from excessive drinking of *miti ni dawa* and hot drinks. That is not the first time people have died in Lari from drinking those killer drinks. If the Assistant Minister has admitted that he died of excessive drinking of *miti ni dawa* and hot drinks, what is the inquest file for? Why has it been opened if he already knows how that person died? Why have the manufacturers and suppliers of those drinks not been arrested?

Mr. Samoei: Mr. Speaker, Sir, unfortunately, the Act banning the sale of this class of brews was repealed. We can only make do with the *chang'aa* Act which is still in place. Unfortunately, we cannot prove whether *miti ni dawa* is *chang'aa* or not. So, our hands are tied; we cannot do much.

Mr. Gitonga: Mr. Speaker, Sir, has the Assistant Minister taken a sample of this brew which this person died of, so that he can confirm to us here that, that person died of *miti ni dawa*? What does he mean by a "hot-drink"? Is it whisky, gin or *chang'aa*? What are these things?

Mr. Samoei: Mr. Speaker, Sir, that is exactly what the inquest is all about. The purpose of the inquest is to determine whether these drinks that Mr. Kamau was consuming fall under the category of *chang'aa*. If, indeed, they do, we shall charge whoever was selling them accordingly.

Mr. Muite: Mr. Speaker, Sir, you heard the Assistant Minister say that they are helpless and there is nothing they can do because the *Chang'aa* Act was repealed. But under the Liquor Licensing Act, is it not the Liquor Licensing Tribunal that licenses these brews? If a brew is killing people why does the Government not revoke its licence? There is a good DC in Kiambu. Why does the Assistant Minister not ask him to revoke the licenses of the people who are selling this brew? Why are they not following that course?

Mr. Samoei: Mr. Speaker, Sir, indeed, we do license brewers and distributors of this stuff. But because of the nature of the brewing systems, sometimes, they do not maintain the same standards for the drink they brew. Many times we do find that what they submit for approval is not what they actually brew and sell to members of the public.

Mr. Speaker: Very well! Question time is up! All the other Questions are now deferred.

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

Mr. Speaker: Order! Mr. Aringo, it is time to move to the next business. That is why I have deferred the Questions. It is 3.30 p.m. and we must move on to the next Order!

Mr. Oloo-Aringo: Last week, I raised a question on---

Mr. Speaker: Order! Order! The rule that the next business must start not later than 3.30 p.m. has no exemption. I have stopped all the other business because it is 3.30.

ARMED ATTACK ON COUNCIL CHAIRMAN

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

- (a) Is the Minister aware that the Chairman of Rumuruti Town Council was attacked by heavily armed gangsters on the night of the 11th June, 2002 at his home in Rumuruti?
- (b) What action has he taken to arrest the people involved and further protect the lives of the people living in Laikipia?

(Question deferred)

ACTION AGAINST CHILD DEFILER

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

- (a) Is the Minister aware that one Wanjala Karani, who defiled a minor in Bungoma and the case reported at the Bungoma Police Station on 13th June, 2001, is still at large?
- (b) Why has he not been charged?

(Question deferred)

RECRUITMENT OF MILITARY OFFICERS FROM BURA

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

- (a) Is the Minister aware that military recruitment officers refused to recruit young men from Bura Constituency on 26th June, 2002?
- (b) Is he further aware that for the last 10 years, no officers have been recruited to the disciplined forces from the area?
- (c) What urgent measures is he taking to rectify this anomaly, including revoking the exercise of 26th June, 2002, and conducting fresh recruitment in Tana River District?

(Question deferred)

Mr. Speaker: Next Order!

COMMITTEE OF SUPPLY

(Order for Committee read being Fifth Allotted Day)

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

The Minister for Public Health (Prof. Ongeru): Mr. Deputy Speaker, sir, I beg to move that Mr. Speaker do now leave the Chair to enable me initiate debate on Vote 11 - Ministry of Health.

Mr. Speaker, Sir, the remarkable improvements in the health sector could have not taken place without the personal commitment and support of His Excellency the President, Daniel T. arap Moi. But hon. Members are aware that the Government has since Independence made remarkable progress in the health sector as witnessed by increased life expectancy, immunization coverage, expansive health facility network and reduction in both the child and maternal mortality. It is unfortunate that the HIV/AIDS pandemic has eroded some of the gains which have been made in the recent past. Without the HIV/AIDS scourge, life expectancy would have been 50 years, while with the HIV/AIDS epidemic it has now declined to 47 years.

Mr. Speaker, Sir, despite these remarkable improvements, the health sector is faced with a lot of challenges emanating from what we commonly refer to as "diseases of poverty". These are: Malaria, which contributes to 30 per cent of morbidity, HIV/AIDS pandemic, with 50 per cent of our hospital beds occupied by HIV/AIDS patients, tuberculosis whose numbers have doubled to over 75,000 in the last few years and the re-emergence of communicable diseases that had previously been brought under control. These challenges, coupled with the ever increasing demand for health services are putting a lot of pressure on available resources. Addressing the above challenges requires bold steps which include among others, investing more in public health and essential clinical services. This calls for re-directing of resources from interventions with low incremental gains to those that cost little, but dramatically reduce the burden of diseases without increasing expenditure.

Mr. Speaker, Sir, though the above challenges are daunting, they are not entirely insurmountable. The Government has addressed itself to these challenges in two major policy documents; namely, Kenya's Health Policy Framework Paper of 1994 and the National Health Sector Strategic Plan 1999 through to 2004. Public health interventions that are highly cost-effective and which will receive attention in the form of additional finances support, include: Immunisation, strengthening school-based health services, reproductive health programmes, programmes to reduce tobacco and alcohol consumption, health education to enable households improve their environment and protect themselves from diseases, environmental health and malaria control and integrated management of childhood illnesses.

Mr. Speaker, Sir, a number of key policy documents have been developed to give the Government's commitment to develop and implement HIV/AIDS and TB control policies and guidelines. These include: Development of a cost-effective HIV/AIDS and TB package, mobilisation of resources, development of IC-materials in dissemination of research findings to the public and consultations with various stakeholders involved in the war against the scourge. Despite the high awareness levels on prevention, behaviour change has been rather very low. The total number of HIV/AIDS cases currently stands at 2.1 million. The number of HIV/AIDS positive patients requiring anti-retroviral therapy - what is commonly known as the ARVs - is estimated to be 400,000. The estimated number of patients currently on Dual-Triple Combination Therapy is approximately 3,000.

Mr. Speaker, Sir, systematic introduction of anti-retroviral treatment starting with prevention of mother to child transmission of HIV/AIDS, post-exposure access profile for health workers, triple-therapy for infected mothers, their partners, health personnel and integration of anti-retroviral treatment into national HIV/AIDS, STD and TB programmes for a target of 100,000 treatments in the medium-term period 2002 and 2005, will cost about US\$350 per triple therapy, per person in a year. Currently, these resources are not available. It is expected that during the Supplementary Budget, additional funds will be directed to the health sector to meet the required finances to purchase the anti-retroviral drugs.

On top of this, treatment of opportunistic infections will cost about US\$10 million for one year. In this regard, the Kshs300 million that the Ministry was promised during the Budget Speech by the Minister for Finance for

the financial year 2002/2003, and which is expected in the course of the year, will only enable the Ministry to commence this urgently required programme.

Mr. Speaker, Sir, the Ministry will come to the House at the Supplementary Estimates stage to request for more funds to purchase anti-retroviral drugs in view of the recently enacted Industrial Property Act, 2001. I wish, at this juncture, to point out that the introduction of the anti-retrovirals will require strict adherence to ministerial guidelines, compliance with registration requirements and effective monitoring of case management by all providers, or else, we face developing a super bug which will be a greater problem to handle than hitherto, as it is directly related to the virus itself.

The cost of healthcare services has gone beyond the reach of most Kenyans. Households are spending substantial amounts of their incomes to purchase healthcare services. One of the options that my Ministry will work on to remove this burden and economic barrier to healthcare services, is development of a national health social insurance scheme. It is my hope that when this scheme is operational, Kenyans will have easier access to essential healthcare. The Ministerial expenditure Estimates being presented to this House for the 2002/2003 Financial Year will address the challenges outlined above and the activities detailed here below.

The estimated gross total for the Ministry of Health for both Recurrent and Development Votes amounts to Kshs18,314,245,406. This constitutes 5.7 per cent of the total Government Budget with the inclusion of the Consolidated Fund Services and 6.6 per cent with the exclusion of the CFC. Last year, the gross budget for Vote 11 amounted to Kshs16,166,299,968. This translates into an increase of 13 per cent. The overall net budget for the 2001/2002 Financial Year amounted to Kshs13,709,091,560. This, compared to this Financial Year's net Estimates of Kshs15,184,198,750, reflects an increase of 11 per cent. In looking at the individual votes, it should be noted that out of the gross Recurrent Vote R11 of Kshs13,652,524,304, Personnel Expenses will take Kshs7,666,582,964 or 56 per cent of the total Recurrent Vote. Out of this remaining budget, the Ministry of Health parastatals will take Kshs3,235,472,711. These parastatals are Kenyatta National Hospital (KNH), which is the country's national referral and teaching hospital, Kenya Medical Training College (KMTC) which is responsible for training nurses and para-medical personnel, Moi Referral and Teaching Hospital, Kenya Medical Supplies Agency and the Kenya Medical Research Institute (KMRI). Hence, the Ministry's operation and maintenance budget amounts to Kshs2,722,262,744 or 20 per cent of the Recurrent Budget.

It is under the operations and maintenance budget where drugs form a major component. In order for the Ministry to meet the national drug requirement, we need a budgetary provision of between Kshs3.5 billion to Kshs4 billion per year. However, presently, the provision is only Kshs1,365,815,077. This means that drug allocation for the current financial year has increased by 4 per cent compared to the last financial year, which was Kshs1,313,644,958.

The total gross Development Budget amounts to Kshs4,661,721,102. Out of this budget, Kshs2,777,958,616 is given as donor grants, Kshs1,422,000,000, in form of loans and Kshs461,762,486 as the Government of Kenya allocation.

The gross development allocation will be distributed as follows: Rural health services will get 42 per cent, curative health - 19 per cent, general administration and planning - 18.5 per cent, preventive medicine and promotive health - 16 per cent and health training and research will receive 4.5 per cent. Donor grants will mainly be used to finance family health programmes, expanded immunization programmes and district health systems development. The loans will go towards improvement of rural health services (ADF), procurement of hospital equipment by Spanish Government, rehabilitation of Embu Provincial General Hospital and, finally, the decentralised HIV/AIDS and existing reproductive health projects by the World Bank.

Mr. Speaker, Sir, malaria continues to be a major health issue, and of late, has spread out from endemic areas to non-traditional highland areas. The Government will continue to assist the families affected by the recent epidemic of malaria in Rift Valley and Nyanza Provinces. In addition, drugs will continue to be made available, while households will be encouraged to use insecticide treated nets. In fact, in conformity with this spirit, it is only this morning that we signed a tripartite agreement between the World Health Organisation (WHO) and the British Government and the Kenya Government to provide £5 million towards the malaria strategy programmes in Kenya for the next five years. That is in the spirit of the malaria strategy which we have now adopted.

Communicable diseases remain a priority public health problem in the country. In the light of this, the Ministry of Health in conjunction with the WHO is strengthening surveillance for the country's priority communicable diseases using an integrated approach. The Ministry attaches high priority to environmental health and sanitation, as well as programmes aimed at preventing diseases and promoting health. I wish to highlight a few specific interventions. On environmental health and malaria control, the Kenya Health Policy Framework emphasises preventive health services as opposed to curative services. Towards this end, the Ministry will direct more financial resources towards preventive and promotive health services. In particular, the topical issue of malaria outbreaks will be tackled through the mosquito control. The Ministry has increased its allocation in the current budget from Kshs2,100,000 in the 2001/2002 Financial Year to Kshs19,748,148 this Financial Year, to control vector mosquitoes

through environmental management. In doing this, the Ministry will adopt an inter-sectoral approach which will bring together all the other relevant Ministries and stakeholders. Of course, having said this, one should take into account the agreement signed this morning of an additional £5 million for the next five years towards the malaria control.

The increased allocation still falls short of the national requirement to fully combat the malaria menace. Therefore, we will look forward to development partners to assist and support vector control through biological and chemical control methods.

Effective malaria control requires full participation of individual households and communities. In this regard, I wish to appeal to hon. Members to mobilise their constituents on malaria control activities in order to reduce the incidents of malaria in the country. School and community hygiene, environmental and sanitation in occupational health are some of the areas that the Ministry will be targeting. The Ministry will be supporting the above programmes to the tune of Kshs20,327,000. The main activities to be implemented will be the construction of latrines in schools and supporting training for participatory hygiene and sanitation transformation.

The Government has recognised the importance of sanitation and will promote the use of proper disposal methods in rural communities and thus, contribute to the reduction of diarrheal diseases. The occupational health and safety programme is designed and tailored to look after the health and safety of workers in various occupational fields and will continue to be given attention during the year 2002/2003.

In conclusion, I wish to request this House to approve a total of Kshs18,314,245,406 for Vote 11 - Ministry of Health. Of the amount requested, this financial year, Kshs13,652,524,304 will go towards supporting Recurrent Expenditure and Kshs4,661,721,102 to Development Expenditure. Of the total amount, Kshs3,130,046,656 is Appropriations-In-Aid and Kshs15,184,198,150 is net expenditure.

With those remarks, I beg to move.

The Minister for Energy (Mr. Raila): Mr. Speaker, Sir, I rise to second this Motion.

This is a very important Vote because it is now recognised world-wide that good health is one of the fundamental human rights. We all deserve to have good health, and it is the responsibility of the Government to ensure that her citizens enjoy good health. Good health in this sense does not mean the absence of disease. It means many other things! One of them is good diet. Good diet results in good health.

Mr. Speaker, Sir, I totally agree with the Minister for Public Health that we need resources to meet the health demands of our country. It is generally appreciated and accepted that demand, far exceeds the resources that are available to provide medical services. The Government is doing something about it.

Mr. Speaker, Sir, I wish to congratulate the Ministry on the aspect of immunisation. The immunisation programme which the Government has launched is very comprehensive, and the initial results show that it has been fairly successful. This helps to prevent occurrence of certain diseases. It is an aspect of health provision that needs to be encouraged and supported.

Mr. Speaker, Sir, lately, there has been an upsurge of highland malaria and we have lost very many lives which could have been saved, due to lack of preparedness to deal with it. As a layman, I have been trying to find out how people living in the highlands are dying of malaria, and I have been told that, it is basically due to global warming. Due to global warming, hot air blows up to the highlands and the malaria-carrying mosquitoes are able to reach the highlands, and infect people with malaria.

I am also told that there is high mobility of people moving from lowlands to highlands and in doing so, they come with malaria parasites which are transmitted to people who do not have immunity to cope with malaria. It is generally known that people who live in malaria-prone areas develop immunity to protect themselves against infection, whereas people who have lived in the cooler areas do not have that kind of immunity. Global warming is a universal phenomena. It is something that is scientifically known. So, we should have anticipated that it was going to result in this kind of thing and should have prepared ourselves. However, I wish to congratulate the Ministry for marshalling resources to cope with the malaria epidemic when it manifested itself in several parts of the country.

Mr. Speaker, Sir, Kenya was congratulated all over the world when Members of Parliament went to Mombasa and held a seminar which ended up with the Head of State declaring HIV/AIDS a national disaster. That was a major step, because it amounted to accepting that HIV/AIDS was real and it poses great danger to this country. I am saying this because when the former United States of America President, Mr. Jimmy Carter visited Kenya, he said that Kenya was one of the leading countries world-wide, in the fight against HIV/AIDS. However, that is not a battle which we are about to win. Our people still continue to suffer and die of HIV/AIDS. The figures which the Minister for Public Health has read to the House are a testimony to the fact that we have not managed to contain this disease. Campaigns have been carried out, and it is now generally accepted that a very high number of our people are aware that HIV/AIDS exists and it has no cure. But behavioural change amongst our people has not occurred. So, in some areas of this country, because of very conservative cultures, people still behave as if nothing has ever happened. People still engage in unprotected sex. They still joke by saying that they want the "real thing." So, Members of Parliament ought

to continue with the campaign which was started when we went to Mombasa. But the money that was supposed to be disbursed by the National AIDS Control Council, after the formation of Constituency AIDS Control Committees has not been forthcoming! No Constituency AIDS Control Committee (CACC) has received any money! When the Minister comes to reply, he needs to say something about the CACC. I hope he is going to address this issue.

The management of the National AIDS Control Council (NACC) leaves a lot to be desired! We want to know how the money that was given to the NACC - millions of dollars - has been spent. When an auditor comes and unearths some kind of financial indiscretion, it is not a good reason to suspend people. The NACC has suspended many of its senior officers merely because there was a leak in the Press that some money was not properly utilized. We need to know what is going on in that Council. The few officers who are suspending others are the people who should find their way out of that Council. So, I am saying that the CACCs, which we set up, ought to be empowered and be given money so that they can continue to carry out the good work that is intended by hon. Members.

Mr. Speaker, Sir, I know that a number of our people cannot afford to pay for the anti-retroviral drugs because they are fairly very expensive. We need to source for funding to make the anti-retroviral drugs available and affordable to a majority of the people.

In many other countries, people no longer die of AIDS. In the United States and in Europe, you can be HIV/AIDS positive, but you can continue to live and enjoy good health because there is no discrimination against HIV/AIDS positive people. This is where we want to move to. We must destigmatise HIV/AIDS victims.

Mr. Speaker, Sir, a number of employers - although they do not say it openly - cannot employ you, and if you are employed, an excuse is found to get you out of the job, merely because you are HIV/AIDS positive. Insurance companies demand that before you are insured, they must test you to determine whether you are HIV/AIDS positive or not. That is fine.

To get loans, you must also go for that kind of test. I know a friend of mine - an hon. Member - who refused to be tested recently and, therefore, he could not get the loan. We must try to help people who are infected---

Mr. Ndicho: On a point of order, Mr. Speaker, Sir. Please, stop hon. N. Nyagah from trying to play about with my name.

Mr. Speaker: Is that what is making you stand on a point of order?

Mr. Ndicho: But why is he asking: "Is it Ndicho"?

(Laughter)

Mr. Speaker: Order! I think all of you should keep the peace! Proceed, Mr. Minister!

The Minister for Energy (Mr. Raila): Mr. Speaker, Sir, it is certainly not hon. Ndicho that I am referring to. I do not know whether Mr. Ndicho has sought a loan from any of those financial institutions. But surely, he was not one of them.

Mr. Speaker, Sir, we must try to be compassionate, we must try to help our people who are unfortunately infected in order to cope with this scourge, because it is something that we can control. I know a number of governments in Africa are making a lot of efforts in the campaign against HIV/AIDS. Africa's population is under siege and threat of extinction, unless we reverse the spread of HIV/AIDS.

With those remarks, I beg to second.

(Question proposed)

Mr. Ndicho: Mr. Speaker, Sir, I stand to support the Vote for this very important Ministry and its request for Kshs18 billion. I am sure that the technocrats in the Ministry of Health must have done ground work to come up with these figures. This is because our people are really suffering. This House should not hesitate to grant this money to this Ministry, if it thinks that this is the amount of money that can be used to combat various diseases that affect our people's health.

[Mr. Speaker left the Chair]

[Mr. Deputy Speaker took the Chair]

Mr. Deputy Speaker, Sir, I wish to start with the issue of HIV/AIDS menace. I think the Kenyan Government, more so the Ministry of Health, and that animal called NACC, have not taken this issue seriously at all. They are more concerned about millions and millions of money that is donated to this body by foreign donors. I read in the news media this morning that the seminar for hon. Members in Mombasa has been postponed because the last time we were

there, we spent Kshs300 million. If you divide that figure among the hon. Members who attended that seminar, it means that every hon. Member spent Kshs1.2 million! We need an explanation on how this money was used.

The Minister for Health (Prof. Ongeru): On a point of information, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker: Order! Order! You can inform him when your time comes for replying!

Mr. Ndicho: Mr. Deputy Speaker, Sir, if truly Kshs300 million was spent in Mombasa when we were there last time, then it means that every hon. Member spent Kshs1.2 million. Yet we only got a ticket of Kshs8,000 to and from Mombasa, some little bogus meals there and then we came back! So, the Minister owes us an explanation. If truly, this is the amount of money that was spent, because it could be true, then we need to be told who spent this money and how. We cannot stand before this House and try to play about with people's lives. So, we need an explanation on that issue.

Mr. Deputy Speaker, Sir, I wish to thank the Medical Officer of Health (MOH) and the Superintendent of Health at Thika District Hospital, because that team has really improved the health status of that institution. Thika District Hospital handles patients from about eight districts within a catchment area; from Eastern, North Eastern, Central and Nairobi Provinces. Because of the availability of amenities, services and drugs, many people converge at Thika District Hospital and that has now brought a problem in Thika.

All the people who come for Voluntary Counselling and Testing (VCT) in Thika District Hospital leave that data back there. When those people transmit that data to Nairobi, they say that there is a very high incidence of HIV/AIDS in Thika. This reflects as if it is the people of Thika District who are infected! The Ministry should, therefore, note that Thika District Hospital is like a referral hospital which receives so many people from a big catchment area. Therefore, that stigma and scare that has been brought to my people, should be eradicated.

Mr. Deputy Speaker, Sir, I wish to ask the Ministry of Health to consider upgrading Ruiru Sub-district Hospital to a district hospital, because it is one of the areas currently with a very high population. There are so many coffee estates which surround Ruiru Town. It is also an industrial town and, therefore, people from the rural areas converge there. It is also becoming a very big commercial centre. The residents of Ruiru Town rely on Thika District Hospital for treatment. So, I would really request the Minister for Health to consider upgrading Ruiru Sub-district hospital to district hospital status.

Mr. Deputy Speaker, Sir, I am also against an issue that cropped up recently; the creation of the so-called, amenity wards. There are amenity wards that were created in Thika District Hospital. This is discrimination against certain people, because unless you have money, you cannot be treated in those wards. I am concerned about the people of Kiandutu slums, Majengo area in Thika, and those very poor hawkers who cannot afford money to be admitted in the amenities. When the MOH invited us there, I was vehemently against it because it amounted to discrimination against certain people, which is unconstitutional.

So, I would like to call for the abolition of amenity wards in hospitals. Kenyans should be provided with health facilities irrespective of one's wealth or poverty. It seems the Ministry is now focusing on people who have money. I have seen many people go to Thika District Hospital and get admitted into the general wards where common persons are attended to because they do not have money to pay for the better service that is provided in the amenity wards. Everybody at that hospital now seems to concentrate on patients in the amenity wards, because there is money available there. So, the Ministry should tell us why it settled for this arrangement. The Ministry should have tried to provide quality health services to as many Kenyans as possible, considering the fact that the economy is doing very badly. The Ministry should not, therefore, have set aside such facilities for people with money.

Although the Ministry has really tried to serve Kenyans with the minimum resources given to it by this House, it also needs to ensure that its personnel respond to the various needs of the many people of this country. I do not understand why treatable diseases like malaria should be killing Kenyans. I agree with the hon. Members who spoke before me and said that these disease outbreaks catch the Ministry unawares because of lack of prior planning. Before the Ministry starts arresting the situation, so many people have lost their lives. The main disease that kills so many people in the highland areas of this country is malaria. Some trained technical persons should have come up with proper drugs. There should be a team of experts within the Ministry which should always be ready, so that when such a crisis arises, it is arrested immediately. That way, Kenyans will not lose their lives.

Another epidemic may strike. If the Ministry's medical personnel are not alert, so many people can end up dying. So, could the Minister consider establishing a team of experts to plan ahead, so that when a crisis of this nature arises, the Ministry can be ready to address it instead of the Ministry officials sitting in their offices and waiting for the 10.00 a.m. tea and then continuing with their business as usual? In fact, it is the Press which alerts the Ministry officials that there is something wrong in the country. When stories about disease outbreaks appear in the daily newspapers, the Minister asks the Permanent Secretary (PS): "What is this I am seeing in the newspaper headlines today?" In turn, the PS asks the Provincial Medical Officers the same question. So, everybody in the Ministry asks his/her subordinate to explain the matter because the Minister has raised the issue. Even the Minister is asked by the President: "Waziri, ni

kitu gani ninaona katika magazeti leo?" Nobody is ever prepared for such a crisis. So the Ministry should have a team of experts to plan for such disasters.

Mr. Deputy Speaker, Sir, before I conclude my speech, I would like to speak briefly about the HIV/AIDS pandemic. I have stood here before and said that even condoms and other protective devices are useless. There is a billboard with a picture of somebody asking: "Je, una yako?" At first, I wondered what the message on the particular billboard was. I came to realise that the billboard was advertising condoms. You are even shown where to put it - in the rear pocket of your trousers.

Mr. Deputy Speaker: Where would you like it put?

Mr. Ndicho: Mr. Deputy Speaker, Sir, it should not even be there; that is what I am driving at. Kenyans should be God-fearing. In the guise of advising people to have protected sex, the advertiser in the billboard is encouraging them to indulge in illicit sex. As people continue engaging in this behaviour, they continue facing God's wrath. That is why our people cannot get healed.

With those remarks, I beg to support.

Mr. Twaha: Mr. Temporary Deputy Speaker, Sir, I rise to support this important Motion. May I take the opportunity to congratulate the Ministry for the good work it is doing, given the budgetary and other constraints that it has to operate under. There has been a remarkable improvement in the provision of healthcare services in Lamu District. Even at the Coast General Hospital, the level of cleanliness, security and delivery of service has improved tremendously over the last few years. For this, the Minister and his officials deserve my hearty congratulations.

However, we do have a few problems in Lamu District. First, the community has been building dispensaries and health centres, but the Ministry is taking too long to register and supply them with medical kits. We are not pushing for the registration of these facilities so that we can praise ourselves from the campaign platforms for taking development to our people, but rather, because Kenyans out there need the services that these facilities are supposed to offer. So, I urge the Minister to expedite the registration of the health facilities that the people themselves have built, and supply them with the medical kits and staff they require to become operational.

Secondly, I would like to inform the Minister that medical facilities in the entire Lamu District do not have incubators. Consequently, babies who are born prematurely have ended up dying. Therefore, I urge the Minister to urgently supply us with a few incubators, so that babies who happen to be born prematurely do not continue dying.

With those few remarks, I beg to support.

Mr. Mbitiru: Mr. Deputy Speaker, Sir, when this country attained Independence, the Government committed itself to fighting disease, hunger and illiteracy. Today, the Government does not provide education or health services, and hunger looms all over the country. So, we should ask ourselves why the Government committed itself to certain responsibilities it cannot discharge. Good health is paramount to the development of this nation. Unhealthy people cannot go to school or work and generate any wealth. Unfortunately, today, about 70 per cent of our population cannot get a cough syrup from our public hospitals, because medicines are no longer available there. Every time you visit a public health facility, you are asked to produce an exercise book, so that the nurse-in-charge or doctor responsible can prescribe drugs for you to buy. Public hospitals no longer have pharmacies. Where pharmacies exist, they comprise of empty shelves.

If you visit hospitals and health centres in the rural areas, particularly Kinamba Health Centre in my constituency, and Kalandi Health Centre, you will be disappointed. Even the people living around these institutions have to pay in order for operations to be performed on them. They have to buy the surgical gloves, cotton and everything else that is required. It is very disappointing. I wonder what the Ministry will do with the Kshs18 billion it is asking for. At the end of it all, this money will never reach the common *mwananchi*. Drugs will be bought, but some of them will reach rural health facilities when they are expired, while others will be sold to private chemists by the persons who handle them. These are very unfortunate circumstances.

What does all this mean? All this, is due to bad attitude that our people have. You may be very skilled, but if you have bad attitude, you are misplaced. You will never do anything good for this country. That is why we are suffering. The people who have been employed to manage our public institutions have the wrong attitude towards the work they have been employed to do. What are the attitudes of the PS, doctors, the Director of Medical Services, and of all other medical staff towards their work? Are they focused and willing to deliver? Are the doctors focused? Are they willing to work? If you go to a Government hospital, you will find a person in pain and almost dying, but nobody assists him. You will find a patient bleeding profusely, but nobody is willing to assist him or even put him on a stretcher.

The issue here, is the attitude of doctors towards their work. Even if you allocate Kshs100 billion to the Ministry of Health, doctors will never deliver. What is important to them is how much goes into their individual pockets. This is a very serious situation that we must look into. We should start by looking into the issue of the Highland Malaria epidemic. Why is it that during the past years, the Highland Malaria has been under control? Why is

it that for the last three to four years, we have had this epidemic wiping out our people? Three hundred people have died within two months. Did the people responsible for supply of drugs to hospitals ask themselves why these people died? Are they prepared to come and tell this House that they did not have money? We know, and even the Minister is aware, that they know where they can get money for emergencies so that they can take care of such epidemics, but nobody seems to care. If you go the hospitals concerned, you will find everybody walking around but showing very little care for the patients. This is unfortunate.

The Minister should stand firm, unless he does not have control over his Ministry. When you get to a position of leadership, you must exercise authority and be seen to be earning your salary justifiably. Otherwise, I do not see the reason why anybody can hold a position and not be able, at the same time, to do what it entails. This is very unfortunate. We will continue allocating money to various Government departments year in, year out, but it will never get to the people whom it is supposed to get to.

I am very surprised that the Minister has allocated about Kshs4 billion to the Ministry's parastatals, for example, Kenyatta National Hospital (KNH). Today, you will find that Kenyans, majority of whom cannot afford to pay the required fee at the KNH, sleep on the floor while foreigners, for example, Ugandans, Rwandese and all the others who have something to cough, are provided with beds, blankets and sheets. This is a very deplorable situation. That is why I talked about our attitude. We have allocated so much money to KNH, yet it lost so much money through investments in certain financial institutions. For example, it has lost over Kshs400 million to the Euro Bank. Does it mean that the Government had nothing to do with that money? Why undertake such a lucrative investment? Who benefitted from that money? Has KNH ever recovered that money?

Mr. Deputy Speaker, Sir, if you look at the National Hospital Insurance Fund (NHIF), you will find that the same thing is happening to it. How much money has NHIF invested in the same bank? What is the intention? We must ask this question loudly here, and be told why parastatals move their money from stable banks to shaky financial institutions. Why do they undertake lucrative investments and who benefits from these investments? Finally, we should also be told why so many people have died while we engage in lucrative investments which benefit individuals.

Mr. Deputy Speaker: Ask for sniffer dogs! You are supposed to be watchdogs. Let us adopt the Controller and Auditor-General's Reports before we can get into the minute administration issues of the parastatals or the Ministry.

Proceed!

Mr. Mbitiru: Mr. Deputy Speaker, Sir, we have been dealing with postmortem cases all the years. That is why this House is "dying". It cannot "bite" because we only deal with postmortem issues.

Mr. Deputy Speaker: Change the law!

Mr. Mbitiru: Thank you, Mr. Deputy Speaker, Sir. This is a very serious matter. Our attitude---

Mr. Deputy Speaker: Order! You know the function of Parliament in respect of oversight. It has to work *post-facto*. If you want to go and audit the accounts of these parastatals, change the law and the Chair will be too happy to allow you to proceed along those lines.

Mr. Mbitiru: Thank you, Mr. Deputy Speaker, Sir, for that piece of advice, but I am only stating a position which we need to look into as hon. Members of this House. I am saying that this is wrong and we took the wrong step.

Finally, I must talk about the HIV/AIDS epidemic in this country. As everybody has said, we are all very dissatisfied. Why was the National AIDS Control Council moved from the Ministry of Health to the Office of the President? How many people have the capacity to handle HIV/AIDS issues in the Office of the President? In the Office of the President, I believe, there are very sensitive issues that need to be handled there, and HIV/AIDS is not one of them. The HIV/AIDS scourge should be dealt with by the Ministry of Health, which I believe has the right personnel to tackle it. But because of the cancer we have in this country in the form of corruption, the HIV/AIDS control unit must be put where people can reach the money. That is why somebody says that he has spent Kshs300 million on a single two-day trip to go and discuss HIV/AIDS issues. This is unfortunate. That is why hon. Members are saying that this unit is a money guzzler which targets donor funds. There are so many people outside there who are really concerned about the HIV/AIDS disaster in this country and are coming to assist us, but somebody wants to pocket the money donated for AIDS control. The Constituency AIDS Control Committees (CACCs) should be funded to deal with the scourge. I want to urge the Minister to put a request to the Office of the President to have the HIV/AIDS control unit transferred to the Ministry of Health.

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

Mr. Musila: Mr. Deputy Speaker, Sir, I stand to support this Motion. Indeed, I want to commend the Ministry of Health for the excellent work it has done in the rural areas particularly, despite the harsh economic situation.

You will all agree that this Ministry has been run very professionally. I want to personally commend the Ministers and the operational officers, particularly the Permanent Secretary and the Director of Medical Services. They

have always been handy whenever hon. Members have raised issues concerning the Ministry. It is always good to give credit where it is due.

I also want to thank the Government for approving the upgrading of quite a number of health institutions in my constituency this year. Migwani Health Centre was approved to be upgraded to a Sub-District Hospital; Kitani, Kithei and Mathuki dispensaries were approved for upgrading to health centres, and quite a number of other dispensaries were opened. I am very grateful on behalf of my constituents. I would like to impress upon the Ministry to implement this decision. The decision has been taken and the Ministry has gazetted these institutions, but the actual operations have not started. I am hopeful that this will be done soon.

For many years, I have been raising the issue of shortage of members of staff for Mwingi District Hospital. Today, this matter has not been addressed satisfactorily. There are only a few nurses, clinical officers and only two doctors for a whole district hospital. At one point; two years ago, the Minister gave us a name of a third doctor who had allegedly been posted to Mwingi District Hospital. To date, he has never reported. I am requesting that we get additional doctors for the hospital in view of the demand for these services.

Mr. Deputy Speaker, Sir, shortage of drugs in the country and in Mwingi District, in particular, is a matter of concern. I say this because I did ask a Question recently and the Minister admitted that during the last financial year, only a quarter of the drugs that were needed were purchased. As I speak, our health institutions particularly those in the rural areas have no drugs. I am hopeful that something will be done, especially after we approve the estimates this time, so that we can get medicine to reach people over there.

However, the problem of shortage of drugs is compounded by theft of drugs in our institutions. During the last two years there have been breakages and even sometimes our drug stores in Mwingi District Hospital have been found ajar with drugs missing. It, therefore, means that there have been some "inside jobs" which have been going on in our health institutions. The Ministry of Health buys drugs, they are sent to health institutions and they disappear immediately. They are found in chemists in the markets and people go to buy them from there. I think something ought to be done to ensure that when these drugs - as scarce as they are - are delivered to health institutions, they are safeguarded and used for the purpose they are meant for. It is a serious problem. It is happening in Mwingi, Kenyatta National Hospital and all over the country. I think it is high time the Ministry took corrective measures to ensure that this does not happen.

Mr. Deputy Speaker, Sir, one of the reasons why we find there is a lot of inefficiency, corruption and theft of these drugs is because the Ministry has allowed some officers to overstay in stations. I want to give an example of an officer in Mwingi District who is supposed to be the deputy of the hospital administrator. This gentleman has been in Mwingi for nearly 20 years. The man owns a fleet of matatus and so many buildings in Mwingi Town. You just wonder! With the salary we know he earns, how can that kind of an officer own a fleet of matatus and buildings in Mwingi and stay in that station for over 20 years? He was posted to Mwingi in 1983. I think there is some laxity in the administration of personnel because no officer should be allowed to remain in such a station for that long. Indeed, this explains why drugs do not last in Mwingi District Hospital because money that is obtained from the sale of these drugs is what buys the matatus I have no doubt about that. Therefore, I am urging the Ministry, through you, to take immediate action and remove Mr. Samuel Kamau Mbugua from Mwingi District. He has been there for over 20 years and I think it is unfair because he is there only to loot public funds.

Mr. Deputy Speaker, Sir, finally, I want to touch on a matter which has been referred to by the previous speakers, and this concerns the HIV/AIDS pandemic. We are all very concerned about this serious problem. Indeed, during my contribution on the Vote of the Office of the President, I expressed my concern and, indeed, it is the concern of this House, that the National AIDS Control Council (NACC) which is under the Office of the President has continued to be mismanaged. I say this because it is now many years since this institution was formed and it cannot show what it is doing to control the AIDS pandemic. I do not need to remind the House that several years ago, we had a seminar where all hon. Members of Parliament went to Mombasa and we resolved to ensure that Constituency AIDS Control Committees (CACCs) are formed. We went ahead and did that. The Head of State declared HIV/AIDS a national disaster on that day. To date, nothing has been done. We have all gone to *barazas* and launched CACCs but we have no money to enable us to operate. I mentioned that during the last financial year, each CACC got Kshs45,110 for a whole year and that money was supposed to do everything. Now, how can you really manage this pandemic with this amount of money? I know the Minister will say: "Well, that is not my business", but, indeed, it is because the AIDS pandemic falls squarely on the Ministry of Health and there is no way it can avoid getting involved in this matter. So, I urge the Minister to stop the NACC from holding seminars every day.

Mr. Deputy Speaker, Sir, for those of us from North Eastern Province, we have attended seminars in Embu and Masinga, and I am glad to report that this seminar which was meant for Members of Parliament in Mombasa this week was cancelled because this is one way that the NACC wants to involve Members of Parliament in shady deals. Why should all of us spend money on travelling by air to Mombasa to stay for three days in a five-star hotel when we

have children orphaned by AIDS dying out there, having no food to eat or school fees and yet the NACC is supposed to look after these issues? All they are interested in is taking people including Members of Parliament for seminars. I would not have attended that seminar myself, because I knew that this was only being done so that it can appear that hon. Members of Parliament are also involved in "eating". We say: "No to seminars", and want NACC to send money direct to the constituencies so that we can assist the people who are suffering there and buy drugs for AIDS victims. This is because if we continue holding seminars, even God will curse us because we are spending this money which is supposed to go to the needy in luxurious hotels instead of buying drugs for AIDS patients. So, I think the Minister owes this House an explanation as to why action is not being taken.

I beg to support.

Dr. Kulundu: Mr. Deputy Speaker, Sir, thank you very much for giving me this opportunity to make a few observations about the estimates of the Ministry of Health. I must, first of all, apologise to the House for coming in late and, therefore, missing out on the Minister's earlier presentation. I do not know whether I got him right. In his concluding remarks, he indicated that he was asking for authority to spend Kshs18 billion, but according to the Printed Estimates, both Development and Recurrent--- For example, if you look at the Development Expenditure on page 513, the total sum indicated there is a mere Kshs1.576 billion and if you look at the Recurrent Expenditure on page 390, the total he is asking for is nearly Kshs13.68 billion. Therefore, that to me, gives the Ministry Kshs15.2 - plus, billion and not the Kshs18 billion that the Minister is talking about but probably, that is something that he will explain at the Committee Stage.

Mr. Deputy Speaker, Sir, this Ministry is a very important Ministry. It is so important that in 1963 when the Government was still functioning, disease was declared one of the three enemies of Kenyans and this Ministry was charged with the responsibility of eradicating or managing illness. So, the first point I want to make about this Ministry, is that, it is grossly under-funded. We have excellent administrators, very committed professionals and a Minister who is tall on talking and short on performance, but the Government is not creating an enabling environment for this Ministry to deliver.

Mr. Deputy Speaker, Sir, if you look at the budgetary allocation for all Kenyans in the next 12 months, it is a mere Kshs1.05 billion, which means that for every Kenyan, there is only Kshs33.60. That is totally inadequate and there is need for this Government to put the money where its mouth is. Also, there is need for Parliament to be involved in the budgetary process of all these Ministries. I am sure if Parliament was involved in the budgetary process, this is one Ministry that would be given a lot of money. But because we leave it to the technocrats of the Ministry and Ministers, who, probably, do not pay much attention to these things, this Ministry ends up being grossly underfunded. Therefore, it ends up not living up to the expectations of very many Kenyans. According to the World Health Organization (WHO) recommendations, countries must allocate nearly 5 per cent of their national Budget to health. According to the Abuja Declaration, that percentage was raised to 15 in order to combat the problem of HIV/AIDS, malaria, tuberculosis and other diseases. But this Government has allocated less than 4 per cent of the national budget to the Ministry of Health. It is no wonder that everywhere you go, you find filth, demoralised staff and people dying of unnecessary causes.

Mr. Deputy Speaker, Sir, let me just restrict myself to one or two areas. You will remember that the Departmental Committee on Health, Housing, Labour and Social Welfare visited various institutions in the Ministry of Health. I want to start by talking about the National Drug Quality Laboratory at the Kenyatta National Hospital. In his speech, the Minister for Public Health assured this House, when we were discussing the Industrial Property Bill, which is an Act, that the Ministry had acquired eight High-Power Light Chromatography (HPLC) machines. I do not want to bore the House with the details of what those machines are. But generally, these are machines that are useful in drug analysis. Indeed, the Ministry bought seven of them, but all of them are dysfunctional. By the time they were delivered, only one was functioning and this broke down three weeks ago. It has not been repaired. So, the Government has lost millions of shillings by acquiring these pieces of equipment that are of no use to Kenyans. That, therefore, means that there is a real danger that Kenyans are consuming drugs whose efficacy is not assured. I would like the Minister to comment on that when it comes to the Committee Stage.

Mr. Deputy Speaker, Sir, the National Drug Quality Laboratory takes six to nine months to register a drug, including anti-retroviral drugs. The Ministry has no capacity for post-registration surveillance of drugs in this country. Therefore, Kenyans are at the mercy of this Ministry, and we must thank God that so many of us are still surviving. We are consuming things we do not know, thanks to the efforts of this Ministry.

Mr. Deputy Speaker, Sir, there is an item in the Development Estimates called Prevention of Mother to Child Transmission which has an allocation of Kshs18 million. I suppose that is HIV/AIDS transmission. They have hidden it somewhere in the Development Estimates. You will recall that I drew the attention of this Ministry to the fact that in 1999, in Durban, a drug company called Boehringer offered free nivarapine, which is a drug that is normally administered to mothers so that they do not pass on this virus to their children. That was a free offer and one would

want to know why the Ministry is keen on buying drugs that companies are offering free of charge to this country. There is also some Kshs7.5 million for female genital mutilation (FGM). I do not know if the Ministry wants to carry out female genital mutilation. But let me tell them that this Parliament passed the Children Act which outlawed female genital mutilation. Any research on female genital mutilation will be a waste of public funds. They had better plough those funds into purchase of anti-retroviral drugs.

(Applause)

Mr. Deputy Speaker, Sir, HIV/AIDS was declared a national disaster in November, 1999, after our meeting in Mombasa. We enacted the Industrial Property Bill, which is now an Act of Parliament, in May last year. That Act became operational this year, but still Kenyans cannot access anti-retroviral drugs. Instead, either this Ministry or the Ministry of Trade and Industry, sponsored an amendment under the Miscellaneous (Amendment) Bill amending Section 58, which would have given Kenyans access to cheap anti-retroviral generics, when my Committee was away in Thailand. Both Mr. Biwott and Prof. Ongeru denied ownership of that amendment. We want to be told who sponsored that amendment and for what purpose. In Barcelona two weeks ago, Prof. Ongeru told the Kenyan audience that somebody somewhere in the Attorney-General's Chambers had moved a fullstop from where it was supposed to be and put it in a wrong place.

Hon. Members: Shame!

Dr. Kulundu: Mr. Deputy Speaker, Sir, I felt insulted, because Prof. Ongeru should know better than that. We know that there are plans afoot to set up a pharmaceutical company to---

Mr. Deputy Speaker: Order! Your time is up!

Dr. Kulundu: Mr. Deputy Speaker, Sir, I am responding in my capacity as the---

Mr. Deputy Speaker: Look at the clock! It is not me! That clock has no discrimination whatsoever!

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

Mr. Angwenyi: Thank you, Mr. Deputy Speaker, Sir, for giving me an opportunity to contribute on this important Motion. Like the previous speaker has said, disease was declared among the top most three enemies of the people of Kenya 41 years ago. We made very big strides in the 20 years after Independence to contain and manage disease in this country. But in the last ten years, it seems as if we have given up the fight against disease in this country by allocating inadequate resources to health care. We have also given up on the crooks who want to make a kill out of Kenyans. We have allocated Kshs18 billion to health and yet Kenyans are being condemned to poverty. At the moment, 70 per cent of Kenyans live below the poverty level. At the same time, we are asking those people who cannot afford to live on more than Kshs80 per day to cough out money to access health care. Our medical professionals have done a very good job under very difficult circumstances. That is why we have been able to get health-care services in referral hospitals, provincial hospitals and district hospitals. However, their efforts are being compromised by the introduction of politics in health-care services in this country. I am saying "politics" because today somebody cannot join our medical training schools through the normal selection process by professionals without interference from the Ministry of Health headquarters.

We have been asked by the Government to develop and establish health centres and dispensaries in the countryside. In the last five years, we have been able to construct five dispensaries in my constituency but, due to politics, those health centres have not received medical personnel to provide services. The other day we wanted to open up one of the dispensaries in my constituency called Entana. When I went to see the District Medical Officer of Health, he told me that they cannot send medical personnel there because that dispensary must be at least five kilometres away from the nearest health centre. That decision was reached at without considering the population of that area. He went ahead to tell me that we must remove that dispensary from there and build it five kilometres from the nearest health centre. We were told that by a Ministry which cannot construct a simple dispensary anywhere in the republic of Kenya.

Politicisation of the management of health care has not stopped there. You do know that we have management committees for every health facility in the country. In my district we have a management committee for the district hospital in Kisii. The committee members were appointed five years ago to serve for three years and yet up to now, new members have not been nominated. The membership has not been revised in any manner simply because of politics. There were some people who wanted their crooks retained in the Ministry because they are in the Ministry of Health. As the previous speaker said we have got some Ministers who are good at speaking instead of performing. They carry out those functions into the health-care system. There must be a stop to that.

An hon. Member here talked about the Kenyatta National Hospital which is a referral hospital. I am surprised that we have not allocated adequate funds to that hospital, which serves people from all over the country. We should have allocated adequate funds for referral hospitals so that the Nyanza Provincial Hospital can also be made a referral hospital so that people will not have to trek all the way to Nairobi. Mombasa and Garrisa Provincial Hospitals can also

be referral hospitals. We have not allocated adequate funds for that function. The Development Expenditure for rural health centres and dispensaries is only Kshs214 million. What will Kshs214 million do in a country of 30 million people?

The Ministry of Health has invited the Provincial Administration to be advising them. They have abandoned their job of providing professional services in the country. They have now left the DCs, DOs and sometimes chiefs to do medical work and manage their facilities. I do not understand why the capable PS and the Director of Medical Services have relinquished their jobs to the Provincial Administration. We must get to a point where the professionals must do their professional work and crooks do their crooked work in administration.

Today, Kenyans are dying through the HIV/AIDS scourge, malaria, typhoid, road accidents and police killings. What are we doing about those aspects that appertain to health, like HIV/AIDS? As has been said, we have never made our Constituency AIDS Control Committees (CACCs) functional. Recently, some two groups in my constituency received two cheques of Kshs350,000 and yet, the CACCs did not know who applied for that money or who the members of those groups are. They only realised that cheques were received by some crooks in my constituency and yet we have got a Ministry that should provide these services and streamline the management and procedure of sourcing funds for HIV/AIDS victims.

Malaria has killed a lot of our people in the Rift Valley and Nyanza Provinces. I want to thank Dr. Koeh of Kenya Medical Research Institute (KEMRI) for saying clearly that malaria is ravaging this country because we have poor planners who cannot anticipate the outbreak of malaria in the country. Those are people who react to situations instead of being pro-active. I have lost more than 200 people in my constituency through malaria and yet, the Ministry knows that there will be malaria in that region every time we have long rains. We are spending money on things that cannot help our people. Typhoid is a major problem in the western part of this country simply because the Ministry of Health has not really tried to put in place preventive measures to combat it.

We have got a Department of Public Health and yet, you can see mountains of garbage all over this town which is the capital city of Kenya. These mounds of garbage have become disease-breeding places. What is that department doing about this problem? How can we have those mountains of garbage in this country and yet they have not prosecuted the Nairobi City Council or the other county councils? They have not prosecuted anybody because of the garbage that is littered everywhere. The National Hospital Insurance Fund (NHIF) is doing a very good job and we should support it. It is now providing ambulances and health literature.

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

Mr. Kitonga: Asante sana, Bw. Naibu Spika, kwa kunipa nafasi hii ili nitoe maoni yangu juu ya Hoja hii ambayo ni ya maana sana. Kwanza, ningependa kusema ya kwamba Wizara ya Afya ni ya kusaidia uhai ya Wakenya wote. Inafaa kusaidiwa kwa kupewa kiwango cha pesa ambacho wanachotaka.

Vile vile, ningependa kusema machache kuhusu Wizara hiyo. Kwanza, kama kule mashambani, kuna zahanati nyingi sana ambazo hazijawahi kupanuliwa. Kama kwangu, sehemu ya uwakilishi Bungeni ya Mtito, kuna zahanati kama vile Muitika na Endau ambazo zina miaka 30 tangu ziwe zahanati. Mpaka leo, hakuna jambo lolote lililofanywa ili kuinua "madaraka" ya zahanati hizo. Kwa sababu idadi ya Wakenya inaendelea kuongezeka, na magonjwa yanaendelea kuenea, ingekuwa jambo la busara sana ikiwa Wizara ya Afya itachukua hatua ya kupanua zahanati hizo.

Wizara hiyo pia ina zahanati nyingine ambazo zinatumikia wananchi kama 70,000; kama Mtito Health Centre. Tumeuliza mara kwa mara ikiwa zahanati hiyo ingefanywa hospitali ndogo ya wilaya kwa sababu watu wanaendelea kuongezeka, na kwa vile ni kituo cha afya, hatupati usaidizi wa kutosha.

Ni jambo la kushangaza sana kuona ya kwamba katika sehemu nyingi katika Kenya, hakuna magari ya hospitali. Tumekaa kwa muda mrefu sana. Leo, ni karibu miaka arobaini tangu tupate Uhuru, na mara ya mwisho kwa hospitali ya Mtito kuwa na landrova, ni 1977. Hivi sasa, hatuna gari hata moja katika eneo lote la uwakilishi Bungeni. Tunajua kwamba kuna gari la wagonjwa linaloweza kuchukua wagonjwa na kuwatoa mbali kama kilomita 70, mpaka Kitui General Hospital ndio wapate matibabu. Lakini kukosekana kwa gari kumetupatia shaka sana. Mara kwa mara, nimewahi kuuliza ni kwa nini hatupatiwi gari.

Mara nyingine, inasemekana kwamba Wizara labda haitakuwa na pesa za kutunza gari hilo. Hata tukiambiwa tutoe pesa za petroli, sisi tuko tayari. Wananchi wanaweza kutoa pesa baada ya kupewa gari la kuwatumikia wagonjwa huko Mtito. Tutaitisha gari moja ambalo linaweza kutusaidia katika kazi hiyo.

Jambo lingine ni ukosefu wa maofisa wa afya. Utapata kwamba katika eneo letu la Bunge, hatuna daktari hata mmoja. Ikiwa tuko naye, itakuwa ni bahati. Mara kwa mara, tunapatiwa wauguzi. Tungependa kuuliza Wizara, vile sasa tunapitisha pesa hapa, tafadhali iangalie---

(Loud consultations)

Hebu nyinyi Wabunge nyamazeni tafadhali?

Mr. Deputy Speaker: Order, Mr. Kitonga! You do not have those powers!

Mr. Kitonga: Bw. Naibu Spika, naomba msamaha. Ingefaa ikiwa tutapewa madaktari wa kutosha, kama watatu au wanne hivi katika kila eneo la Bunge. Tunajua labda kuna upungufu wa madaktari, lakini tutashukuru tukipata daktari mmoja ambaye anaweza kutumikia eneo la Bunge la Mtito. Kama si hivyo, tupewe madaktari wengi, hata kama ni wawili, na tutazidi kushukuru.

Jambo lingine ambalo ningetaka kuuliza ni juu ya hospitali za kujifungulia za akina mama. Utapata ya kwamba katika sehemu za mashambani, hakuna hospitali kama hizo. Ningetaka kupeana mfano wa watu wa Mtito, kwa sababu ndio walinituma hapa Bunge. Katika eneo langu la Bunge, hakuna hospitali ya uzazi hata moja. Mabibi, mama, watoto na dada zetu wanazalia kichakani. Tungependa kuuliza Serikali, ikiwa itawezekana, itupatie hospitali ya uzazi na madaktari ambao wanaweza kusaidia akina mama, hasa wakati kuna matatizo ya kujifungua.

Ningependa kuongea juu ya ugonjwa wa UKIMWI. Tumeongea sana juu ya UKIMWI, hata Wabunge wenzangu wameongea juu yake. Lakini hivi sasa idara ya serikali inayoshughulika na UKIMWI iko chini ya Ofisi ya Rais. Tungependa sana iwe chini ya Wizara ya Afya. Tungependa pesa zinazopeanwa zipelekwe katika sehemu uwakilishi Bungeni, lakini siyo kutuita kwa vilabu kama vile hoteli ya White Sands kubomoa mali, halafu baadaye tunapewa Kshs45,000. Hizo pesa ndizo zinazopatiwa kila eneo la uwakilishi Bungeni. Ni makosa kwa sisi kupelekwa Mombasa. Tumejua hivyo na tumekataa. Sio wao ndio waliosimamisha hilo jambo bali sisi ndio tulikataa! Hata wakituomba tuende kule, hatutaenda!

Jambo lingine ni kuhusu madawa. Tungependa kuwe na madawa ya kutosha katika mahospitali. Saa zingine, hayo madawa yanaleta pingamizi sana kwa sababu utapata daktari yuko na kliniki yake binafsi. Lakini yeye bado ni daktari wa Serikali. Dawa zikiletwa, anachukua zile dawa jioni na kupeleka kwa kliniki yake binafsi. Kwa hivyo, katika hospitali ya Serikali, utapata ya kwamba zile dawa ambazo ziko ni Asprin tu! Hakuna dawa zingine! Hata wagonjwa wa kisonono, UKIMWI au magonjwa mengine wanapewa hizo dawa tu! Hii, ni kwa sababu yale madawa mengine yamechukuliwa kwa njia ambayo haifai na kupelekwa katika kliniki zao binafsi. Hiyo haitawezekana; kutumikia pande ya Serikali na ya ubinafsi. Ni kama kuwa hakimu na tena wakili; unachukua kesi kama wakili na halafu kesho wewe ndiye hakimu katika kortini. Hiyo haiwezekani kabisa!

Ningependa kuomba Wizara hii itupatie dawa za kutibu sumu ya nyoka. Katika eneo la uwakilishi Bungeni la Mtito, madaktari sana sana husema kwamba dawa za kutibu sumu ya nyoka hazipatikani, kwa sababu hakuna friji ya kuweka madawa hizo. Lakini tunajua ya kwamba kuna sola ambaye inaweza kutumiwa kuweka hizo dawa za nyoka na itasaidia sana. Kuna nyoka nyingi sana katika Ukambani. Adui ya Mkamba ni vitu viwili; KANU na nyoka!

(Laughter)

Mr. Sambu: On a point of order, Mr. Deputy Speaker, Sir. Is my colleague on the Floor in order to equate KANU with a snake? Could he substantiate?

Mr. Deputy Speaker: No, he did not say anything of the sort!

Mr. Sambu: Mr. Deputy Speaker, Sir, he put them together!

Mr. Deputy Speaker: He did not use the word "or"; he used the word "and."

Mr. Kitonga: Asante, Bw. Naibu Spika. Inajulikana kabisa ya kwamba nyoka huuwa.

Jambo la mwisho ambalo ningependa kuuliza ni kuhusu nyumba ya maiti. Tungependa nyumba ya maiti kama ile ya Kitui, kwa sababu hiyo tu ndio tuko nayo, ipanuliwe kuwa kubwa. Hiyo nyumba ilitengenezwa kabla ya sisi kupata Uhuru; sio Bw. Uhuru Kenyatta. Hivi leo, hiyo nyumba ya maiti bado ni kidogo. Tafadhali, ikiwa Serikali ingeweza kupanua hiyo nyumba ingeweza kuwekwa watu wengi hapo ndani. Pia ingetufungulia hata nyumba zingine za maiti pahali pengine katika eneo la uwakilishi Bungeni la Mtito, ili itusaidie. Wakati mwingine, utapata watu wamekufa sehemu zingine na hawawezi kufika huko Kitui.

Jambo la mwisho ambalo ningependa kuzungumzia ni Kenya Medical Training College (KMTC). Ningependa wakati ule wanachagua watu ambao wanataka kujiunga na kituo hicho, wahakikishe ya kwamba wamechagua kutoka pembe zote za Kenya. Mara kwa mara, watu kutoka pembe zingine za Kenya hawachukuliwi. Nimesikia watu wengi sana wakisema kuwa wanaitisha hongo. Mimi sijui! Lakini nasikia ya kwamba kuna hongo ya Kshs40,000!

Mr. Munyasia: Ni Kshs50,000!

Mr. Kitonga: Ni Kshs50,000! Asante sana, Bw. Munyasia. Yeye anajua; mimi sijui. Ikiwa ni lazima hongo ipeanwe, itakuwa vigumu kwa watoto werevu ambao wako na kipawa cha kuwa madaktari kupata nafasi ya kuingia KMTC. Ningependa kuuliza Wizara hii ihakikishe inachukua vijana kutoka kila pembe ya Kenya; kila Wilaya ipatiwe nafasi fulani. Inafaa tujue ni Wamaasi, Wameru, Wakisii, Waluyia na Wajuluo wangapi ambao wamechukuliwa. Hiyo

itaonyesha mfano mwema, kwamba, KMTC ni ya Wakenya wote, wala siyo ya Wakenya walio na nguvu za kifedha au wale walio na ushirikiano mzuri na chama kinachotawala na kibovu cha KANU.

Asante.

Mr. Sambu: Mr. Deputy Speaker, Sir, in supporting this Vote of the Ministry of Health, I would first want to discuss the HIV/AIDS scourge. Why are we so selfish as to insist on original patented medicines which are not less than US\$10,000 or Kshs800,000 per patient for anti-retroviral medicines, in order to keep HIV/AIDS from becoming full-blown? We would like the Minister to know that human life is better than money. If they are humane, they should allow generic drugs into the country.

Mr. Deputy Speaker, Sir, if a patient has Kshs4,000 a year, he or she can get enough anti-retrovirals to take care of the virus from becoming full-blown. It is a sad situation when a few companies manipulate Ministry officials and Ministers not to look at humanity, but consider their pockets. If they are genuine, they should allow generic medicines into the country, so that patients would only use about Kshs4,000 to Kshs5,000 to get enough retrovirals to enable them survive for a few more years.

Mr. Deputy Speaker, Sir, with regard to malaria control, we know that we are experiencing global warming effects, and malaria parasites develop faster in the mosquito vector when it is warm. Over the years, in the highlands, the lake basin, the coastal region and north eastern, after the heavy rains, followed by a dry spell, malaria incidents increase. Why can we not plan to control its spread? We cannot plan because of scandals in that Ministry. The purchase of malaria drugs is embedded in scandals. The Minister should be transparent and table all the documents pertaining to the purchase of malaria drugs this year. I dare the Minister to table those documents. They told us that they got £17 million from the British Government. Was it Sterling£17 million or Kshs17 million? This is what the Minister said while delivering the Ministerial Statement, but he did not answer our question. People are still dying in Kapsabet, Eldoret, Mosoriot, Kisii and other parts of Nyanza region. While the Ministry claims here that there is medicine in our hospitals in order for the KBC to report, there is no medicine getting into the hospitals. They should be sincere and tell us the truth. The medicine that is there is being sold or given to some of our political opponents to dish it out. It is a sad situation. The Ministry should be transparent. There is no transparency in the purchase of malaria drugs. We would like to know how much has been spent on the purchase of malaria drugs. When replying, the Minister should tell us how much malaria drugs each health centre in the affected areas has received. There is no transparency in this matter. It is sad because it involves the lives of our people. The Kenya Medical Research Institute (KEMRI) staff has the knowledge which we should utilise.

Mr. Deputy Speaker, Sir, I will now zero-in on the North Rift region and specifically, Nandi District. The Minister is aware that His Excellency the President opened Chepterwai Sub-district Hospital two years ago, on 27th July. When he opened the hospital, he introduced a doctor and told the people: "I have come to open this hospital, and brought a doctor, so that you do not suffer". When the President left, the doctor did not report and, to date, there is no doctor. In fact, the whole of Mosop Constituency has never seen a doctor. Are the people from that area not Kenyans enough to have a sub-district hospital which is supposed to have a doctor and yet we do not have one? Why are we being discriminated against? If it is a matter of voting, we always vote for KANU. Is the Minister and his officials telling us not to vote for KANU this time round? There is plenty of room if that is what they want. How come the President introduced a doctor who never reported? When replying the Minister should tell the people of Mosop why the doctor never reported to Chepterwai Sub-district Hospital. People are dying there, while the Ministry only sends students there to mess with human beings. An individual lost his daughter because some student cut an artery and left the child bleeding. In fact, the burial was last Saturday. What has the Ministry done about it, and yet the Head of State introduced a doctor? Where is the doctor? There are a lot of untruths being told here.

Mr. Deputy Speaker, Sir, I would like this Ministry to convert Mosoriot Health Centre into a sub-district hospital, so that a doctor can be posted there. This health centre is located near a tarmac road. If doctors do not go to places where there is no tarmac, at least, they can go to Mosoriot where there is a tarmac road, and besides, it is not far from Eldoret. It seems the doctors are bosses of the Permanent Secretary and the Minister. Please, convert Mosoriot Health Centre into a sub-district hospital.

Mr. Deputy Speaker, Sir, Kimngoror Health Centre was built by the Anglican Church. It is fully equipped with beds and other equipment, whereas the Government was supposed to supply the staff. There were clinical officers from the Government, registered nurses and medical laboratory technicians who were taken away. Were they taken away because this hospital is in Mosop? Why is it that we have no roads and Government staff? I pity my people who have been supporting this Government. I am bitter! We have supported this Government since 1964 when KANU first came into this Parliament, when they crossed over from KADU. But we will not decamp from KANU, we will chuck out the ones who are doing us harm. They withdrew staff simply because that is an Anglican institution. The Government should not look at it as an Anglican facility, but as a people's facility. You should not hate the hospital because you belong to a different religion, but consider the people and return the clinical officer, the nursing staff and

the medical technicians. The buildings, the beddings and all the equipment are still there. I would like Kimngoror Health Centre opened immediately. If it is not opened, then you are telling the Mosop and Nandi people that you do not want them. I will tell them that this Ministry hates them.

Mr. Deputy Speaker, Sir, the Ndalat Health Centre run by the Reformed Church of East Africa is facing similar problems. The clinical officer and the nurses refused to work there. Is it because it is in Nandi? Why are they working in other nearby district hospitals? Why are they discriminating Nandi District whereas we have more voting power than some of the other areas?

I have nothing against the Moi Referral Hospital. In fact, its budget should be increased this time round. The Hospital was only allocated Kshs340 million, while other hospitals received more funds, which they will keep in some crooked banks where the money will sink. The Moi Referral Hospital serves more districts than many provincial hospitals.

First, we want Wareng County Council area to have its own district hospital, so that the referral hospital remains a referral hospital. We want the consultants there to work equally and look after all the patients. They should not give special treatment to people in the amenity wards. Although I want the Moi Referral Hospital to be given more money, the charging system is too expensive. The other day, I said here that they should remove Moi's name and call it a private referral hospital. Once somebody dies and there is a pending bill, they keep the body in the mortuary. Would the body pay the money? They are only agonizing the people and the body will never pay the money.

Mr. Deputy Speaker: Proceed, Mr. Munyasia!

(Mr. Khamasi stood up in his place)

Mr. Khamasi, you are a bit nomadic!

Mr. Khamasi: No, Mr. Deputy Speaker, Sir!

Mr. Munyasia: Mr. Deputy Speaker, Sir, I confirm that he is a nomad! I rise to support this particular Vote because, I think the Minister mentioned it as if it was just in passing. I wish he had explained a little bit more, and say that he realised many Kenyans cannot access medical treatment, and he contemplated establishing a National Health Service Scheme. Let it not just be a plan because many Kenyans are dying because they cannot get medical attention. It is on a cost-sharing basis and many of them are unable to share. So, that is something urgent. I wish the Minister said that he was bringing in a Sessional Paper next week for us to adopt. He can be sure that we will do that.

But, Mr. Deputy Speaker, Sir, I was a little disappointed because the Minister misrepresented the situation as we know it in Kenya. He said that there were remarkable improvements in health; thanks to His Excellency the President. I thought that was now sycophancy influence in what would have been a good presentation. When it is realised---

The Minister for Public Health (Prof. Onger): On a point of order, Mr. Deputy Speaker, Sir. Is Mr. Munyasia in order to try to distort my speech? If only he had quietly listened and interfaced how my speech started and ended--- Is he in order to try and mislead this House by using a rather sycophantic language?

Mr. Munyasia: Mr. Deputy Speaker, Sir, those were his own words and if he wants to withdraw them, let him do so! He said that there were remarkable improvements in health! I want to go ahead and show that there have been no improvements. In fact, life expectancy has dropped so severely. Life expectancy can only improve if the diet of the people improves. He is on record as having said that the percentage of those living below the poverty line has increased. How does the percentage of life expectancy increase as the percentage of those living below the poverty line? How can that happen? You cannot put the two together. Life expectancy---

The Minister for Public Health (Prof. Onger): On a point of order, Mr. Deputy Speaker, Sir. I have no intention of interfering with Mr. Munyasia's contribution. On the contrary, I want to listen to it very carefully. But is he in order to distort the public speech that I made here? If only he could read it downwards, he could see under what conditions that has now changed!

Mr. Deputy Speaker: Order, Mr. Minister! You will have the right of reply! So, let him make his contribution.

Proceed, Mr. Munyasia!

Mr. Munyasia: I know he does not like it, but I have promised him that I will support this Vote. So, I do not know why he does not like the bitter side! I was only saying that I was unhappy that the situation was misrepresented, because it is very bad. The Minister should have been saying that, what he has been given in the Budget is too little and if it had been possible for this House to increase, it should have been increased, so that we can urge the Government to put more money in the health sector in the next financial year, if it is serious in fighting disease. But, otherwise, with disease, limited access to clean water, very poor diet and with many people not sure whether they will get the second meal in a day, you cannot, in such circumstances, talk of life expectancy having increased. I thought

that was poor presentation.

Mr. Deputy Speaker, Sir, there is the National Aids Control Council (NACC), which might not be under the Ministry. But the Minister is also supposed to be fighting HIV/AIDS pandemic. The Government does not have to be given credit at all if, by any chance, the rate of infection has dropped! If it has dropped, I think Kenya is undergoing a natural process. I think people may have been informed on their own but, otherwise, there has been very little effort. From the time HIV/AIDS was declared a national disaster in Mombasa in 1999, it took more than two years--- I do not know! But I am hoping that after we complained that they should gazette it, they did so! But I am not sure whether they have gazetted it to date. If they have not gazetted it, then they were not serious in making that particular declaration.

Then, there is the NACC which, I think, should be disbanded! They stay at the Kenyatta International Conference Centre (KICC) but, what they do, no one knows! If it was in Bungoma, we would have said that their role is that of "Sigalame"! "Sigalame" is a mysterious man that you see around, but you do not know exactly what he does!

Mr. Muiruri: On a point of order, Mr. Deputy Speaker, Sir. I have no intention of interrupting my colleague. In fact, he is contributing very well. But is he in order to mislead the House that the NACC stays at the KICC, when they have already moved to a very luxurious building in Upper Hill called Chancery Building?

Mr. Munyasia: Mr. Deputy Speaker, Sir, you see, they are very mysterious! One time, I knew them when they were located at the KICC and now, I am told that they have moved. But I did not intend to mislead the House. I am saying that wherever they are, they should be disbanded because they have done nothing! When we set up those Constituency AIDS Control Committees (CACCs), I went over to them and said: "I understand that you are giving us money to go and launch the committees." They said: "No, go and find your own money for launching and then immediately after that, bring the receipts and we shall refund the money." I said: "If there is money and you have an accounting officer who is a public health officer, why do you not give us the money and he will account for it?" They said: "No! No! No! You go and do it!" They said that because they did not have any money. But you see, they did not want to own up and say: "No, we do not have the money!" But whatever money they have, they spend it on other things. All I have seen in my constituency is, first, the Kshs25,000 that was refunded to us for launching the committee and, secondly, some Kshs45,000 which were supposed to buy office equipment. Then, they came earlier this year to train the constituency committee and nothing else has happened. So, that particular body should be disbanded because Kenyans are managing without them.

Mr. Deputy Speaker, Sir, there was mention of 42 per cent of the money going to rural health services. I do not know where they provide rural health services. I know many health centres in Bungoma hardly have any drugs, and none of them has an ambulance. So, in the rural areas, if there are any urgent cases that need to be transferred to the district hospital - and you know many of our people do not have vehicles over there - there is nothing that those health centres can do. Again, if our people are advised to take a patient to a hospital, they go to the district headquarters to hire a *matatu* to take him there. When we ask why such a health centre cannot have its ambulance repaired, the Ministry officers run around and repair it within one day. The Minister then comes here and says it is now repaired and in working condition, when actually it is not.

Mr. Deputy Speaker, Sir, with regard to the HIV/AIDS scourge, I would like mention the following. I hope the Minister will confirm that, in order to improve the awareness of the people of East Africa, Kenya included, they want to bring in some American singing group at a cost of about US\$17 million. This is a group called "Kool and the Gang". Kenyans themselves can do that. We have so many music groups that can convey this message to our people. There are many groups that are already doing that. Why does the Ministry want to spend so much money which, otherwise, would go to help the orphans, by bringing in some American groups to sing? I hope the Minister has taken note of that.

Mr. Deputy Speaker, Sir, I would like to support what Mr. Kitonga said about the KMTC student intake. Many of us have children that would like to do courses at the KMTC, but they cannot be admitted. The Minister should now adopt the quota system to ensure that every district has a certain number of students to be admitted to the KMTC.

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

Mr. Khamasi: Mr. Deputy Speaker, Sir, thank you very much for giving me a chance to contribute to this Vote. From the onset, I would like to state that I support it because we need the services that are offered by this Ministry. Those services are important although they do not reach every common mwananchi.

I have just arrived from Shinyalu Constituency. Last night I was woken up to take a patient to hospital in Kakamega Town. From a layman's point of view, that patient had symptoms of malaria. When I took him to Kakamega Provincial Hospital, they did the test and confirmed that he was suffering from malaria. So, we had to carry him to the ward. It was a sad affair when I entered that ward. I saw many patients suffering from the same disease. Many of them were lying on the floor while others were sharing beds. It was a sad and pathetic sight. In fact, that

patient is my relative. So, this morning when I went back to check on his condition, I was given a prescription to go and buy medicines for him from a chemist in town. My concern is: If you go to other hospitals in the same area, like St. Elizabeth's Hospital, Mukumu, the same situation is prevalent. Malaria is now one of the biggest killers of people in Kakamega District.

Mr. Deputy Speaker, Sir, recently, we were assured that where there is an outbreak of malaria, the Ministry will make sure there is enough medicine, so that patients can be treated freely. As hon. Members said, our people are doing cost-sharing in most of our hospitals. What about the people who cannot afford a single cent? There are very many people who are dying because they cannot afford medicine. Why is it that there are some areas in this country where people can access free treatment for this particular disease while others cannot access the same free treatment? It is important for the Minister, when replying, to address that issue. It is not only one particular place of this country where people should be able to get free treatment for malaria while other places are ignored. So, it is important to avail medicine in all parts of the country where there is an outbreak of malaria. We know malaria is malaria, regardless of whether it categorized as highland or otherwise. So, there should be no discrimination. It is intimidating to see many officers from the Ministry on the Civil Servants Bench to show how powerful this Ministry is. They should be able to rise to the occasion and know malaria is malaria; whether highland or otherwise. It is killing our people.

Mr. Deputy Speaker, Sir, I would like to add my voice on the question of HIV/AIDS pandemic. In addition to what my colleagues have said here, I am not sure whether the Government was serious when it declared this scourge a national disaster. What has gone on with the body which was given the mandate to manage the HIV/AIDS scourge leaves a lot to be desired. It is my opinion that from the word go, the National AIDS Control Council (NACC) got the whole thing wrong. Indeed, this may be due to the reason that, that particular programme was set up in the Office of the President, which has got a very big appetite for foreign funding. When the Government bought bicycles, we know what happened. Some constituencies got up to 50 pieces while others like mine got nothing. Mr. Munyasia's constituency got two bicycles. One wonders what criteria was used. Surely, even if you want to grab, why do you not grab a few and give others a little? Why do you not take 15 bicycles and give one to each constituency. Why must you take more than 50 bicycles for your own constituency? Is it because you happen to have the privilege to manage that particular programme in the Ministry? That is how that programme started off. It started off very poorly. Then we went to the launching of the Constituency AIDS Control Committees (CACCs). In fact, we know even today, there are some CACCs which have not been launched. If this Government declared this scourge a national disaster, what has this Ministry done to make sure these CACCs are launched? For example, the Baringo Central CACC and many others have not been launched. What has this Ministry done about that? Nothing at all! As if that is not enough, the NACC has received a lot of money, whose disbursement leaves a lot to be desired. Recently, I inquired from the Chairman of the Departmental Committee on Health, Housing, Labour and Social Welfare about what is going on with the disbursement of that money. I was told that I had to see Mr. so and so and Mrs so and so, in order for funds to be disbursed to the implementing agencies. Indeed, we did form very many implementing agencies at the constituency level. They went out of their way to get experts who even came up with project proposals that were forwarded to the NACC. What has happened to those project proposals? This Ministry should let us know what happened to those project proposals. If that does not fall under their docket, then they should tell the Office of the President that they have got nothing to do with the HIV/AIDS scourge. In fact, this Ministry should be working very hard to persuade the Office of the President to leave the business of HIV/AIDS pandemic. It does not belong to the Office of the President. It belongs to the Ministry of Health. The Minister is very quiet about that. He has allowed the Office of the President to be in charge of this scourge. I know the Ministry has the language to convince the Office of the President that it has nothing to do with HIV/AIDS pandemic. They should tell the President that, that docket does not belong to his Office, but to the Ministry of Health.

Mr. Deputy Speaker, Sir, I would like to talk a little bit about the National Hospital Insurance Fund (NHIF). It is a little too late to hear the Minister talk about that programme being accessed by every mwananchi in this country. This is long over due. Again, we have gone back to the disease that afflicted this country, whereby people who are appointed to head parastatals see nothing other than how they can "harvest" any funds which go to that particular parastatal. We have heard stories about the NHIF. This is a parastatal where all institutions which provide health services have gone to harvest money. When the Ministry got a little bit tough, even those cottages which had been started and had about 27 beds were left incomplete. It is high time that this Ministry came up with ideas on how to improve the situation. We require thinkers in this Ministry who can give us proper proposals and put them into effect, so that even the ordinary people in the co-operative societies or in the villages can access the facilities provided by the NHIF.

Lack of drugs in hospitals is a problem that is experienced everywhere. Even in my constituency, we do not receive the kits in the dispensaries at the moment. Most of the clinical officers in health centres and dispensaries have actually established their own businesses. Where does the medicine in those private premises come from?

[Mr. Deputy Speaker left the Chair]

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

More often than not, these clinical officers use the medicine from the kits which are provided by this Ministry to treat people, to enrich themselves. For how long shall we cry? For how long shall we tell this Ministry that it should be tough because the medicine which is there is not used properly on the ordinary mwananchi?

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

Mr. Omingo: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this chance to support this very important Vote of the Ministry of Health.

The amount of money allocated to the Ministry of Health is really inadequate. I would like to point out that Kshs15.2 billion as opposed to Kshs22 billion allocated to the Office of the President is really ridiculous. That is the reason why the Ministry cannot deliver and professionals are flying out of this country to look for better remuneration.

Let me comment a bit about malaria outbreak in this country. I have a lot of respect for Dr. Koech, who stood up when Kenyans were suffering from malaria and said that this was a case of professional negligence on the part of the Ministry of Health. He gave an account that during his days at the Ministry, about 50 people died as a result of malaria, but today, about 300 people have lost their lives. During Dr. Koech's time, we never had sophisticated machines to test malaria like the ones we have today. Malaria is manageable, treatable and controllable. One wonders why we should keep quiet until we start to fight fire, instead of putting off the spark of fire, which we all know and see. That is the case in Kisii, where Prof. Ongeru comes from. The officials of the Ministry know, as a matter of fact, that every year in June, they should expect a malaria outbreak. Some funds used to be allocated for malaria awareness campaigns and some insecticides were sprayed to control the spread of mosquitoes. Unfortunately, that was not done and the excuse the Minister gave was that the malaria outbreak came a week after the end of June. Is that not serious and hypocritical; that a margin of a week would catch him off his feet? I think that is the height of professional negligence. I think our brothers in the Ministry of Health headed by Prof. Ongeru, who is a medical doctor by profession, and Dr. Wako, should really contain that minor disease. We can excuse them on the HIV/AIDS because it is not curable. But Prof. Ongeru and his team have no excuse on malaria.

Mr. Temporary Deputy Speaker, Sir, on the anti-retroviral drugs, if you watched the frantic efforts made by the Minister for Public Health and the Minister for Trade and Industry keenly, you would realise that they were really desperate in having that Act in place. Perhaps, they did that for personal gain or benefit. Perhaps, because the benefits are not coming, to date, those anti-retroviral drugs are not available to Kenyans. We have information that some interested parties would like to be given special rights to import or set up a factory to manufacture generic drugs in this country. In as much as you want to enrich yourself, time will come when you will have to answer for your own sins. Kenyans are dying and people are watching those in authority. Parliament was persuaded to pass that Bill and we did it in good time, but a year or so down the line, those drugs are not available to Kenyans. Again, perhaps, I will call it greed or lack of professional intellect.

One of the hon. Members said here that seven High Power Light Chromatography machines (HPLC) were delivered to Kenyatta National Hospital (KNH). One of those machines was working and, today, none works. The Minister and his technocrats should come out and tell Kenyans whether we are being hoodwinked again. Is this another scam of Goldenberg, the ADC, Nyayo Pioneer and Turkwel Gorge Project? We are being ripped off and the Minister should rise and clarify that issue. We are surviving today by the grace of God if drugs are not actually being tested.

We have information that there is a music band that will be brought to this nation to sing and tell Kenyans about the HIV/AIDS. It is an American band - Cool and the Gang. Let me assure you that those people will only sing to the elites of this nation because I am sure that most Kenyans in the rural areas will not understand the English language that those people speak. The Minister should, as a matter of sympathy and concern for his fellow Kenyans, have that money used to purchase anti-retroviral drugs which some Kenyans require most.

I would like to talk about renovation of hospitals. I had an experience when Prof. Ongeru and I once toured Nduru Health Centre, which is in my constituency. The kind of bedsheets in that hospital, the mosquito nets, flowers and everything else was interesting, when we had that occasion. Upon the departure of the Minister, the *status quo* remained. I am not sure whether those beddings were taken back to the residence of "X,Y,Z" or what happened. Again, we have a tendency of trying to impress the powers that be. The other time, when the President visited Kisii District General Hospital, it was swept clean and patients were taken back to their respective homes, perhaps, to die or survive there. That was done to impress the people who visited that health institution. We were sweeping our dirt

below the carpet at the expense of dear lives. I am saying that time will come when we will answer for the sins we have committed.

Mr. Temporary Deputy Speaker, Sir, I would like to point out that many patients were taken back home before the Head of State arrived at the Kisii District General Hospital. Everything was in order, and I am sure that mosquito nets were put on the beds and nobody was sleeping on the floor. We told the whole world that there was no crisis in that hospital.

Mr. Temporary Deputy Speaker, Sir, we are talking about the management of drugs in our hospitals. I raised a matter here, which caused a lot of disagreement between the Minister for Public Health, Prof. Ogeri, and myself. I like referring to him because we belong to the same faith, although sometimes, we do not believe in the same things. He told this nation that there were drugs in Nduru Health Centre, but I told him they were not there. When he maintained that there were drugs in that health centre, we disagreed and I was sent out of this House because I protested. It is true that drugs were disbursed to that health centre on 21st September 2001, but they were not delivered until I asked a Question here on 2nd of this month. Drugs were supplied to Nduru Health Centre by 5th July, 2002. Why do we want to take Kenyans for a ride? Why do we want to pretend and yet we are a God-fearing nation? Let us be honest and serve Kenyans without discrimination. Time will come when we will account for our own actions.

Mr. Temporary Deputy Speaker, Sir, Kisii General Hospital is very congested. Gucha District Hospital, which is a new hospital, cannot cope with the kind of epidemic which we now have in Kisii. Many patients are referred to Kisii General Hospital for treatment. That is frustrating! We have the funds and the facilities in those hospitals. Why is it that the Minister cannot provide that kind of funding? If the money is not enough, the Minister should ask for more money and I am sure Members of Parliament will grant that request, so that our people get treatment.

Mr. Temporary Deputy Speaker, Sir, we need accountable officers. Sometimes, the Ministry posts doctors or nurses to hospitals and they do not report. A case in point is where a nurse-in-charge was posted to Etago Health Centre, but he or she did not report. That nurse left that particular station and nothing was done. The Minister for Public Health promised me that he was going to elevate Nduru Health Centre into a sub-district hospital. But to date, nothing has happened. That facility is under-utilised because there is no electricity. There is a power line passing over Nduru Health Centre and only a drop-line needs to be pulled into the health centre and installed. How could we invest so much money in that facility and watch it go to waste? Perhaps, there are vested interests elsewhere. But when a facility has been put up using taxpayers money, people should get services in return! I hope the Minister will respond to that when he will be replying. The Minister should hold his officers in the field accountable. Sometimes, the Minister is told that drugs are available in the health centres when they are not there! The Minister should put proper controls in place, so that the Ministry will be efficient in the delivery of service to Kenyans.

With those remarks, I beg to support.

The Assistant Minister for Transport and Communications (Mr. Keah): Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to this Motion. I support the fact that the Ministry of Health should be given both the Recurrent and Development funds that they have asked for.

Mr. Temporary Deputy Speaker, Sir, I do appreciate the fact that funds are not enough but that is common with all the Ministries. Indeed, we have to make do with what we have because we have got limited finances.

Mr. Temporary Deputy Speaker, Sir, the recent outbreak of malaria was a wake-up call. I think there have been lapses in the control of diseases like malaria. I am saying so because I do not see officers from the Ministry of Health spraying stagnant pools of water in the countryside with insecticides. Those pools are breeding havens for mosquitoes. Therefore, it is not a surprise that we have got a severe outbreak of malaria. So, I urge the Ministry to tighten up the controls that used to be there previously, not only in the case of malaria, but also other diseases that need to be controlled. Indeed, we have been fighting malaria for centuries, but we do not seem to be winning the battle. I urge the Ministry of Health to look for ways and means of overcoming that menace.

Mr. Temporary Deputy Speaker, Sir, I would like to add my voice to the concern over the HIV/AIDS. We are supposed to be having funds in our constituencies, under the Constituency AIDS Control Committees (CACCs). But funds are not there! At this juncture, I would like to express very grave concern over reports in some newspapers. The *Daily Nation*, for instance, reported that we spent Kshs300 million on the HIV/AIDS Seminar we had in Mombasa two years ago. That figure is absolutely outrageous! If you divide Kshs300 million by 222 Members of Parliament, it would mean that we spent Kshs Kshs1.3 million on each Member of Parliament who attended that seminar. Where did the *Daily Nation* get the figure of Kshs300 million from? All I am saying is that some of those reports are really outrageous and are calculated to besmirch the honour that this House has. I suggest that the Ministry of Health and the Office of the President should work very closely, so that funds that were supposed to be disbursed to the constituencies are disbursed in order to assist in the prevention of HIV/AIDS. We agreed that every constituency was to present a project proposal to the National AIDS Control Council. But, I am afraid that, some constituencies do not have project proposal writers and that is a fact. We should ensure that the resources available for the prevention of HIV/AIDS are

equitably distributed to all the constituencies in the Republic.

Mr. Temporary Deputy Speaker, Sir, every Kenyan has a right to receive medical attention wherever he or she is in this country; whether it is in a private or Government hospital. There is no problem. But, in my view, where there is a private hospital, the policy should be to ensure that it provides services which most private hospitals claim or think they provide. It is really incumbent upon the Ministry of Health to ensure that the standards of medical care and services, not only in Government hospitals, but also in private hospitals, are of high quality. Where a private hospital does not provide high quality medical care, it is imperative upon the Ministry to ensure that the provision of that service is made. If it means the Ministry has to go into that private hospital, it should go into it and say: "You either provide quality medical care or shut up!" If it shuts up, then it is up to the Government to go into that area and make sure that medical care is provided.

I know the Minister and the Permanent Secretary knows what I am talking about, and I do not have to sing this song over and over again, that there is need to give attention to St. Luke's Hospital, Kaloleni. I want to leave my remarks there because, if the church cannot provide medical services, then the Government must move in because my people in Kaloleni require that medical care. If the Government will not move in there, then it must find alternatives, so that the people of Kaloleni can get that medical care.

At this juncture, I appreciate what the Minister and his Permanent Secretary have done, in sending members of staff to St. Luke's Hospital, and giving the hospital as much assistance as possible. But to me, the resistance from the church is really ungodly! That is where I am urging the Ministry to find ways and means of utilizing that facility. We cannot, as country, just leave an institution bare and dilapidated, without making use of it! We do not have those resources! In any case, the land belongs to the county council and 90 per cent of the buildings were constructed through Government grants and a loan from the World Bank, which this Government is repaying. So, why should the Ministry be afraid of moving in and doing something? As a representative of the people, I am appealing that the Government ought to look at those assets and find out whom they belong to. They were built by grants from the Government, through the church. It is people's money! The World Bank gave money for the construction of those buildings and there is a training school there! Can we afford to close a nursing training school today? To me, it is just not operating. So, I am appealing, on behalf of my people of Kaloleni--- I want to thank the Minister, not because I am not grateful; I am grateful. But I want the Ministry to do a lot more than what it has done.

Finally, I want to say that the construction at Mariakani Health Centre is really a shame for the Government. I am appealing to the Ministry to rectify the mess that was made at Mariakani Health Centre. Indeed, I am hit right, left and centre. If you go there and look at what happened--- When Prof. Meme visited that hospital, he almost wept! I appreciate the fact that he almost wept. But I was hoping that there would be some money set aside in the Development Expenditure in this Budget for that hospital, but I have not seen it.

With those remarks, I support the Vote and I wish the Ministry could be given more money to do the work it is doing.

Mr. Muiruri: Mr. Temporary Deputy Speaker, Sir, I do not know whether to support the Motion on the Vote for this Ministry or not. This Ministry is the only one which is headed by a professional; Prof. Sam Ongeri, who I know is a very qualified doctor, but he has a lot of shortcomings.

In Gatundu North Constituency where I come from, we do not have a single hospital! I want the Minister to note that we do not have a single hospital in that constituency. The only hospital is on the other side of Gatundu South; that is Gatundu Self-Help Hospital, which was built by the people themselves. The other area where there is a hospital is in Thika District; Thika General Hospital, which is miles and miles away. In Gatundu North, there is only one health centre, that is, Igegania Health Centre. That is the only medical facility in the whole constituency, despite the fact that there are about 150,000 people! There, we live by the grace of God, not because there is availability of medical facilities.

Mr. Temporary Deputy Speaker, Sir, I would like to request the Minister to seriously look into the possibility of upgrading Igegania Health Centre to a sub-district hospital. The request is made in very good faith because we have people there, but they have no medical facilities. Yet they pay taxes to the Government. Igegania Health Centre was built by the community itself. Some of the buildings are falling, the roofs are leaking, and on many occasions, there are no drugs.

Mr. Temporary Deputy Speaker, Sir, Thika General Hospital, which caters for the people of Gatundu North, is terribly congested. I normally visit the hospital on several occasions, and I would like the Minister and his officers to visit it at one time. I am inviting the Minister to visit the hospital because there, you find four patients sharing one bed. Four people in one bed, Prof. Ongeri! The congestion in that hospital is too much!

Mr. Temporary Deputy Speaker, Sir, with regard to Kenyatta National Hospital (KNH), it caters for many people from all communities all over the country. Patients are referred to KNH from Thika District Hospital and various other hospitals throughout the Republic. The KNH is a very important medical institution for this country and

it must be properly funded.

At this juncture, I would like to thank the previous Director of the KNH, Dr. Hosea Waweru. When Dr. Waweru took over the management of the KNH, we saw a lot of changes. Members of staff became very polite. There was hospitality. The mortuary became very clean and the new wing was introduced. We saw a lot of very good things there and there were no shortages of drugs. I would like to ask the Minister to solve some problems of witch-hunting in the Ministry. That is because I am not convinced why Dr. Waweru and Dr. Olouch are in court over fictitious charges of abuse of office of only Kshs5 million, in spite of what they did for that hospital. That is not right! The Minister should watch out for unnecessary witch-hunting at Kenyatta National Hospital. Why should one take over the management of the hospital and go into a fault-finding mission in order to victimise his predecessor? Really, that is not the way forward.

Mr. Temporary Deputy Speaker, Sir, I am not going to take long. I join my colleagues in condemning the Government for its management of the HIV/AIDS pandemic. I want the Minister to go and tell his boss, President Moi, that he is the Minister for Public Health, and that he is also a qualified doctor. HIV/AIDS is a disease and the unit that deals with it must, therefore, be brought under the Ministry of Health. It should be removed from the Office of the President. Currently, the HIV/AIDS unit is being run like the Provincial Administration.

I personally assisted in the launching of the Constituency AIDS Control Committee (CACC). I spent over Kshs150,000 to have the CACC launched. I invited the British High Commissioner to Kenya, who attended the launching. I still have his written speech. He promised us that the British Government would channel Kshs17 billion into the country to fight the scourge. I know that Britons do not lie; they tell the truth. So, this money must have come into the country. Where is it? After spending my own money, I was told that I would be refunded Kshs25,000 on condition that I produced some receipts for the *chapatis* and other items that I purchased. Why should an hon. Member go to hotels to ask for receipts for *chapatis*, *sodas* and other items? Up to now, that money has not been refunded to me, because I have not gone to the hotel to ask for the receipts for the *chapatis* and all the other items that I bought.

We now have District AIDS Control Committees (DACC), Provincial AIDS Control Committee (PACCs) and the National AIDS Control Committee (NACCs). So, you can see that HIV/AIDS is being managed like the Provincial Administration. The Minister should, therefore, tell President Moi that HIV/AIDS is a health problem and that it should be managed under the Ministry of Health. This disease is killing our people; there is no question about it. Thika District leads the country in terms of the number of people affected by the disease. Four out of ten people in Thika District are affected by HIV/AIDS. Despite the seriousness of this problem, all that we are doing is talk endlessly, without coming up with a practical solution. In Europe, HIV/AIDS victims go about their normal life because they access everything they need. There are counselling services, HIV/AIDS management drugs, good food and acceptance by society. In this country, people die as the Government watches. But there is hope that, at the end of this year, the current Government will go.

Hon. Members: Where will it go?

Mr. Muiruri: There will be another Government, which will listen to its people.

Mr. Temporary Deputy Speaker, Sir, a monthly dose for an HIV/AIDS patient costs more than Kshs20,000. Who can afford that amount of money? The ordinary person cannot afford it. That is why our people are dying. So, the way the Government is handling the HIV/AIDS pandemic is very wrong.

I would now like to talk about the National Hospital Insurance Fund (NHIF), to which many people are contributors. All that I know is that the NHIF has been associated with many scandals. The other day, one of my colleagues made several accusations against the Chief Executive of the NHIF, all of which I believe were false. We should give the Chief Executive room to do his work; I am convinced that he is doing a good job. I am not saying so because he is a personal friend of mine. We have heard a lot of good things about him. He should, therefore, be given an opportunity to continue serving Kenyans better, especially in the area of establishing free medical camps. He is the one who came up with the idea of providing free medical services to old people in the rural areas. This is something very laudable. He should, therefore, be given the support he requires to continue doing a good job.

Mr. Temporary Deputy Speaker, Sir, occasionally, when I attend burials in my constituency, I hear a chief say: "There are people coming here to immunise children against polio", which is a waste of resources. Our children are very healthy. Polio is not an issue in Central Province. We rarely come across the condition. During such drives, we see Ministry personnel ride in very expensive vehicles such as Pajeros and Land Rovers.

With those few remarks, I beg to support.

Mr. M.A. Galgalo: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to this Motion.

I am glad to note that the Ministry of Health has really tried to discharge its duties. It has managed to coordinate immunization programmes and provide district hospitals, health centres and dispensaries with medical supplies very well. However, there are certain shortcomings. Measles and water-borne diseases are still a big killer in

my area. We have very few hospitals and health centres. The roads are so poor that some people in my constituency have never managed to access medical services. The long distances between the medical facilities and where the people live have made it impossible for them to access those services.

Therefore, I would like to urge the Minister to provide us with mobile clinics, so that they can take the services to the people. Also, I urge the Ministry to provide medical facilities in that area with four-wheel-drive vehicles. I have personally seen the Permanent Secretary (PS) and the Director of Medical Services and pleaded with them to give my constituency a vehicle. Vehicles earmarked for districts are released to the Medical Officers of Health (MOHs), who are controlled by the District Health Management Boards (DHMB). In my district, the DHMB members come from one community and one constituency. My constituency is not represented on that Board.

After I pleaded with the PS, he told me that he had allocated a vehicle to a health centre in my constituency. However, when the vehicle reached the district, it was taken to another hospital. So, the whole of Bura Constituency does not have a single vehicle. The MOH, who stays at Hola, allocated a vehicle to Garsen Health Centre, not because he had received a request for a vehicle from there, but rather because the majority of the DHMB membership comes from that area. I am very much disadvantaged. So, I would like the Minister to take serious note of those sentiments and allocate my constituency a vehicle. My constituency comprises of Bura, Madogo and Bangale Divisions, none of which has a vehicle.

Bilharzia and typhoid are big killer diseases in my constituency, but health facilities there do not have drugs for their treatment. I, therefore, appeal to the Ministry to supply anti-typhoid drugs to Bura, Madogo and Bangale Divisions. I am grateful to the Catholic Church and the Catholic Relief Services; the two institutions have been of great use to my people. However, there has always been a shortage of money and accessibility to some of areas is difficult. So, I appeal to the Minister to provide my constituency with some funds for the development of dispensaries. My constituency is larger than the whole of Central Province, but it does not have medical facilities. What we have are the facilities that were left behind by the colonialists.

Mr. Temporary Deputy Speaker, Sir, I would now like to talk about medical training institutions. We have a problem in getting our young people admitted to the Kenya Medical Training College (KMTC). The college has remained a preserve of the children of Cabinet Ministers and Permanent Secretaries (PSs). It is very difficult for young people from my region to be admitted to this institution. The Ministry should admit students to medical training institutions on quota basis from districts and constituencies. We have had that problem for a long time. We cannot access that medical training institution. Why should I go to the Minister or the PS to plead for a student to be admitted to the KMTC? Every hon. Member should be given his quota. In that way, the available chances can be fairly distributed. But if the opportunities are preserved for a clique of people, year in, year out, that is too bad. I want the Minister to look into that issue and be fair to this country.

Mr. Temporary Deputy Speaker, Sir, the quota system would be very important. In regions such as Tana River or northern Kenya, the climate is very hostile and nobody wants to go and work there. Even if you take medical doctors there, they want to be there for a few months, and then leave the place. That is because the area has been given bad publicity, there is no infrastructure and the climate is hostile. There is a common belief that the area is infested with organised bandits.

The Press in this country has fought us so hard and has painted a very bad image of us; and because of that, nobody wants to go and work there. Why should Prof. Ongeru have five doctors in Nyasiongo District Hospital yet, I cannot get one for Bura District Hospital? Our children should be admitted at the KMTC so that they can go and work in those areas.

Mr. Temporary Deputy Speaker, Sir, I want to talk about the National Hospital Insurance Fund (NHIF). The NHIF services are confined to cities and towns only. If you use the coastal route, you will find that Kenya ends at Malindi Town. On the eastern side, Kenya ends at Mwingi Town. If you use the central route, you will find that Kenya ends at Nanyuki Town and on the western route, Kenya ends at Kitale Town. Then, where do we belong? I am saying so because the NHIF services are provided up to those areas.

About seven months ago, the NHIF provided over 200 vehicles to medical institutions countrywide. On morning, I went to see the District Commissioner, Garissa. I found beautiful cars outside his office and I was told that they had been donated by the NHIF. Were the vehicles donated to that area because the Minister for Medical Services comes from that area?

Mr. Kathangu: Jambo la nidhamu, Bw. Naibu Spika wa Muda. Sijui kama ni mimi sikusikia vizuri au Mhe. M.A. Galgallo ameongea vibaya, lakini nimesikia akisema kwamba Kenya imefika Malindi, Mwingi, Nanyuki na Kitale, na eti sehemu nyingine zote haziko katika Kenya. Je Mhe. M.A. Galgallo anaweza kufafanua jambo hilo?

Mr. M.A. Galgallo: Mr. Temporary Deputy Speaker, Sir, geographically, all parts of Kenya are in Kenya, but in terms of development and infrastructure, Kenya ends at those towns. We were ignored by the colonial Government and even the current Government has done very little for us. That is why I am saying that in terms of

service delivery, Kenya ends here.

The Temporary Deputy Speaker (Mr. Imanyara): Mr. M. A. Galgalo, when you talk about "here", do you mean the National Assembly?

Mr. M.A. Galgalo: Mr. Temporary Deputy Speaker, Sir, I am saying that services have been provided up to Mwingi, Malindi, Nanyuki and Kitale towns. All the other places beyond those towns have been left out. That is why I am saying that the Minister should consider us and provide us with some of the services that people in other parts of Kenya are enjoying.

With those few remarks, I support the Motion.

Mr. Mwakiringo: Thank you, Mr. Deputy Speaker, Sir, for giving me the opportunity to contribute. I want to echo my colleagues who have spoken before me. At the same time, I would wish to thank the Ministry, which is manned by qualified personnel, headed by Prof. Ongeru and Prof. Meme, who are deputised by Dr. Wako and the others. I just want to support the Motion by thanking the Government, especially the Ministry, for providing malarial drugs in my Voi Constituency. That has been done and medical supplies are plenty. I wish to thank the Ministry.

As much as I thank the Ministry, I would like to ask the Minister to check on the mushrooming of private clinics in rural areas. That is where the problem lies. Most of the people who operate private clinics in the rural areas are not qualified. Some of them are psychiatrists. How do you expect them to treat a malaria patient, or a person suffering from fever? I am talking from experience because most of the people who are referred to Moi Hospital in Voi are found to be dehydrated or anaemic because they do not get proper medication in private clinics. That problem can only be solved by strengthening the District Health Management Boards. As of now, District Health Management Boards, for example, in Taita Taveta and other areas, are not operational. They were gazetted but they could not operate because they did not have the terms of reference. Therefore, they are dormant. We want them to be activated and given terms of reference, so that they can become operational.

I want, at the same time, to thank the African Medical Research Foundation (AMREF) personnel for providing a radio communication system between Moi Hospital, Voi, and Nairobi, to facilitate easier communication from Voi to Nairobi in case of emergencies at the hospital. We are very happy for that. At the same time, Moi Hospital, Voi, being centrally located along the Nairobi-Mombasa Highway, does not have enough personnel. We do not have enough doctors. As I speak now, the hospital is manned by only two doctors; yet, the establishment requires that we have, at least, six to eight doctors to man it, because of the number of accidents along that road. We do not have a gynaecologist, an eye, nose and throat specialist in the hospital.

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Imanyara): Mr. Mwakiringo, you will use your remaining minutes tomorrow.

Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, 24th July, 2002, at 9.00 a.m.

The House rose at 6.30 p.m.