

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 24th July, 2002

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

## PRAYERS

## PAPERS LAID

The following Papers were laid on the Table:-

Annual Report and Accounts of Ewaso Nyiro North River Basin Development Authority for the year ended 30th June, 2000, and the certificate thereon by the Auditor-General (Corporations).

Annual Report and Accounts of Kerio Valley Development Authority for the year ended 30th June, 2000, and the certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo) on behalf of the Minister for Rural Development)*

Annual Report and Accounts of the Kenya Plant Health Inspectorate Service for the year ended 30th June, 2000, and the certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo) on behalf of the Minister for Agriculture)*

Annual Report and Accounts of the Local Authorities Provident Fund for the year ended 30th June, 2001, and the certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo) on behalf of the Minister for Local Government)*

## ORAL ANSWERS TO QUESTIONS

*Question No.413*

WATER TANK FOR RACHUONYO  
DISTRICT HEADQUARTERS

**Mr. Otula** asked the Minister of State, Office of the President:-

(a) whether he is aware that the water tank built at Rachuonyo District Headquarters under the *El Nino* programme collapsed even before it was handed over to the community; and,

(b) what steps the Minister is taking to ensure that a tank is built to serve the residents.

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

(a) I am aware that the tank has not been satisfactorily completed.

(b) The contractor has been instructed to put up a new tank as per his obligation under the contract.

**Mr. Otula:** Mr. Speaker, Sir, the Assistant Minister is saying that tank has not been satisfactorily completed. The tank collapsed, almost killing people in that particular area and, at the moment, there is no tank on site. Could the Assistant Minister tell this House to which extent the tank is not satisfactorily completed?

**Mr. Moroto:** Mr. Speaker, Sir, I am aware that this water tank has not been functioning. We have already instructed the contractor to go to the site and begin constructing it immediately.

**Mr. Otita:** Mr. Speaker, Sir, the Assistant Minister says that they have instructed the contractor to go to the site. Could he tell us how much money they have set aside for the construction of this particular tank which they expect to be completed satisfactorily and handed over for the people to use?

**Mr. Moroto:** Mr. Speaker, Sir, I cannot state the amount, but I can assure the hon. Member that construction will begin immediately. It is upon the contractor to complete the work. I do not even want to know what amount is required, but the work should be completed.

**Mr. Achola:** This Assistant Minister is misleading the House. First of all, he is not agreeing with the Questioner that the tank that had been presumably built had actually collapsed. I think he is trying to protect the contractor. Could he tell us how much it cost to build the tank and whether the contractor will rebuild the tank at no extra cost to the Government?

**Mr. Moroto:** Mr. Speaker, Sir, I am not protecting the contractor and I am not in a position to tell the amount required. I want to assure the House that the work should begin and people living there should use the water from this tank immediately.

**Mr. Angwenyi:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to tell us that he does not know the value of the contract for the construction of this tank? We want to know how much money has been spent so far. He should be able to give that information.

**Mr. Speaker:** How did you give it?

**Mr. Angwenyi:** He is saying he does not know!

**Mr. Speaker:** I am asking the Assistant Minister: How did you award a contract when you do not know the value of the contract?

**Mr. Moroto:** Mr. Speaker, Sir, I cannot, at the moment, reveal the amount used, but I insist that the contractor should begin the work and this tank should be used immediately.

**Mr. Otula:** Mr. Speaker, Sir, could the Assistant Minister state the appropriate date when he expects the construction of this tank to be completed because it collapsed when the *wananchi* put much effort to lay the pipes from the water source to Kosele and now they are unable to use water from there?

**Mr. Speaker:** Mr. Moroto, you are not even curious! You do not even want to know how much money was paid for the construction of this tank and yet it collapsed before it could be put to use?

**Mr. Moroto:** Mr. Speaker, Sir, I would like to assure the House that by the end of October, people will use water from that tank.

**Mr. Speaker:** Next Question!

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

**Mr. Speaker:** Order! Sorry! We cannot take all the time on this Question!

*Question No.426*

ALLOCATION OF KENYATTA UNIVERSITY LAND

**Mr. Muchiri** asked the Minister for Education:-

(a) whether he is aware that staff of Kenyatta University and the residents of Kamae and Kawanja, who are more than 30,000, have been prevented from cultivating the unutilized land which is within the university;

(b) whether he is further aware that the aforesaid land has been surveyed and sub-divided into five-

acre portions which are about to be allocated under the pretext of renting them; and,  
 (c) whether the staff of Kenyatta University and the residents of Kamae and Kwanja could be given priority in the allocation process.

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

(a) The staff of Kenyatta University have got no authority, in fact, to allow squatters from the two areas to use the land for cultivation as the Kenyatta University land is intended for university education; for training and research.

(b) None of the land has been subdivided to be sold or given to anybody.

(c) What the hon. Member has seen is the subdivision by the university itself for their specialised departments, like the zoology; to watch the herbivorous animals, their breeding and various other things.

**Mr. Muchiri:** Mr. Speaker, Sir, the Assistant Minister seems not to be informed. The position is that over 30 years ago, the late President Jomo Kenyatta authorised the staff of Kenyatta University to be cultivating that land and, currently, there are over 250 acres. Now, the Registrar of Kenyatta University has informed those people not to cultivate. It is not only in Kenyatta University, but also within the country. We have got a lot of universities with a lot of unutilised land. Why are they not renting that land to the individuals and staff so that the land can bring an income to the university rather than telling people to quit?

**Mr. Awori:** Mr. Speaker, Sir, I regret very much that we cannot allow it. In fact, it will be the beginning of problems. We have had problems in the Forest Department because somebody allowed people to cultivate in the forest and he started decimating the forest. We allowed 30,000 squatters to use the university land. Before we know what is happening, some will have even received secretly title deeds and we will never see the end of it.

In fact, Kenyatta University requires more land. It is looking for more land to buy so that it can utilise it fully.

**Mr. Mwenje:** Mr. Speaker, Sir, I think the Assistant Minister is misunderstanding the whole concept of this farming. These are employees of the same university. They have simply been cultivating that land in order to get something for themselves to eat. Meanwhile, while the university awaits to use that particular land, all Mr. Muchiri is asking is: Why is the university refusing them to continue cultivating it until they make use of that land? That is, meanwhile, they be allowed to cultivate it for their own consumption and when time comes, then, the university can make research use of this land. That is all that they are saying! It is common in Nairobi!

**Mr. Awori:** Mr. Speaker, Sir, I am saying that the university is already utilising the land now. It is looking for more land adjacent and in other various areas for training before research. University is for university education; for training and research.

**Mr. Muchiri:** Mr. Speaker, Sir, I said that the Assistant Minister is not even informed. He is not even aware that President Moi visited Kasarani and donated 100 acres of that land to the squatters in Kamae. Kenyatta University has gone even to the extent of sending notices, a copy of which I have, and I will lay it on the Table, to those people. Is it the university that has got a superior authority beyond the President to donate that land to the squatters?

**Mr. Awori:** Mr. Speaker, Sir, I do not want to tire hon. Members by repeating myself. There are various things that the university requires the land for. Perhaps, let me go in detail. One, the Department of Zoology goats and other herbivorous, behavioural and research reproduction---

**Mr. Muiruri:** On a point of order, Mr. Speaker, Sir. Did you hear the Member for Embakasi tell this House that the President has got the powers to dish out land which belongs to Kenyatta University? Did you hear him say that?

Is he in order to mislead the House; that, the President has got the powers to give out what rightly does not belong to him but belongs to the university?

**Mr. Speaker:** Order, hon. Members! I am called a Speaker as a misnomer. I do not speak; I listen as you talk! I can assure you that during the nine years that I have sat on this seat, I have heard a lot of things. That is one of them that I have heard. Proceed, Mr. Awori.

*(Laughter)*

**Mr. Awori:** Mr. Speaker, Sir, the second need for the land is the Department of Botany, establishment of a university (hybarrium)?

(iii) Centre for Contemporary Medicine and Bio-technology; by planting trees that we can extract medicine

from.

(iv) The Department of Agriculture; for undertaking studies on geographical positioning systems. So, as you can see, all these requirements require a lot of land; a lot of acreage.

*Question No.072*

MEASURES TO PREVENT SALE OF  
ADULTERATED FUEL

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

- (a) whether he is aware that the liberalisation of petroleum sector without necessary regulatory and enforcement framework has resulted in the proliferation of unsafe, adulterated petroleum products which are haphazardly and dangerously sold, thereby threatening public security;
- (b) whether he is further aware that the use of adulterated off-specification fuels damages vehicle engines whose emissions pollute the environment; and

**[Mr. Gatabaki]**

- (c) what measures the Ministry has taken to ensure that all motor fuels marketed in Kenya are of guaranteed quality and that all illegal and adulterated petroleum product outlets are closed down.

**Mr. Speaker:** Is there no one from the Ministry of Energy? Let us move to the Next Question!

*Question No.353*

PAYMENT OF AFC LOANS

**Mr. Speaker:** Is Mr. Munyao not here? We will come back to his Question!  
Next Question, Mr. Maitha!

*Question No.158*

PAYMENT OF RED CROSS WORKERS' DUES

**Mr. Speaker:** Is Mr. Maitha not here? We will come back to this Question!  
Next Question, Dr. Ochuodho!

*Question No.316*

REPAIR OF RIVER AWACH BRIDGE

**Mr. Speaker:** Is Dr. Ochuodho not here? We will defer the Question!

*(Question deferred)*

Next Question, Mr. Omingo!

**Mr. Omingo:** Mr. Speaker, Sir, I have not received a written reply.

*Question No.188*

ILLEGAL LOGGING IN NYANGWETA FOREST

**Mr. Omingo** asked the Minister for Local Government:-

- (a) whether he is aware that Nyangweta Forest is on the verge of extinction due to illegal logging

- authorised by councillors from Ogembo County Council; and,  
 (b) how many trees have been logged and how much revenue has been collected for the last six months; and,  
 (c) what immediate plans does he have to stop illegal logging and commence re-afforestation.

**Mr. Speaker:** Is there no one here from the Ministry of Local Government?

**Hon. Members:** Mr. Kenyatta!

**Mr. Gatabaki:** On a point of order, Mr. Speaker, Sir. You have repeated - again and again, day by day, week by week and year in, year out - about the necessity of these Ministers and Assistant Ministers coming to answer Questions. Could you now issue another warning; that, it is mandatory for these Ministers and Assistant Ministers, irrespective of where the President is going for political rallies, to come here and answer the Questions asked by hon. Members?

**Mr. Speaker:** Order, Mr. Gatabaki! You can also help! Could you tell us where Messrs. Maitha and Munyao are because they are not Ministers and Assistant Ministers?

**Mr. Gatabaki:** Mr. Speaker, Sir, that warning should extend to every Member of this House, specifically to the Ministers and Assistant Ministers, whom we ask Questions!

**Mr. Speaker:** Order, Mr. Gatabaki! All hon. Members are equal in the eyes of Mr. Speaker. Those who---

**An hon. Member:** ---(inaudible)

*(Laughter)*

**Mr. Speaker:** Order, hon. Members! What did that hon. Member say? I suppose that you have gotten away with that because I did not see who it was. But all hon. Members are equal.

I will now go for the second round of Questions!

*Question No.072*

MEASURES TO PREVENT SALE OF  
ADULTERATED FUEL

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

- (a) whether he is aware that the liberalisation of petroleum sector without necessary regulatory and enforcement framework has resulted in the proliferation of unsafe, adulterated petroleum products which are haphazardly and dangerously sold, thereby threatening public security;  
 (b) whether he is further aware that the use of adulterated off-specification fuels, damage vehicle engines whose emissions pollute the environment; and  
 (c) what measures the Ministry has taken to ensure that all motor fuels marketed in Kenya are of guaranteed quality and that all illegal and adulterated petroleum product outlets are closed down.

**Mr. Speaker:** Is there still no one here from the Ministry of Energy?

**Mr. Gatabaki:** Mr. Speaker, Sir, we saw Mr. Raila coming from London to Nairobi and he said that he is happy with Mr. Uhuru Kenyatta being the President. So, he should be with him!

*(Laughter)*

**Mr. Speaker:** Order, Mr. Gatabaki! You are now relapsing to the "old Mr. Gatabaki!" I thought I had promoted you out of that by bringing you close here. Anyhow, your Question cannot be answered. So, what do we do with it? Could you ask it next week?

**Mr. Gatabaki:** Mr. Speaker, Sir, I would like my Question to be answered as early as possible; I would prefer tomorrow.

**Mr. Speaker:** Maybe, next week!

**Mr. Gatabaki:** Next week on Tuesday?

**Mr. Speaker:** Very well! Next Question, Mr. Munyao!

**Mr. Munyao:** Mr. Speaker, Sir, I beg to apologise for coming late.

*Question No.353*

PAYMENT OF AFC LOANS

**Mr. Munyao** asked the Minister for Agriculture:-

- (a) whether he is aware that many farmers in Ukambani especially in Makueni, who had loans with the Agricultural Finance Corporation cannot pay back the loans borrowed due to bad weather which affects the very projects the loans had been obtained to assist;
- (b) whether he is further aware that some people have paid double the loans granted and still the AFC is demanding additional money and threatening to sell securities held; and,
- (c) if he could table the list indicating all loans which have been outstanding for the last ten years in Makueni District.

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

(a) I am aware.

(b) I am not aware. However, I am aware that some of the loans may have doubled due to accrued interest.

(c) Allow me to table a list of all loanees and loans which have been outstanding for ten years and above in the entire Makueni District. It is a long list, and I do not think it is possible to read all the names at the moment.

**Mr. Speaker:** As a matter of interest, where is Ukambani?

**Mr. Sumbeiywo:** Mr. Speaker, Sir, Ukambani is in Eastern Province.

**Mr. Munyao:** Mr. Speaker, Sir, I thank you for helping me, because my Question was encompassing the four districts in Ukambani; Machakos, Mwingi, Kitui and Makueni, and yet the Assistant Minister has only touched on Makueni District. The list is too long, and I will need some time to cross-check it.

Mr. Speaker, Sir, some of the farmers got small loans of about Kshs100,000 to Kshs200,000 from AFC. The outstanding balance has now risen to about Kshs5 million. Some of these people have even paid more than what they got as capital. Could the Assistant Minister waive some of these loans because, as he admitted, the interest has risen three to four times?

**Mr. Sumbeiywo:** Mr. Speaker, Sir, I think the hon. Member and other hon. Members in this House are aware that there is a Sessional Paper which was brought into this House the other day, and it is being studied so that those who are eligible to have their loans written off will be considered.

**Mr. Kamolleh:** Mr. Speaker, Sir, the Assistant Minister is talking about eligibility of those whose loans could be scrapped, but the list of those loanees from AFC includes those who took Kshs50 million to Kshs20,000, which has even quadrupled. That being the case, what is the criteria to be used by the Ministry in waiving some loans and leaving others? As I said, this list is big and includes big fish.

**Mr. Speaker:** Is that not the reason why you referred that matter to the Departmental Committee on Agriculture, Lands and Natural Resources?

**Mr. Sumbeiywo:** That is true, Mr. Speaker, Sir.

**Mr. Speaker:** Is it, therefore, right that you continue discussing it here now?

**Hon. Members:** No! No!

**Mr. Speaker:** Mr. Munyao, take your representations to that Committee. You are in fact, the Vice-Chairman! Mr. Maitha's Question for the second time!

*Question No.158*

PAYMENT OF RED CROSS WORKERS' DUES

**Mr. Speaker:** Mr. Maitha still not in? The Question is dropped!

*(Question dropped)*

Mr. Omingo's Question for the second time!

*Question No.188*

ILLEGAL LOGGING IN NYANGWETA FOREST

**Mr. Omingo** asked the Minister for Local Government:-

(a) whether he is aware that Nyangweta Forest is on the verge of extinction due to illegal logging authorised by councillors from Ogembo County Council;

(b) how many trees have been logged and how much revenue has been collected for the last six months; and,

(c) what immediate plans he has to stop illegal logging and commence re-forestation.

**Mr. Speaker:** The Minister for Local Government is not in? Mr. Omingo what do I do with your Question?

**Mr. Omingo:** Mr. Speaker, Sir, I am wondering whether we should name the presidential hopeful for KANU. Could I propose that the Question be answered next week on Tuesday?

**Mr. Speaker:** Could you repeat what you have said?

**Mr. Omingo:** Mr. Speaker, Sir, may I propose that the presidential hopeful for KANU be named, because he is the one supposed to answer this Question?

**Mr. Speaker:** What are you talking about?

**Mr. Omingo:** Mr. Speaker, Sir, the Minister in charge of this Ministry is Mr. Uhuru Kenyatta, who is the presidential hopeful for KANU. Could we name him before he becomes President?

**Mr. Speaker:** Order! Order! This House and the Chair deals with Ministers. I do not deal with any hope. I deal with what is, and not what ought to be. I am dealing with Ministers here, and I can see that there is one who is late.

Mr. Sirma, where were you?

**The Assistant Minister for Local Government (Mr. Sirma):** Mr. Speaker, Sir, I wish to apologise for coming late. We were still consulting on some answers to the same Question.

I beg to reply.

(a) I am not aware.

*(Mr. Sirma went back to the  
Front Bench and sat down)*

**Mr. Speaker:** Why are you sitting down? Mr. Sirma, what is the matter?

**The Assistant Minister for Local Government (Mr. Sirma):** Mr. Speaker, Sir, I thought I was not answering the right Question. I beg to answer Question No.791.

**Mr. Speaker:** What Question is that? Order, Mr. Sirma! The Question we are now dealing with is Question No.188. I do appreciate that you came late, and therefore, maybe you are reading the wrong answer. But that is the only one other reason why you should always come to the House early enough so that you are not in a state of panic!

**Hon. Members:** Answer!

**The Assistant Minister for Local Government (Mr. Sirma):** Mr. Speaker, Sir, it is the same answer, but numbered wrongly.

I beg to reply.

(a) I am not aware of an illegal logging authorised by councillors from Ogembo County Council, since we do not have a local authority going by this name. However, I am aware that, in 1997, the then Gusii County Council had requested for authority to sell the trees in this forest and the same was given in January 1997.

(b) Arising from part "a" of the Question, part "b" does not arise.

(c) I have asked Gucha County Council to ensure that the deforested area is replanted with indigenous species when the long rains start.

**Mr. Omingo:** Mr. Speaker, Sir, there is confusion in terms of the name of the council. But he appreciates that it is Gucha as opposed to Ogembo. He has information that Nyangweta Forest falls under Gucha by implication.

In March this year, I toured the forest with the Provincial Commissioner (PC), who had actually reaffirmed the Government's commitment to protect the forest and reforest it instead of logging. Today, if you want to play a game of football in Nyangweta Forest, you require to plant one more tree. That means that there is a lot of logging that is going on---

**Mr. Speaker:** Order, Mr. Omingo! Bring a Motion on the afforestation of Nyangweta Forest! For now, it is not debate time! It is Question Time.

**Mr. Omingo:** Mr. Speaker, Sir, the forest is under the control of the Ministry and the council, and logging is going on. What has the Assistant Minister done, if he is ignoring Ogembo and calling it Gucha, to stop the illegal logging?

**Mr. Sirma:** Mr. Speaker, Sir, the number of trees that were advertised for sale amounted to 9,235 and were supposed to fetch about Kshs5 million for the council. In the year 2001, the PC visited the area, stopped the cutting of trees and ordered the re-planting of trees by the Gucha County Council. The county council will plant trees, using funds that are going to be allocated to them.

**Mr. Mwenda:** Mr. Speaker, Sir, could the Assistant Minister tell this House how many trees had been logged before the PC intervened to stop the logging? How much was realised from the sale of those trees?

**Mr. Speaker:** Is that a county council forest?

**Mr. Sirma:** Mr. Speaker, Sir, that is a county council forest. It falls under a trust land and it is not gazetted as a Government forest. The area which was planted with cypress and pine---

I wish to inform the Member that cypress and pine are planted for commercial purposes to provide wood. They have a certain age and going by the year 1958, they were well over 30 years, which is the rotational age for cypress and pine. I wish to inform the Member that cypress and pine covered only 40 acres. The rest, which is 103 hectares, is still intact.

**Mr. Omingo:** Mr. Speaker, Sir, trust land or no trust land, there should be a policy governing logging or anti-logging. Many trees were logged and as per the requirements of the council, the revenue was supposed to be retained in the community for purposes of enhancing tree re-planting. How much was collected and how much was ploughed back to re-afforest the area?

**Mr. Sirma:** Mr. Speaker, Sir, the council collected revenue amounting to Kshs5,522,915 from the trees. It has utilised the money in its various activities. But the council has plans to plant the trees in that area.

### QUESTIONS BY PRIVATE NOTICE

#### ACTION AGAINST CHILD DEFILER

**Mr. Wamunyinyi:** 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 one Wanjala Karani, who defiled a minor in Bungoma and the case reported to Bungoma Police Station on 13th June, 2001, is still at large?

(b) Why has he not been charged?

**Mr. Speaker:** Is there anybody here from the Office of the President? Mr. Wamunyinyi, could I defer the Question until Tuesday? What do I do?

**Mr. Wamunyinyi:** Mr. Speaker, Sir, I think Mr. Moroto is an Assistant Minister in the Office of the President!

**Mr. Speaker:** Mr. Moroto, why are you not responding?

**The Assistant Minister, Office of the President (Mr. Moroto):** Mr. Speaker, Sir, a Minister was supposed to come and answer this Question here, but I think he is tied up somewhere! Could you defer it to Tuesday, next week, so that it could be answered?

**Mr. Wanjala:** On a point of order, Mr. Speaker, Sir. There is a lot of confusion in the Government because of the presidential issue. Could they be given a retreat to Mombasa to organise themselves, so that they can come and start doing the work of the Government?

**Mr. Speaker:** Order! That is very frivolous, Mr. Wanjala! First of all, you know this is a period of politicking for all of you. You are all politicking as it should be, but that, of course, should not justify any Minister or



Member from not attending to the House business. The House business should be first and their own politicking should be secondary! So, do not bring party politics to the Chair!

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. About two or three weeks ago, you gave a directive to the Clerk of the National Assembly to write to the Permanent Secretary in the Office of the President, alerting the Ministers that they have a duty to come and answer Questions in this House. We have heard from Mr. Sirma that they were consulting about coming to answer that particular Question. Mr. Moroto is now saying that the Minister who was coming to answer the Question must be somewhere. Could they be reminded that the House starts at 2.30 p.m. on Tuesdays and Thursdays and 9.00 a.m on Wednesday? In the first instance, did the Clerk write that letter?

**The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo):** On a point of order, Mr. Speaker, Sir. I think it is unfair for Mr. Ndicho to accuse the Government side because, as you said earlier on, many hon. Members with Questions were not present to ask them!

I think it is unfair to blame the Government side only. Let us all share the blame because some of the Ministers and Questioners are not there. Let us share the blame equally.

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. I never accused anybody. I just stated facts! What I wanted to know was whether the letter you ordered to be written was written to the Permanent Secretary in the Office of the President and other Ministries.

**Mr. Speaker:** I do not think you need to inquire of me! You do not need to inquire of it because it talks for itself! If you all have noticed, in the last few weeks, Questions have been answered all the time by the Ministers. So, my letter went out and it was obeyed.

**Mr. Mwenje:** On a point of order, Mr. Speaker, Sir. My major fear here is that if the Chair knows that it is an election year and as he has mentioned, that will give excuse, particularly to the Questioners and even the Ministers not to answer Questions, may I appeal to the Chair not to know that this is an election year at all, so that Parliament can run as usual until the day elections are called!

**Mr. Speaker:** Order! If you heard me correctly--- I am a Kenyan! If you heard me correctly, I said that, that is no excuse for any Member not to come to the House. I said that and I will say it again - and if it does please Mr. Mwenje for me to forget a fact that this is an election year, I now forget that this is an election year!

Proceed, Mr. Kiunjuri!

**Mr. Kiunjuri:** On a point of order, Mr. Speaker, Sir. Was Mr. Ndicho in order to blame the Ministers in the Office of the President for failing to answer the Question, while he did not mention anything to do with his friend, Mr. Uhuru Kenyatta? He is even reported to have said that he is ready to relinquish the Juja Constituency seat to him!

**Mr. Speaker:** Order! When it gets to that, then I will remember the rules of the House. Please, do not personalise this. If a Minister is absent, it is a Minister that is absent, irrespective of his or her name. So, let us treat all hon. Members and Ministers equally. Let us keep these parochial politics out of here!

**Mr. Kitonga:** On a point of order, Mr. Speaker, Sir. Since the Ministers in the Office of the President are becoming notorious, could the Chair not write to the President directly to complain about the irresponsible behaviour of these Ministers? Could the Chair ask the President to consider to reshuffle the Cabinet?

**Mr. Speaker:** Order, Mr. Kitonga!

**Mr. Gitonga:** On a point of order, Mr. Speaker, Sir. The hon. Member is Mr. Kitonga and not Mr. Gitonga. I am Mr. Gitonga!

**Mr. Speaker:** Order! Is there a difference? Quite frankly, I do not know the difference between the two names. So, I do not think, Mr. Gitonga, you are insulted if I referred to the hon. Member as Mr. Kitonga or Mr. Gitonga. I am sure they mean the same thing at the end of day.

I defer that Question.

**Mr. Wamunyinyi:** On a point of order, Mr. Speaker, Sir. You have deferred the Question to tomorrow afternoon or to when?

**Mr. Speaker:** I think Tuesday afternoon will be fine with you.

**Mr. Wamunyinyi:** Mr. Speaker, Sir, you had deferred it some time other time before.

**Mr. Speaker:** So, can I defer it to tomorrow afternoon?

**Mr. Wamunyinyi:** Yes, Mr. Speaker, Sir.

**Mr. Speaker:** Mr. Moroto, can you relay my message to the Ministers in the Office of the President because you observed and heard the sentiments expressed by hon. Members? Could you, again, convey my displeasure to your

colleagues in the Office of the President for failing to come to this House?

**The Assistant Minister, Office of the President** (Mr. Moroto): Yes, Mr. Speaker, Sir.

**Mr. Speaker:** The Question is deferred to tomorrow afternoon.

*(Question deferred)*

MEASURES TO PREVENT COLLAPSE OF  
TOILET PAPER INDUSTRY

**Capt. Ntwiga:** Mr. Speaker, Sir, I beg to ask the Minister of Trade and Industry the following Question by Private Notice.

(a) Is the Minister aware that the local toilet paper manufacturing industry is facing imminent collapse as a result of importation of finished cheap paper products from countries like Egypt, South Africa and Mauritius?

(b) What steps is the Minister taking to prevent total collapse of this vital industry?

**The Assistant Minister for Trade and Industry** (Mr. Ekirapa): Mr. Speaker, Sir, I beg to reply.

(a) I am not aware the local toilet paper manufacturing industry is facing imminent collapse. But I am aware that quite a number of complaints have been received from the local toilet paper manufacturing industry.

(b) Action is being taken by the Ministry and the Government to ensure that rules relating to the importation of goods into the country are strictly adhered to, to prevent any undue threat to the local toilet paper manufacturing industry.

**Capt. Ntwiga:** Mr. Speaker, Sir, you realise there are so many common goods in this country. These goods are imported from the neighbouring countries and they are threatening our industries. Even tomatoes, onions, eggs and oranges are coming from South Africa and yet South Africa is not a member of the COMESA. Since the importation of cheap goods into this country is contributing to the high level of unemployment among our people, what immediate action will the Minister take to alleviate this situation?

**Mr. Ekirapa:** Mr. Speaker, Sir, these complaints started quite sometime back. The hon. Member is aware that, in the just concluded Budget, there is a proposal which was approved by this House to increase duty from 25 to 35 per cent on the importation of these items. That is an increase of 10 per cent. That increment is intended to discourage the importation of these items.

**Mr. Ngure:** Mr. Speaker, Sir, is the Assistant Minister telling this House that if we increase duty then that would be a deterrent to those countries not to subsidize their goods for export?

**Mr. Ekirapa:** Mr. Speaker, Sir, with respect to the countries which are not members of the COMESA, that action is intended to achieve that result. But with respect to those members of COMESA, there are rules which we could apply to discourage the importation of their items into our local market.

**Mr. Mwakirango:** Mr. Speaker, Sir, could the Minister confirm that dumping is taking place in this country because the Government does not have an anti-dumping policy?

**Mr. Ekirapa:** Mr. Speaker, Sir, there are rules that the KRA officers apply to prevent or discourage dumping into this country. Under the COMESA agreement, there are appropriate mechanism to make sure that those countries follow those rules.

**Dr. Kituyi:** Mr. Speaker, Sir, considering that this country has never developed an efficient monitoring device to determine the origin of goods to an extent that powdered milk is being purported to have been imported from Tanzania, which does not even have the technology to make powdered milk, how will they be able to know which goods come from within the COMESA region and which ones are a product of a manipulated Bill of Lading?

**Mr. Ekirapa:** Mr. Speaker, Sir, there are documents for every item we import into this country. There are officers trained to identify these documents. If an item has been imported from a COMESA country, there is a mechanism for dealing with that situation. If they have been imported from a country that is not a member of the COMESA, there are procedures to deal with them.

**Mr. Twaha:** Mr. Speaker, Sir, the liberalisation of this economy was at the behest of the so-called donors and it was one of the conditions that had to be fulfilled before the disbursement of aid. Since for the last ten years we have not received any aid from them, is it not time the Government went back to the old import and export rules so that our youths can get employment in our local factories?

**Mr. Ekirapa:** Mr. Speaker, Sir, I am sorry. I did not get that question.

**Mr. Twaha:** Mr. Speaker, Sir, I hope the Assistant Minister will pay much attention this time. There is a wide opening of our market to every Tom, Dick and Harry. We know people are dumping goods into our country and, as result, our industries are collapsing. Liberalisation of our economy was one of the aid conditions under the Structural Adjustment Programmes (SAPs) set out by the donors. We know that for the last ten years we have not received any aid. Is it not time we closed our doors and adopted the old import and export rules so that we safeguard our factories?

**Mr. Speaker:** In other words, we do away with liberalisation!

**Mr. Ekirapa:** Mr. Speaker, Sir, the rules of liberalisation really did not emanate from our donors or our partners in development. But these are under the rules of the WTO to which Kenya is a signatory. I believe whether we get aid from the development partners or not, we will still be members of the WTO. Under the WTO, there are anti-dumping rules which control this kind of situation. So, if we, as a country, feel that a particular country is dumping substandard goods here, we are allowed, under the WTO rules, to take appropriate measures to prevent it.

**Mr. Gatabaki:** On a point of order, Mr. Speaker, Sir. Considering the fact that the hon. Assistant Minister was for many years the Chief Executive of the Nation Media Group, the biggest user of paper, and considering the fact that the reason why the Kenyan market is flooded with cheap paper is because the local manufacturing industry; Pan African Paper Mill makes very cheap paper, is he not misleading the House by saying that the real issue is that the local paper manufacturing industry makes exceedingly very poor quality of paper?

**Mr. Speaker:** Mr. Gatabaki, that is not a point of order! Seeing, as I do, that you really want to help the Assistant Minister for reasons unknown to the Chair, why do you not walk to the other side of the House and pass over that information to him?

*(Applause)*

**Capt. Ntwiga:** Mr. Speaker, Sir, let me ask the last question.

**Mr. Speaker:** I am sorry! Time is up!

#### TYPHOID OUTBREAK IN NANYUKI

**Mr. Kiunjuri:** Mr. Speaker, Sir, I beg to ask the Minister for Public Health the following Question by Private Notice.

(a) Is the Minister aware that there is serious outbreak of typhoid at Mukima, Kariuga, and Naibor which threatens people living in the lower parts of Nanyuki River?

(b) Is he further aware that raw sewage from Nanyuki Town drains into River Nanyuki and that the residents are being forced to draw drinking water from Nanyuki Town?

(c) What immediate action is the Minister taking to avert further deaths?

**The Assistant Minister for Health (Dr. Wako):** Mr. Speaker, Sir, I beg to reply.

(a) I am not aware of a serious outbreak of typhoid at Mukima, Kariuga and Naibor.

(b) I am not aware of raw sewage from Nanyuki Town draining into River Nanyuki.

(c) There has been no typhoid related deaths in Nanyuki Hospital. The Ministry will, however, continue to ensure that hygiene standards are maintained so as to curb disease outbreak.

**Mr. Kiunjuri:** Mr. Speaker, Sir, it is true that by mid-May, there was an outbreak of typhoid in those areas. However, I agree with the Assistant Minister that the disease was contained. But this is a case which recurs every time since the water from River Nanyuki has been harvested. The River is drying up and it can no longer contain any sewage drainage. What immediate action has the Assistant Minister taken to ensure that no sewage is drained into the river?

**Dr. Wako:** Mr. Speaker, Sir, as far as the Ministry is concerned, there is no sewage from "Nyanyuki" Town which is drained into River "Nyanyuki". There are three sewage oxygenation ponds and the waste is actually flooded out---

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. Could the Assistant Minister learn to pronounce the word "Nanyuki" properly? He should not call it "Nyanyuki".

*(Laughter)*

**Dr. Wako:** Mr. Speaker, Sir, I am sure that Mr. Ndicho has never gone beyond Chania River. So, he does not know how to pronounce the word "Nanyuki". This town is actually close to my place. So, I know Nanyuki better than he does. I was saying that the oxygenated sewage in the pond is actually not drained into River Nanyuki. Secondly, Mount Kenya Company which has about six oxygenation ponds has only three ponds which are [Dr. Wako] functional because it is only 50 per cent of the factory that is operational. The three oxygenation ponds do not discharge their waste into the river.

**Mr. Angwenyi:** Mr. Speaker, Sir, the problem of pollution of our waterways by raw sewage is prevalent throughout the country, including Nairobi City. Could the Assistant Minister tell us the policy of his Ministry regarding pollution of our rivers and raw sewage being drained into our rivers?

**Dr. Wako:** Mr. Speaker, Sir, it is true that in certain towns in this country, raw sewage is drained into the rivers. The public health officers have been instructed to ensure that such a thing does not happen. Several city, municipal and county councils have been taken to court because of this and the situation has been rectified. All of us remember what happened in Embu and what the Ministry did.

**Prof. Anyang'-Nyong'o:** Mr. Speaker, Sir, some of us are alarmed by the answer that the Assistant Minister has given to this Question, noting very well that a disease like typhoid had been eliminated in the world a long time ago, but has resurfaced in Africa in a very serious way. The problem of raw sewage, as Mr. Angwenyi has said, is a big one in all Kenyan towns and markets. Any measure which the Ministry takes does not have any effect whatsoever. This year alone, could the Assistant Minister tell us to what extent the measures he has taken reduced the occurrence of typhoid in Kenya so that we can know that what he is doing is actually helping the people? Could he give us any statistics which show how much typhoid has been reduced in Kenya due to the handling of the sewage problem by the Ministry?

**Dr. Wako:** Mr. Speaker, Sir, I cannot give the statistics off-head right now, but we know what happened in Embu and what happened in Limuru the other time. We also know what happened in Nanyuki. The Ministry has successfully contained the situation in all these cases. We have given instructions to public health officers to ensure that in towns where sewage is drained into the river, the councils are actually prosecuted.

**Mr. Speaker:** Mr. Kiunjuri, do you have any further question?

**Mr. Kiunjuri:** Mr. Speaker, Sir, it is true that the Nanyuki Municipal Council has been unable to contain its sewage. However, the Kenya Air Force drains raw sewage into River Nanyuki. Mount Kenya Limited has been unable to service its ponds and hence the typhoid outbreak. What action is the Assistant Minister taking to ensure that the Kenya Air Force and Mount Kenya Limited contain their sewage?

**Dr. Wako:** Mr. Speaker, Sir, as I said before, actually, we have looked into the issue of the sewage of both the municipal council and Mount Kenya Limited. We will look into the issue of the Kenya Air Force sewage to ensure that none is drained into the river.

**Mr. Speaker:** Very well! That is the end of Question Time!

## POINT OF ORDER

### TERMS OF SUDAN PEACE ACCORD

**Mr. Imanyara:** Mr. Speaker, Sir, the Sudan peace talks which took place in Machakos ended the first phase with a historic accord which was signed under the auspices of President Daniel arap Moi. I would like to ask the Ministry of Foreign Affairs and International Co-operation to issue a Ministerial Statement to the House to give us the terms of this peace accord which was signed last week.

**Mr. Speaker:** Very well! Is the Minister for Foreign Affairs and International Co-operation here? I am sure that he will be duly informed.

## NOTICE OF MOTION FOR THE ADJOURNMENT UNDER STANDING ORDER NO.18(2)

## CANCELLATION OF KCSE RESULTS

**Mr. Speaker:** Hon. Members, I have one or two things which I would like to say. First, I have received a written Notice of Motion of Adjournment from Mr. Munyao of his intention to rise under Standing Order No.18(2), at the end of Normal Sitting Day on a matter contained in reply to Questions by Private Notice of Tuesday, 7th May, 2002 concerning the Kenya Certificate of Secondary Education (KCSE) results for Kalawa Secondary School. I have considered and acceded to the request by the hon. Member and I will, therefore, call upon him to move the Motion of Adjournment at the interruption of business on Thursday, 25th July, 2002.

## COMMUNICATION FROM THE CHAIR

## ADHERENCE TO THE SPEAKER'S RULES

*(Loud consultations)*

Finally, I would like to remind hon. Members, if the strangers could keep quiet, that over some period now, I have continuously reminded them of the existence of rules for entry of strangers to this Parliament. For a while, they have been, by and large, been obeyed. I am getting an increasing number of disobedient hon. Members bringing strangers contrary to the provisions of the Speaker's Rules. Worse, when hon. Members are reminded by those charged with the responsibility of ensuring that the Speaker's Rules are obeyed, some hon. Members take the opportunity to harass and even insult the members of staff who effect those rules. I think it is below the dignity of any hon. Member of this House to molest a member of staff who is carrying out his duties. I think they are doing that on your behalf, and on the instructions of Mr. Speaker. Yesterday, we discussed further security measures in the Continental House and the main Parliament Buildings. So, I call upon every hon. Member here, to abide by the rules of entry of strangers here, and to obey such instructions as given by the Speaker through his staff, to ensure that you are all secure and comfortable in the use of the limited facilities available to you.

Thank you very much.

## COMMITTEE OF SUPPLY

*(Order for the Committee Read  
being Sixth Allotted Day)*

## MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

*(The Minister for Public Health on 23.7.2002)*

*(Resumption of Debate interrupted on 23.7.2002)*

**Mr. Mwakiringo:** Mr. Speaker, Sir, further to my yesterday's contribution, I would like to thank the Government for the support it is giving to the Moi Hospital, Voi and my constituency. I compliment the Government for the initiative they took, with the support of the Danish International Development Agency (DANIDA), to rehabilitate and expand the mortuary at Moi Hospital, Voi. More should be done in that hospital, taking into account the strategic position it occupies between Nairobi and Mombasa. But that notwithstanding, I wish to request the Ministry to put more funds on the retraining of the existing members of staff. Quite a number of them have overstayed in that profession without being retrained. Therefore, they have lost direction, especially on public relations matters. The language used by nurses and clinical officers is not in line with the current information technology and global

network. So, we need more funding for the retraining of the existing staff.

Mr. Speaker, Sir, I would like to comment on the issue of the Constituency AIDS Control Committees (CACCs). Despite the fact that those CACCs were supposed to serve the rural areas of this country, they have lost meaning because they are not funded. I wish to associate myself with the sentiments raised by my colleagues who have said that the National AIDS Control Council should be removed from the Office of the President and taken back to the Ministry of Health.

Mr. Speaker, Sir, the Office of the President should stop the habit of grabbing and putting under its control every department that has got a lot of funding. Those departments should be placed under their respective Ministries for proper administration. The CACCs are not functioning effectively because of lack of funds. It appears as if the CACCs are not operational any more. That department should be taken back to the Ministry of Health for proper administration.

I urge the Ministry to give more medicine and support to the rural health centres and dispensaries. It is through those health centres that we can curb the flow of patients to referral hospitals like the Moi Hospital Voi, Kenyatta National Hospital and other provincial hospitals. So, if funds are given to those hospitals, we will confine the number of referral cases to the district and provincial hospitals.

Mr. Speaker, Sir, the other notorious institution is the Kenya Medical Training College (KMTC). Every year, Members of Parliament complain bitterly about admissions to that institution. It is as if the Minister, Permanent Secretary and all other technical officers in the Ministry, fear the KMTC Director, who appears to be untouchable. He takes 85 per cent of the students from his own home area and nobody can question him! None of those students admitted come from other areas of this country.

I am talking like this because, for the last four years, nobody has been admitted to the KMTC from Taita-Taveta District and the Coast Province in general. If there were any admissions, they cannot be more than ten. Why is Mr. Boit so indispensable? Why is he not sharing the available places equally among the Kenyan districts? As Mr. M. Galgallo said yesterday, you cannot have somebody from Kalenjinland or Kikuyuland in Bura because he cannot understand the local language. We need somebody from that area who can speak the local language and can understand local diseases! The KMTC, therefore, must be overhauled to ensure that every part of this country is represented in terms of college intake.

Mr. Speaker, Sir, as I have said before, Moi Hospital Voi is very strategic but it has a limited number of vehicles. I urge the Ministry to add two more vehicles and an ambulance, so that they can serve the other health centres which are far from that institution. Moi Hospital Voi is a referral hospital for about five health centres and 12 dispensaries. So, if we have two more vehicles and an ambulance to ferry patients from those health centres and dispensaries, that would ease transportation problems and save many lives.

Mr. Speaker, Sir, I would also like to urge the Ministry to provide nets in hospitals for in-patients, especially in malaria-prone areas.

With those remarks, I beg to support.

**The Assistant Minister for Education, Science and Technology** (Mr. Ojode): Thank you very much, Mr. Speaker, Sir, for giving me the opportunity to contribute to this Vote.

Mr. Speaker, Sir, we did form the CACCs and the Minister will agree with me that Ndhiwa Constituency received only Kshs150,000. The Minister should tell us how much money they have received so far, for the CACCs. As a matter of fact, the Minister should tell us who the donors are, how much money they have received and the date they received those monies. I am saying so because we have a number of orphans and women groups who had already registered with the various CACCs within the constituencies and yet, nothing has happened. Since HIV/AIDS was declared as a national disaster it has never been gazetted anywhere. The Minister should tell us why HIV/AIDS has not been gazetted as a national disaster to date.

Mr. Speaker, Sir, it is true that there is an outbreak of malaria in my constituency, as well as other neighbouring constituencies. But it appears as if the Minister is only concentrating on Gusii districts. Homa Bay and Suba districts are not being considered. He should tell us why that spraying is done in Gusii districts only and not in Homa Bay and Suba districts.

The other aspect is on the health centres. There are dispensaries called Magena and Got Kojoi which have never received drugs. Pala and Ndhiwa Health Centres require clinical officers. Last time the Ministry funded Pala Health Centre and the work on that health centre has stalled and up to now nothing is happening, despite the fact that

buildings had already been constructed and some of them have not been completed up to now. I would like to request the Minister, when he will be replying, to touch on what is actually happening in Pala Health Centre because, as I speak, there is no activity going on there and my constituents cannot visit the health centre for the provision of health services.

Mr. Speaker, Sir, with regard to ambulances, we had requested the Minister to supply Ndhiwa Constituency with some ambulances because of the terrain. In my constituency we do not have good infrastructural facilities which can enable patients to visit some of these health centres and that is why we requested for an ambulance. We were given only one ambulance which is not enough because Ndhiwa Constituency has a population of over 200,000 people. We had also requested that we should have mobile clinics centred at various places. A place like Ombo is inaccessible and the Ministry is doing completely nothing to introduce mobile clinics there! We have severally requested the Minister that we need enough drugs to be supplied to these health centres and dispensaries. As a matter of fact, we have only five dispensaries in the entire constituency. It seems this request falls on to deaf ears! When the Minister will be replying, he should tell us what he intends to put in place in Ndhiwa in order for my constituents to access health services.

Mr. Speaker, Sir, last time we were told that, when we went to Mombasa, as hon. Members, we utilized a total of Kshs300 million. There is nothing like hon. Members having utilized Kshs300 million! It is better for the Minister to come up and clear the air about this issue so that the public can know whether, indeed, hon. Members utilized Kshs300 million. That is a lot of money! By the way, Kshs300 million cannot be utilized by hon. Members in a seminar for two days, even if it was to be three days.

Mr. Speaker, Sir, I would also request the Minister that, when they make such kind of statements, they should come up with correct statements so that wananchi know that this is what hon. Members utilized and this is what is required by the Ministry to do campaigns in the constituencies.

The Minister should also give reasons why we are having outbreaks of mosquitoes every year. That means that they are not doing something tangible to correct the anomaly or to spray them once and for all. Every year, we have malaria outbreaks. Why does the Minister not do something which can correct the anomaly once and for all? If the Ministry cannot provide health facilities within our constituencies, majority of Kenyans will as well die of diseases which are treatable. No disease can be treated if there is not enough supply of drugs! Why can my constituency, Ndhiwa, not be supplied with enough drugs?

Mr. Speaker, Sir, the Minister has been promising that Ndhiwa Health Centre will be upgraded to a sub-district hospital and, up to this very moment, small and common diseases are killing my constituents. Yet the Minister is just seated here and promising that he will supply drugs! Through the Chair, I would like to ask the Minister to state, in his response, why Ndhiwa is not getting enough drugs. Why should my people suffer when the Minister is my neighbour?

Mr. Speaker, Sir, we do not have enough health facilities, especially the X-Ray equipment, which we had requisitioned. There is not a single nurse in that health centre, and when you go to the Ministry, they normally promise that they will give us a nurse. I would like to request my colleague and neighbour, to post enough doctors to Ndhiwa Health Centre, if not a clinical officer. If the Minister does not have enough doctors, why can he not post a clinical officer to serve in both Pala and Ndhiwa Health Centres?

**Mr. Gatabaki:** On a point of order, Mr. Speaker, Sir. This is sheer waste of time! Is it in order for an Assistant Minister to use this forum to attack another Minister - the way the Assistant Minister is doing - as if there is no Government?

**The Assistant Minister for Education, Science and Technology (Mr. Ojode):** Mr. Speaker, Sir, that is a frivolous point of order. I am a representative of a constituency and I am just informing the Minister, through the Chair, that Ndhiwa Health Centre does not have enough drugs. I am not accusing anybody! What I am saying is that the Ministry should make good the supplies of drugs to cater for my people!

*(Applause)*

When the Minister will be replying he should, at least, tell us what he will do in areas where we have shortages of medical staff. Even if there are no doctors, he should post those who will help the clinical officers and the nurses in my constituency. If the Minister could post some medical staff to those health centres, we would really

appreciate and I would be very supportive.

With those few remarks, I beg to support.

*(A Cellphone rang in the Chamber)*

**Mr. Speaker:** What is that? Please, switch off all the cell phones!

**An hon. Member:** It is from here!

**Mr. Speaker:** If it is hon. Omamba's cell phone, it is very bad! Let us hear from Mr. P.K. Mwangi!

**Mr. P.K. Mwangi:** Thank you, Mr. Speaker, Sir, for giving me this opportunity to contribute to the Vote of this very important Ministry.

First of all, I would like to thank the Ministry of Health for what they did during the measles campaign. Actually, that was the only time I saw the Ministry do at the grassroots level. The campaign was thoroughly done. I also take this chance to thank the people of Maragwa District who were given a very good service during that measles campaign. It is my hope that the Ministry will be able to eradicate measles in this country.

It was very wrong for us to have been taken to a seminar in Mombasa, in order for us to come back to our constituencies and launch campaigns against the HIV/AIDS scourge. It has done more damage than before.

The other day, I read in the papers that we used Kshs300 million. I would like to urge the Minister to clear the air about this issue because it is quite dangerous for us. How can we use Kshs300 million just for a two-day workshop? Could we be told whether we were being used as conduits for corruption? We need to be given an explanation on that issue because it is very bad and it has done more harm on us. How can one hon. Member use more than Kshs1 million in a two-day seminar on the HIV/AIDS scourge? Sincerely, Maragwa Constituency AIDS Control Committee received only Kshs45,000, and Kshs25,000 as reimbursement for the expenses incurred during the Committee's launching.

**Mr. Speaker:** Order! Could I take a little of your time, Mr. P.K. Mwangi? The allegation that Kshs300 million was spent on hon. Members during the HIV/AIDS seminar that was held in Mombasa really baffles me. I did chair that seminar. To the best of my knowledge, the Ministry of Health did not give me a single shilling. So, I would like the Minister to take the earliest opportunity to confirm or deny that, indeed, Kshs300 million was spent on us during that weekend. Really, the allegation is spoiling the name of this House. If 200 Members of Parliament attended that seminar, from the alleged expenditure of Kshs300 million, each one of us would have received about Kshs1.5 million. Maybe, Mr. Minister, you should clear the air.

**The Minister for Public Health** (Prof. Ongeri): Mr. Speaker, Sir, I am extremely grateful to you for according me this opportunity to clear the air on this very serious allegation, which arose from very mischievous reporting. Parliament should stand tall on this matter; I believe that the Press, and the Daily Nation in particular, is out to malign the very good work that was done by Members of Parliament at the HIV/AIDS awareness seminar that was held in Mombasa; the seminar was a major event. Therefore, I want to categorically confirm that the amount of money that was spent in Mombasa was Kshs5 million. I do not know where the Daily Nation got the Kshs300 million figure they quoted in their article. So, the newspaper owes it to this nation to publish an apology, because I think they are messing up the name of this honourable House.

Thank you, Mr. Speaker, Sir.

**Mr. Speaker:** Very well, Mr. Minister! As the person who chaired that seminar, I was beginning to get worried that, behind my back, you gave hon. Members a lot of money without letting me know about it.

*(Laughter)*

Now that you have not given them any money, I am delighted to hear that this was the newspaper's own falsehood.

Mr. P.K. Mwangi, you may have the balance of your time.

**Mr. P.K. Mwangi:** Thank you, Mr. Speaker, Sir. Now that the Minister has cleared the air, hon. Members can now relax. What I was saying is that if most of the constituencies---

**Mr. N. Nyagah:** On a point or order, Mr. Speaker, Sir. Whereas we appreciate the Minister's response to the issue, I would like to confirm that I worked very closely with NASCOP during the organisation of the seminar that brought hon. Members together in Mombasa. Should it not serve as a reminder to the newspapers that cover the



proceedings of this House if we admonish the Daily Nation in particular for misreporting and driving a wedge between Members of Parliament the public out there? The Mombasa HIV/AIDS awareness seminar achieved very many things and we hope that, with time, we will realise them. Should the Daily Nation not publish an apology on some prominent space, so that Kenyans can see that its earlier story contained a lot of untruth which was aimed at tarnishing the image of Members of Parliament?

**Mr. Speaker:** Well; I am in a dilemma. You see, the story did not emanate from this House, but rather from outside. I am glad that it has ultimately come to the Floor of the House. The Minister has, indeed, cleared the air. Members of Parliament spent only Kshs5 million for that seminar as opposed to the Kshs300 million reported by the newspaper. That there was an additional Kshs295 million, which hon. Members are supposed to have utilised, is absolutely false.

Although the Press is at liberty to report as it pleases, and we have encouraged it to report as it pleases, it should now begin reading the mood of this House, that a continuous slander of the House and its membership, deliberately, occasionally, and falsely, may not go down very well with hon. Members. I think it is about time that everybody played his or her role fairly. We have a role to play here. The Press also has a role to play. I think it is the duty of everybody to play his or her role fairly. The Press should not be vindictive against the House. I now plead with you, hon. Members that, although you are rightly aggrieved, let me cool you down. Let the Press make another mistake. For now, forgive them.

Proceed, Mr. P.K. Mwangi!

*(Applause)*

**The Assistant Minister for Labour and Manpower Development** (Mr. Ekirapa): On a point of order, Mr. Speaker, Sir.

**Mr. Speaker:** Mr. Ekirapa, do you want to suggest that we do not forgive the *Daily Nation* on this matter? What is your point of order?

**The Assistant Minister for Labour and Manpower Development** (Mr. Ekirapa): Mr. Speaker, Sir, apart from this issue, there is a lot of misunderstanding out there about the amount of money Members of Parliament earn monthly in salary and allowances. Could we ask the relevant Committee of this House to avail the total package of an hon. Member and ask the Press to publish it on their respective front pages and then close this subject once and for all? There is a lot of misunderstanding that Members of Parliament earn so much money.

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

**Mr. Speaker:** Order! Order! I really do not know what Committee deals with the salaries of hon. Members, but I would like to give my own monthly pay package as an example. My payslip is available; I invite the Press to come and have it. Being the head of this institution, my total monthly pay package is Kshs370,000, and not Kshs600,000 as reported by the Press. I would, further, like to confirm that, as I said last time, the financial estimates of Parliament did not increase the pay package of hon. Members, although the Press keeps on repeating this notion in their reporting. As I said, we cannot win this war as a House, because we do not have our own Press. I do not know what happened to Mr. Gatabaki's magazine.

*(Laughter)*

Even if Mr. Gatabaki's magazine were not wound up, as a Pressman, he would be on the Press's side. I have asked that we now declare this matter closed, so that we begin from zero. From today onwards, please, let everybody do his or her job fairly. Let there be fairness from all sides.

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

**Mr. Speaker:** I am sorry! We are not going to interfere with Mr. P.K. Mwangi's contribution any more. We are now back to the Committee of Supply. Mr. P.K. Mwangi, proceed!

**Mr. P.K. Mwangi:** Mr. Speaker, Sir, the Minister should start addressing the HIV/AIDS problem from the grassroots, because this country continues to lose lives to the scourge day in, day out. Many groups have come up, and are willing to support HIV/AIDS orphans because each of more than 80 per cent of the homes in this country has lost a person to HIV/AIDS. It is high time the Government made sure that we are able to reach even the people at the

grassroots level and educate them about HIV/AIDS, so that they can protect themselves against it. We should support the youth groups which have come out to fight HIV/AIDS. We should be serious about educating the people about HIV/AIDS. Holding seminars in big hotels will not solve this problem.

Mr. Speaker, Sir, I want to talk about the private medical practitioners. All over the country, we have so many quarks practising as qualified doctors. We should have a clear-cut policy on who should practise medicine. Most of these quarks are practising medicine using other people's licences. This is a reality. These quarks are making so many people suffer and die eventually. I want to urge the Ministry to go round the country and ensure that private medical practitioners are qualified doctors. If this is not done, we shall have so many people practising as private medical practitioners, when they are actually "robbers".

**Mr. Speaker:** Order, Mr. P.K. Mwangi! Do not use those words here. The word "robbers" is unparliamentary.

**Mr. P.K. Mwangi:** Mr. Speaker, Sir, I withdraw the word robbers.

I am saying that private medical practitioners should be qualified doctors and not people who are just out to syphon money from the members of the public. I also want to talk about the charges in Government hospitals. It is high time we considered the poverty level in this country. More than 60 per cent of our population is living below the poverty line. If you go to any Government hospital, for example, Kenyatta National Hospital (KNH), you will find a patient who has been collected from the streets of Nairobi being asked to pay more than Kshs30,000. KNH charges Kshs200 per day, which is a lot of money. The Minister should reconsider this. I am not fighting against cost-sharing, but I am saying that we should consider the plight of our people. We should reduce the charges in Government hospitals to the level that our people can afford. If a person is not earning even Kshs2,000 per month, how do you expect him to pay Kshs200 per day when he is admitted at KNH? Cost-sharing in Government hospitals should be waived because the majority of our people are not employed. By charging people medical fees, you are denying them what they should get constitutionally. Members of the public are supposed to get free medical facilities from the Government. If the Government cannot afford to offer free medical services to its people, then it has no business being a Government and should retire honourably.

Mr. Speaker, Sir, the other issue that I want to talk about is malaria outbreak. Malaria outbreaks are not just in Western and Nyanza Provinces. Even in Maragwa District, malaria is prevalent. We need malaria drugs in Maragwa District Hospital. If you visit Maragwa District Hospital, you will find that there are so many malaria cases. The Department of Public Health in the Ministry of Health is not doing its work properly. Public health officers used to go round the country spraying anti-malaria insecticide, and educating people on how to fight malaria. This department is not working at all. If it were working, we would contain the malaria epidemic if not to eradicate it. The chief medical officers in Afya House should go to the grassroot - they should not only sit in the offices - and educate the people on how to fight malaria.

I want to talk about doctors' remuneration. We have had an exodus of our doctors. People who have been educated using taxpayers' money are now running out of this country to Botswana and other parts of the world, just because they are underpaid by the Ministry of Health. They should be well paid. We should not underpay them. If we, hon. Members of Parliament, can be well paid, why should a doctor not be well paid, yet he is a person we need very much? I want to urge the Government to increase the salaries of our doctors by 100 per cent. If doctors are well paid, they will not go into private practice. They will become patriotic and save the lives of Kenyans. You cannot work on an empty stomach. Nobody can work under the conditions our doctors have been subjected to. How can a full doctor, who has taken more than seven years to train, be paid Kshs12,000? This is peanuts! The Minister should increase doctors' remuneration. We are ready to vote money to increase doctors' remuneration. Our nurses should also be well remunerated. They work 24 hours a day and they need to be well paid.

The World Vision helped the people of Maragwa Constituency to construct a dispensary. For four years now, I have been asking the Ministry to post personnel to that dispensary. When will this be done? Maragwa District Development Committee recommended that some medical personnel be posted to our dispensary. I have those minutes. I even have a letter from the Medical Officer of Health (MOH) on the same issue. We want to have personnel and drugs in our dispensary. The organisation which helped us construct that dispensary is waiting to see when it will be used.

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

**The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo):** Thank you, Mr.

Speaker, Sir, for giving me this opportunity to contribute to debate on this very important Vote of the Ministry of Health.

I know that the Minister and his officers are working under very difficult conditions, in particular in remote and arid and semi-arid areas. But that does not give them a licence to do a shoddy job. The Ministry has done a splendid job in rural areas. But the main problem that the Ministry's officials are encountering is transportation because there are very few vehicles in medical institutions. We have very dedicated doctors, clinical officers and nurses in the remote areas. I want to congratulate them for doing a very good job. They work on a 24-hours basis.

In our district hospital, we have a MOH, who is doing a splendid job. I was disturbed the other day when I saw his name in the newspapers as one of the people who want to contest for Parliamentary seats in the coming general election. I would like to ask my colleague, the Minister, to dissuade some of these professional doctors from wanting to go into politics. They are professionals and I would like to request them to stick to their jobs. Perhaps, what the Minister should do is to look into their schemes of service. He should make the scheme of service for doctors and other medical personnel attractive, so that they are not tempted to come to this House, stay for five years and after that they are thrown out. I am giving this example because our Medical Officer of Health (MOH) is gearing up to become one of the Members of Parliament in this House and so there is no guarantee.

Mr. Speaker, Sir, I would also like to congratulate the Minister for his prompt action recently when there was an outbreak of malaria. I discovered that the Minister for Public Health was hovering around the country in a helicopter and he passed through our area the other day without even letting us know that he was passing there. However, that was a commendable job that he did.

Mr. Speaker, Sir, I would also like to touch on the HIV/AIDS scourge. It has caused a lot of untold suffering in families in this country. I think we need to establish in every district and, perhaps, every location, an institution which will take care of HIV/AIDS widows and orphans. I am sure there are sympathisers within the country, and also outside the country, who would like to come and assist us to, at least, look after the unfortunate orphans who have been left behind by their mothers and fathers. I would also like to urge the NGOs to do the same. NGOs come to this country and pretend to be helping us when, in fact, they are helping individuals to enrich themselves by lining up their pockets. I would like to request these NGOs when they come here to, at least, look after the HIV/AIDS orphans and the widows, because they are the sufferers, instead of looking after the wealthy working class in this city who can look after themselves.

**Mr. Gatabaki:** On a point of order, Mr. Speaker, Sir. Is it in order for the hon. Assistant Minister to demonise, collectively, every NGO without being specific and considering the amount of work done by many NGOs?

**Mr. Speaker:** Order! Hon. Gatabaki, I do not think you must "prefect" the mouth of every hon. Member and generally say that all NGOs in this country are like angels since they do not commit any offences. He has said "some" and he is entitled to his opinion unless, of course, you have a register of perfection. So, he expressed his opinion that some NGOs do misuse funds given to them for the public good and it could be true and that is his opinion. So, can he express it?

**The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo):** Thank you, Mr. Speaker, Sir. I do not want to go back and waste my time because it is too precious and short. I would also like to propose to the Minister for Public Health to introduce a medical insurance scheme for our senior citizens in this country because when somebody reaches the age of 65, he or she is likely to suffer from many ailments. I think we need to look after these senior citizens. There should be a medical insurance scheme to take care of them so that, at least, when they fall sick they can even afford to buy panadol which is the most affordable medicine around. This medical insurance scheme is applicable in other countries that I have visited and it is a very good scheme so that we can take care of our old citizens instead of looking after them in old people's homes.

**Mr. Munyasia:** On a point of information, Mr. Speaker, Sir.

**Mr. Speaker:** Mr. Sumbeiywo, do you need to be informed?

**The Assistant Minister for Agriculture and Rural Development (Mr. Sumbeiywo):** Mr. Speaker, Sir, I do not want to be informed since I am capable enough to contribute without being assisted. Herbalists are very important people in our communities. I know of some and you will be surprised to learn that there are some herbalists who can even treat cancer cases. So, I would like to request our hon. Minister to include them in his research unit so that they can help in identifying some of these very important medicines that can cure our sick people.

Mr. Speaker, Sir, the Moi Referral and Teaching Hospital in Eldoret is doing a very good job, but it is so

congested. I request the Ministry to locate another area where some departments could be moved to so that it can operate in a very spacious area.

Mr. Speaker, Sir, finally, I would like to request a very prominent citizen in this country, who was born in Tambach, to rehabilitate the collapsing Tambach District Maternity. In the olden days, Tambach used to be the district headquarters of Keiyo District before it was moved to Iten. One of our great sons of this country, who is a rally driver, was born in one of the maternities there and that maternity building at the moment is collapsing. The doctor in charge of that maternity is not willing to destroy it because one of our great sons in this country was born there. He is my good friend, Jonathan Toroitich. He should come and rescue this district maternity where he was born. I am requesting him, as a citizen of this country, to do this.

Thank you, Mr. Speaker, Sir.

**Mr. Speaker:** Well, I will call Mr. N. Nyagah to make the official response. You have 30 minutes

**Mr. N. Nyagah:** Mr. Speaker, Sir, thank you for the time you have accorded me and, because I notice the mood of the House whereby very many hon. Members want to contribute, I will try and shorten my presentation to give everybody an opportunity to do so.

Mr. Speaker, Sir, having said so, I must admit that I rise first and foremost to support this Motion. However, in doing so, I sympathise greatly with the Minister and his team in the Ministry of Health because there were a lot of criticisms that came forward yesterday. Some criticisms will still come in the course of today and the year because of the under-funding of the Ministry by the Government. Yes, I do accept that Kshs18.3 billion does fall within the ambit of the requirements of the World Health Organisation (WHO) which required that 5 per cent of the national Budget should go to the Ministry of Health. However, as a rider, according to the Abuja Declaration that was made in Nigeria, it was agreed that within the African continent, the Ministry of Health should cater for 15 per cent of the national budgets of African governments. We have been grossly unable to meet this expectation. Having said so, the Ministers' hands are tightly tied in being able to administer the health requirements of Kenyans.

Mr. Speaker, Sir, from the outset, let me say that I want to concentrate on two areas; HIV/AIDS and malaria pandemics. Let me thank the Minister for putting in place the Pharmacy and Poisons Board which last met last year in September. Now that it is in place, I hope that it can meet so that the registration process can go on as usual. We would also like confirmation because I was told this morning that a total of 60 anti-retroviral drugs have been registered in this country and yet the ones that are commonly known are supposedly 17 or 18 drugs. Was that something that was not captured properly by HANSARD or was it a misquotation by the Minister?

Let me also ask the Minister to look for ways and means of reducing the bureaucracy of registering drugs. We have had this problem for many years and time has come for some bureaucracy to be withdrawn so that we have faster means of registering drugs.

Let me also thank the Minister for buying the High Power Light Chromatography machines (HPLC) for the National Drug Quality Laboratory, that were supposedly working. I want confirmation that only one of those machines is currently working. That would be disastrous. It, therefore, means that there is a lot that is not happening. But I want to thank the Ministry.

Having said that, let me also thank the Minister for creating a task force to look into ways and means of setting up a national health social insurance scheme. Let me also take this opportunity, on behalf of my Committee on Health, Housing, Labour and Social Welfare, to thank the National Hospital Insurance Fund (NHIF) and its Board for having approved the budget which enabled Members of this House along with the Board members and the management staff of NHIF to visit various countries in the West including Chile, Europe, Germany and Britain, and another team that went to the East to Malaysia, Philippines, Thailand and so on. I happily report that very soon the Committee on Health, Housing, Labour and Social Welfare will table its report. I would also like to again thank the NHIF for kindly providing funds to enable us go for a four-day retreat in Mombasa. I would like to inform the Minister that those four days were not wasted. We actually came up with a report that Dr. Kulundu will be tabling in this House. We hope, then, that there will also be some interaction with the task force that the Minister has put in place so that we can forge ahead.

Having thanked the Ministry, let me also take on the negative side so that my good friend, the Permanent Secretary and his team can also hear that there is a negative side to the Ministry. I would not like to admonish my good friend and former classmate, Mr. Boit. We work very closely as a Committee with the KMTC and we know where they have come from. In the past, if any Member stood up and admonished him, I would have supported him. But if

you look at the names that appear in our local dailies of students who have been taken into the KMTC, you will see that there is great fairness in terms of distribution. I want to state that fact from the outset. I would like to urge the Minister and his team and the Permanent Secretary to use the power that President Moi has given them and also the Attorney-General's office to stop land grabbing by prominent Kenyans. I did report here one day that the man who was once three ranks behind the President is one of those people who had grabbed land and a house in Nakuru. We have land in Karen, Machakos, Mombasa and other places in this country which has been grabbed. Where will our para-medical staff go for training if we, as a Government, are not capable of protecting what belongs to the Government? Those powerful people who are grabbing land should swallow their pride and return all the land that they have grabbed. We need some intervention in this matter.

Just over a year ago, the Minister for Local Government very ably created a committee that looks after Pumwani Maternity Hospital. Another Committee was appointed by the Minister and he was represented by the Minister for Public Health, Prof. Ongeru. The other very eminent Kenyan is the current Director of Kenyatta National Hospital.

Mr. Speaker, Sir, the other very extremely eminent Kenyan that sits on this Board is none other than the Shadow Minister for Health, Hon. Norman Munene Gathakari King'ang'i Nyagah. Those among very many others---

**Mr. Speaker:** What are all those for?

*(Laughter)*

**Mr. N. Nyagah:** Mr. Speaker, Sir, you remember, very close to ten years ago, when I stood before you holding a Bible with my right hand, I swore to do very many things, but the names that I used were Norman Munene Gathakari King'ang'i Nyagah. When I come in the next Parliament, I shall get other names so that I can beat everybody else. I will give you 20 names!

Having said that, when the Nairobi Health Management Board sat, we requested the Treasury and the Ministry of Local Government and obviously the parent Ministry to fund the health institutions. We are going to claim a lot of money as sitting allowance, but we have not moved anywhere because we do not have any funds to create any change within the institutions that cater for health within Nairobi. This is one issue that needs to be sorted out so that when it comes to the Supplementary Estimates, we work very closely with the Ministry of Local Government so that this Board can have some responsibility and can be seen to be doing a good job. The Nairobi City Council, as it is, would not be able to serve the health needs of three million people in Nairobi. These people are part of this country and they need to be served.

Let me talk very quickly about malaria. We need some medical guidelines that are going to be used at all times because we know that within certain times this pandemic hits Kenya. We also know what calamity befell us many years ago and I do not want to go into the history of what happened with those anti-malaria drugs, oils and so on. We want to thank the British Government for the grant that they have given in form of Appropriation-in-Aid, but we want specifically to know from the Government what it was for. I want the Minister to answer the following questions: Today, we are saying that in the malaria pandemic zones people should get free treatment. I do not want to know whether people are getting free treatment or not. But I want to say that whether I fall sick in Modogashe, Mbeere, Mombasa, Nairobi, Kiambu, Moyale, Garissa or wherever, malaria is malaria. What we are told is that if you fall sick, for instance, in a place where the Speaker of the National Assembly comes from, you may not be able to get exemption and waiver because you do not come from a malaria pandemic area. This is why I am saying that we should request the Ministry to let this apply to all and sundry without any exemption. So, we need to have this grant distributed equitably to all hospitals. Maybe, that is something that should be considered.

The other issue that, probably, needs to be looked into is: At what point does one get exempted from payment? Is it when you go for testing? Is it when you go to the laboratory, or is it when it comes to administering drugs to cure the malaria? I think we need some guidelines so that there is no confusion within the hospitals in Kenya. Let me leave that area and enter one that is critical. I want to spend five minutes on that.

Mr. Speaker, Sir, the issue of anti-retroviral drugs is very important to all Kenyans. Let me also say that I have requested the Minister for Public Health that wherever he goes, he must begin to learn to go with his Shadow Minister. We did go with him elsewhere, but he is leaving his shadow too far. I might forget and leave my shadow when I become the Minister for Health in the next Government. I hope to confine him to that glory of being a Shadow

Minister and his team of Shadow Assistant Ministers! I was told that one of the things that Kenya scored extremely highly on was that the policies of the Ministry of Health are excellent. No other country worldwide including the USA was able to beat Kenya. In fact, if we were at a public gathering, a *Harambee* which we are more used to, I would have asked for *makofi ya Nyayo*, but right now I am confined. Having said so, I want the smile to be short lived because we have a problem in the application of practicability. I say so with a good heart, to my good friend that I see right here. We need to re-look into this matter. Let us not get praise on one hand and at the same time we have something that we are not able to administer.

My next request touches on my pet subject, that is Anti-Retrovirals (ARVs). We would want to see an institutional framework being put in place by the Ministry so that we are able to govern this very otherwise problematic thing that we know about. Sixty-five per cent of Kenyans live below the poverty line which means that they live on Kshs80 a day. Maybe the cheapest ARV that you can get at the moment is between Kshs5,000 and Kshs6,000. If you were to divide that by 30 days, it means that 65 per cent of Kenyans who live on Kshs80 per day, will have to spend Kshs200 which they do not have. Where will such poor people get the money to pay for drugs, education, food and other needs? We need some framework on how we will fund these people who are HIV-positive. A lot of our patients with HIV/AIDS occupy most of our hospitals. For me it is not hearsay. I have traversed this country, visited many hospitals and this is the common phenomenon that we see. It has been admitted and written in books that this is what goes on in hospitals. Most hospitals are occupied by these patients. Therefore, what seems to be the trend at the moment is that a lot of those people are now being advised to get home-based care. Which means we are consigning Kenyans to death.

*[Mr. Speaker left the Chair]*

*[The Temporary Deputy Speaker  
(Dr. Anangwe) took the Chair]*

It is the right of a Kenyan to live. It is a mandatory obligation of this Government to ensure that Kenyans' lives are prolonged. Let me thank the same Government that brought here a Bill which became the Industrial Property Act No.3 of 2001. We deliberated on this Bill, made amendments, sat with the Ministers - and they were very good - and we all agreed even though it fell under the purview of the Ministry of Trade and Industry. Parallel imports of drugs were allowed by this country.

I want to make very quick reference to what we agreed then.

Section 58(2) of what we passed as an Act said the following:

"The right and patent shall not extend to act in respect of articles which have been put on the market in Kenya or any other country, or imported in Kenya."

There was a big war as to what else was required to be added onto it. Let me give you the chronology of what happened. This Bill came to the Floor of the House last year, 2001, and received Presidential assent on 25th July, 2001. The Minister for Trade and Industry took eight months to give a commencement date. What was he doing? Was he sleeping for eight months? That is factual!

**The Assistant Minister for Trade and Industry** (Mr. Ekirapa): On a point of order, Mr. Temporary Deputy Speaker, Sir. Did you hear the comment by the hon. Member? In respect of the comment made by the hon. Member about my Minister, a Question was put in this House precisely about the time it took to act on that Bill. A comprehensive answer was given here. I think it is unfair for my friend to sort of refer to my Minister.

**Hon. Members:** That is not a point of order!

**The Assistant Minister for Trade and Industry** (Mr. Ekirapa): Is he, therefore, in order to revisit the same issue?

**Hon. Members:** What issue!

**Mr. N. Nyagah:** Mr. Temporary Deputy Speaker, Sir, there is no issue here at hand. My mouth cannot be shut. Let me now tell him something. Eight months lapsed before the Act was given a commencement date. Considering that the death rate in Kenya of HIV/AIDS is 700 people per day, if you multiply that by 30 and eight you will find that we lost 168,000 Kenyans because of this Ministry's inability to give a commencement date to the Act. This is no longer a laughing matter. To make matters worse, in December the Attorney-General brought a Bill here

very mischievously when my team was away. I was in India, the Minister was in Geneva, Dr. Kulundu was in New York; all working for this Government. The other team from my Committee was away in Chile looking at the National Social Health Insurance.

The Attorney-General brought an amendment here and very mischievously put it in a little corner on page 592 of the Statute Law (Miscellaneous Amendments) Bill, 2002. He was not brave enough to put it on the front page. The amendment read as follows:

"Delete the full stop at the end thereof, and add the words "by the owner of the patent or with his express consent".

What this means is that you cannot bring generics which cost Kshs6,000 into this country. We have had people like MSF who have brought a lot of drugs into this country and given them to 37 of our mission hospitals where you can walk in and pay Kshs6,000 which is still by any standards very expensive. If this amendment is done away with, the generics will only cost Kshs2,000 for you, me and that poor Kenyan. They do not seem to realise what they have done.

I took up this issue with the National AIDS Control Council (NACC) a day before I went to India. When I came back, I also took it up with the PS, Health and the Director of Medical Services. I told them that there was an anomaly that was mischievously brought here by somebody in the Government. Who was it? Multinationals are very bad animals. They are very bad and they are known to run very many governments. Are they running our Government at the expense of our Kenyans? It is rumoured that this amendment was brought to the House because certain powerful Kenyans intend to put up an industry to manufacture those generic drugs in Kenya. God save those Kenyans who are involved in this matter! I hope you are not part of that group that we are fighting. This is a serious matter.

Mr. Temporary Deputy Speaker, Sir, both the Minister for Public Health and the Minister for Trade and Industry have been on this Floor and they said that this amendment must be revoked since it was done behind their backs. We have commissioned people to go to the Attorney-General, but nobody in the Attorney-General's Chambers knows how this amendment was brought to the House. Did it fall from heaven? How did it come to the House? Did it go through the Cabinet? Were the Ministers aware that this was happening?

These are the questions that need to be answered.

Mr. Temporary Deputy Speaker, Sir, lastly, in 1966, when Mzee Jaramogi Oginga Odinga was being stopped from crossing the Floor - from the Opposition side to the KANU side - the Government came up, between 29th and 30th April, with a Bill that stopped anybody from automatically crossing the Floor. Can we now be told with certainty when an amendment through the Miscellaneous (Amendments) Bill, which was a one-line thing, will be brought to this House so that we can pass it and also ensure that this Government is serious in what it wants to do?

With those very few words, I beg to support.

**The Assistant Minister, Office of the Vice-President and Ministry of Home Affairs, Heritage and Sports** (Mr. Choge): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to also air my views. I would like to thank the Minister for Health for having moved this Vote successfully and also for asking his senior officers in the Ministry to come and listen to our views in this House. It is only in that way that they can collect the views and try to implement them.

Because I do not have much time, I will straightaway go to my constituency and say something about it. My constituency is very much affected by the geographical features. There are no roads and vehicles, and people have to walk 30 miles away to reach a health centre. From Kapsangere to Serem, it is over 30 miles. There should have been health centres or clinics at Kapkarer and Kipchomoa to assist the people around that area. Also, from Kibongwa to Chemase, it is 10 kilometres away, and people have got to be carried on sacks and stretchers which are made by the local people. These affect the people; people die on the way before they reach where there is a health centre.

There is only one officer manning the health centres, and when he or she is sick, there are no people going for treatment; people die. If the Minister could look into it - as to increase the number of people working in the health centres - we would be very grateful. Also, the Minister should think of adding some mobile clinics so as to reach those areas that I have mentioned - that are hit by this problem because of long distances. I am sure the officers in the Ministry will take into serious consideration of what I have already said because of this killer disease called malaria.

Yesterday, I received two telephone calls from various parts of my constituency; that people have no drugs and even the ones which were available had not reached the people. I would like the Minister to live up to his word and supply medicine in areas like Kaptumet, Chemrisol, Chemase, Kibongwa and Kapsanget. There are no medicines there. These are the telephones that I got from there yesterday. Highland malaria attacks and kills somebody very

suddenly. Every weekend, I have to bury between five and six people in my village. What about the whole constituency? It means that there are more people who are dying without even the knowledge of the District Medical Officer of Health.

Nandi District Hospital is very much congested. We have favourable conditions for breeding malaria than any other part of the country because we are the only people with a very high rainfall. These are the suitable conditions for the breeding of mosquitoes. If anything could be done to assist the people who are living right on the escarpment of Nandi so as to avoid being attacked by malaria, we would be grateful. They should be given some nets and anti-malaria tablets in time to fight this disease.

Hon. Members who have spoken in this House have said quite a number of things, but there are some areas which they have not touched. There are diseases like the Rift Valley Fever and Brucellosis, worms and anthrax which attack the human beings. These diseases are spread by animals. The Ministry of Health should try to liaise with the veterinary officers in the Ministry of Agriculture and Rural Development to vaccinate these animals so that the spreading is minimized. The Rift Valley fever breaks out every now and then and it is spread by animals. If you are attacked by Brucellosis, you have to get about 40 injections; because you have either drunk milk or eaten meat of the infected cow.

The officers in the Ministry should be told what to do and how to liaise with the veterinary officers in the area. If possible, the Government or the Ministry should assist in getting the funds to have animals vaccinated against these diseases. This is because if you wait to treat a human being who has been attacked by Rift Valley fever, you would waste more money. But if you go and vaccinate the cattle in the area, you would have done a better thing than waiting for it to attack human beings.

I would also like to say something on the importation of food into this country. Last year, it was in the newspapers that Britain did export cattle feed to Argentina and Kenya, animal food that was contaminated with the mad cow disease. It is very sad to have heard that such a thing could happen. I would like to ask the Ministry to be very cautious and make sure that the milk that is being imported is not from mad cows. They should only go to those countries, if it is necessary to import the milk, that do not have the mad cow disease. Importing milk from those countries which are partly contaminated--- If they could export the cattle feed which is contaminated with the mad cow disease, what will stop them from sending to this country the powder milk that is already contaminated with the mad cow disease? That was with a bad intention. In fact, this country should have gone back to ask the British people as to why they had to do that. I would also like to talk about the recruitment of nurses for training. I think nurses are trained to make sure that there is equitable distribution in the whole country. Every hon. Member of Parliament should be given an opportunity to bring a list of nurses recruited from their constituencies. Every now and then we have said that recruitment of nurses for training is not proper. In my constituency, there is no nurse who has been trained from there since I came to this House. Every now and then interviews are carried out and nobody is selected from my constituency. Maybe they are selected from other constituencies.

**Ms. Karua:** But you are in KANU!

**The Assistant Minister, Office of the Vice-President and Ministry of Home Affairs, Heritage and Sports** (Mr. Choge): So what? In your own house, you could have little children fighting, but they are still your own children! Is it not true, Ms. Karua?

Mr. Temporary Deputy Speaker, Sir, I would like the Ministry to look into this issue because there is an outcry in the whole country that there is no equitable training of nurses in this country. There were some nurses that were transferred to Nandi District, but they could not work there because there were no roads. So, it is better to train those that come from the local community.

With those few remarks, I beg to support.

**Muihia:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to the Motion on the Vote of the Ministry of Health. First, I would like to thank nurses at Kenyatta National Hospital who have been doing a commendable job. They are overworked, but I would like to thank them very much for the services they give. I would also like to thank the nurses in Gatundu Hospital who have also been doing the same.

Mr. Temporary Deputy Speaker, Sir, I have looked at the Development Estimates of the Ministry, and I did not see any money allocated to the rehabilitation of the Gatundu Sub-district Hospital. There is also no money allocated for the purchase of drugs. It is only a token of Kshs147,000 for purchase of drugs in Thika District. At that rate, it means that sick people in our area will not get the drugs. They will be forced to buy the drugs from private



clinics which are very expensive.

If you visit Kenyatta National Hospital, you would find thousands of title deeds which people who were hospitalised there have left behind as security. I do not know how those poor Kenyans will be able to redeem those titles. I understand there is Kshs700 million in unpaid bills at the Kenyatta National Hospital. I would, therefore, like to say that the allocation to the Ministry of Health is not good enough, and during Supplementary Estimates, the Minister should ask for more money allocation for our hospitals countrywide.

Mr. Temporary Deputy Speaker, Sir, there are a few health centres in Gatundu, like the Kiganjo Health Centre for which I recently helped to acquire drugs worth Kshs21,000. I would like the Ministry to augment my contribution so that the health centre can be able to deliver health services in that area. There is also the Gitare Health Centre and Muniyuni Health Centre which have not been considered at all in the Budget for this year. Those self-help hospitals have been put up with the efforts of the local community on Harambee basis. It is, therefore, necessary that the Government assists in the provision of drugs and doctors who are going to attend to those patients.

There is also a famous health centre which was supposed to be built, called Karatu Health Centre. Way back in 1985, I was the consultant quantity surveyor, and that hospital was supposed to cost only Kshs8.6 million. After the contractor worked on it, and had only a balance of Kshs1 million to be cleared, the Government did not provide the money. Therefore, due to the breach of the contract, 12 years later, that contractor made a claim and was paid Kshs11 million. During the General Election of 1997, the President visited Karatu Hospital and because of the election euphoria, he ordered that it be completed. That work was given to an Asian contractor at a sum of Kshs44 million. But after he was paid Kshs20 million, he disappeared, and there has been no follow-up. I do not know whether there is connivance somewhere. It appears that, that hospital might cost Kshs62 million by the time it is completed. We completed a hospital of the same capacity at Kaptarakwa Health Centre and Kabartonjo Health Centre, where I was also the consultant quantity surveyor at a cost of Kshs8 million. I would like to ask the Minister to go and find out why this Asian was given Kshs20 million, and he ran away, and there was no follow-up.

Mr. Temporary Deputy Speaker, Sir, at Gatundu Sub-district Hospital, which was put up on Harambee basis in 1959, the staff houses have not been renovated for a long time. In that hospital we were supposed to put up a theatre which required only about Kshs3 million to complete so that it could be put to use. We do not have any theatre in Gatundu, and I am calling upon the Minister to look into that issue so that patients around there do not have to travel to Thika and all other places for X-Ray services.

Mr. Temporary Deputy Speaker, Sir, the HIV/AIDS scourge is taking a very big toll on Kenyans, resulting into so many orphans. We collected data in every constituency through the Constituency AIDS Committees, but no action has been taken. I do not know whether that docket, where the HIV/AIDS funds have been pumped, falls under the Ministry of Health or the Office of the President. By not attending to the orphans and the poor Kenyans, we are putting the health services at a risk. We should provide health services to all, whether young or old, poor or disabled. We should provide health services to the people so that we do not have so many HIV/AIDS orphans.

If you look at the street children and the street families, you feel like you want to shed a tear for them. Anytime there will be an outbreak, all those street families will die. What is the Government doing for those orphans in the villages who migrate to town and engage in prostitution because they have no other means of livelihood? We should address the issue of HIV/AIDS very seriously.

In my constituency, I formed the Constituency AIDS Committee with my own money, and to date, I have not been refunded the Kshs25,000 I used. The only money that came to our Constituency AIDS Control Committee was Kshs45,000. What can Kshs45,000 do in an area where the HIV/AIDS is rated at more than 35 per cent? We need to look after the old people who are above 65 years. I think the Government should make it a policy that all people above 65 years should be given free eye clinics. It is at that age that our people start losing their sight. I know that in other countries, the health services are offered in such a manner that old people are able to get medical services free of charge. What is our Government doing about the old people?

Mr. Temporary Deputy Speaker, Sir, when we went to Mombasa, we talked and agreed that, as leaders of this country, we must participate in the campaign against HIV/AIDS. I do not know what is happening! Although it was said that we had reformed, the *Daily Nation* seems to have an agenda with Members of Parliament. I do not know why! I do not know what the Members of Parliament have done to deserve being vilified by the newspaper, while we are rendering free services to our people. We have become the Government by contributing our own salaries! How much money would you give a Member of Parliament, so that he can build roads, pay school fees and buy drugs for

our people? Even if you gave the Member of Parliament Kshs2 million, it would not be enough. But we do not need money to go and dish out. We need services to be rendered by the Government, so that the Member of Parliament is left to do legislative work. That is what we are here for.

Mr. Temporary Deputy Speaker, Sir, you were in my constituency the other day when we were conducting a Harambee. We raised Kshs12 million. You might think that, that money is going to pay school fees for our children. No, it will not! It is the policy of the Government to deliver services to the people. That is going to be judged.

With those few remarks, I beg to support the Vote for the Ministry of Health.

**The Temporary Deputy Speaker** (Dr. Anangwe): Order, hon. Members! May I call upon the Minister to reply.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Speaker, Sir, I take this opportunity to thank the hon. Members for their serious contributions in a debate that I feel and think is important to this nation. We, as members of the Ministry of Health and, indeed, the Government, do consider health a right. Indeed, we wish to have it inscribed in our institutions and also in our Constitution that health becomes a right. I think one thing that one ought to appreciate in presenting the Budget for this year is the fact that given the resources envelop within our command and reach, it has been exceedingly difficult, and sometimes painful, to be able to carry through some of the programmes that we would like to see carried through, to the comfort and interest of Kenyans.

Therefore, there is no deliberate act of omission and commission on any member of the profession, to circumvent events and do things that are unprofessional. Therefore, I would like to assure hon. Members that even in a given situation, in a given scenario, you do have one or two rotten eggs. But that must not make the entire Ministry stand to condemnation.

Mr. Temporary Deputy Speaker, Sir, having made those preliminary comments, there are certain issues that have come out during the debate, and I would like to spend a little time in elaborating them. You must have noticed that in your Printed Estimates, we have desegregated the resources from the districts to the health centres and, therefore, separately, you would be seeing a small booklet which has desegregated resources from the districts or provinces to health centres and dispensaries. Therefore, when you are looking for certain resources - like Mr. Muihia who was referring to Gatundu Sub-district Hospital, it is catered for like any other sub-district hospital under the general vote. That would normally run the personal emoluments, operations and maintenance and costs that would be required to run those services in Gatundu.

Similarly, the Member for Maragwa did raise a pertinent question about the Maragwa Health Centre. In fact, it is one of our best big rural health centres and our Ministry spends tireless efforts in trying to get the communities in that hospital to work together harmoniously, for the wider interest and benefit of the society in that area.

Mr. Temporary Deputy Speaker, Sir, I would like to come--- Sometimes it is rather unfortunate that certain words in languages may not be pleasant when they are spoken on the Floor of this House. For instance, there is nobody who would start talking tall and acting short. I think that is uncouth language and should be expunged out of the HANSARD of this House. So, do not come here to talk tall. We do not come here to act short. We come here to act in good faith and be able to deliver what is mandated to us.

Mr. Temporary Deputy Speaker, Sir, I would like to touch on the issue of malaria. Malaria, as you well know it, has two groups. One is the epidemic type which is found in the highlands. Those individuals, by virtue of being in the highland areas---

The mosquitoes, to have a full cycle to be able to pass infections to a human being, would require heat in order for the cycle to be completed. Therefore, the people staying in the highlands are relatively less exposed to mosquito bites and, therefore, their level of immunity is extremely low. So, even under normal circumstances, particularly people staying in hot areas and low lands; what we call the Holandemic (?) areas--- Even people staying in holandimic areas, given that touch of malaria that attacks those in the highlands, they normally get away without any difficulties because their level of immunity is extremely high. There are people who are fully covered under that normal immunity because of repeated multiple infections by the parasite and, therefore, they have the capacity and propensity to develop very high immunity. They are, therefore, not susceptible to the kind of epidemic that you find in the highlands. So, those are two distinct elements that hon. Members should know.

Secondly, when an epidemic strikes, there are two sides of the coin. The first side of the coin is how early do patients present themselves to the hospitals. If the patient can, after six hours of infection and after the first onset of

symptoms like general malaise, headache, fever, abdominal upsets, diarrhoea or vomiting, ignore them and walk into a kiosk and buy an aspirin; obviously, the parasite does not respond to the aspirin therapy. It continues multiplying and causing havoc. By the time these patients seek medical remedy from the hospitals, some complications may have already occurred. Therefore, it becomes extremely difficult for a health worker to be expected to help these unfortunate patients who have developed highland malaria. So, when I say there are two sides to a coin, that is exactly what I mean.

The patients have the obligation to come forward at the earliest onset of the symptoms so that they can be assisted by health workers. The truth of this statement is clearly borne out by the fact that out of the 200,000 patients that attended the outpatient clinics, only 300 have died, giving a case fatality rate of 0.03 per cent. Under normal circumstances, the normal morbidity and mortality figures due to malaria in any given year is 30 per cent of all the outpatient attendances in the country. Out of that, 19 per cent are admitted to our wards. And out of that 19 per cent, a case fatality of 5 per cent occurs. This time, 300 patients seems a big number. I agree, nobody wants anybody to die, but there are circumstances under which sometimes it becomes extremely difficult for health workers to bring about good health or healing when a patient comes too late.

Mr. Temporary Deputy Speaker, Sir, I did tour the ten districts that were affected by highland malaria. I was accompanied by the Ministry officers, representatives of the World Health Organisation (WHO) and UNICEF. It was quite obvious that when we walked into the wards, we saw patients in deteriorated conditions because they had been admitted with cerebral malaria while others had severe anaemia. Sometimes health workers are unable to help them. These are the kind of things that we must eliminate. We can only do so if we work together, both the community and the health workers, in order to effect sound, healthful living and support.

Mr. Temporary Deputy Speaker, Sir, there is the third element to it; the Ministry of Health will not for any one moment pretend that they will be in a position to clear all the mosquitoes in Kenya. It is impossible; even with all the best will on earth, we cannot do it. But the community can help us to reduce the intensity of the mosquito bites within a given locality. They can do it simply by buying a mosquito net. I came to this House and we were able to secure zero-rating for mosquito nets. They were retailing for Kshs700 to Kshs800. But now, on the rural level, they are available duty-free at Kshs200, while in urban centres they are sold at Kshs300. It is quite easy for somebody to have a lunch worth Kshs500 and be unable to buy a mosquito net worth Kshs200. He expects it to be supplied free of charge by the Government; I think this is a wrong attitude. We must change our attitude. In order to be supportive to the health programme, we must buy mosquito nets and especially now that they are zero-rated. All that you need to do is to wash them with icon which is an insecticide and it is a perfect repellent to the mosquitoes. It repels and kills them. Spraying is also another way in which we can support each other. That is the obligation that goes to the community. Therefore, when we say we require partnership--

**Mr. Achola:** On a point of order, Mr. Temporary Deputy Speaker, Sir. The Minister is misleading the House about the capability of the majority of our citizens, that they are able to afford mosquito nets. I do not think, even in his own constituency, that his people can afford insecticides or buy mosquito nets because they do not have the money. We know Kshs200 is a lot of money for most Kenyans. The Minister is misleading us because he knows that is not true.

**The Minister for Public Health (Prof. Ongeru):** Mr. Temporary Deputy Speaker, Sir, I just want to make my comments because the hon. Member had occasion to give his views. Now that he has not done it, could I be allowed to reply?

I think to buy a net worth Kshs200, which will last for two years, is far less a cost to spend than to lose a life. I think it is a question of where you want to place your premiums. You can, of course, spend the whole day talking about poverty of our people. I know that if they are properly motivated and educated, they will afford, at least, one mosquito net that will last them for two years.

Mr. Temporary Deputy Speaker, Sir, that leaves me with what we call case management. There were very invaluable comments made by hon. Members to the effect that the malaria parasite has the propensity to change its composition and, therefore, it may become resistant to some of the drugs that may be useful today. In order to deal with this, my Ministry is constantly reviewing such drug guidelines on the management of malaria. I want to assure Kenyans that is being done. For instance, last year we did advise about resistance to chloroquin. We advised Kenyans to go on to SP drugs. Because of very effective surveillance, we are able to see that at least 10 per cent of those on SP drugs are also now beginning to develop resistance to malaria. It is only two weeks ago that my technical staff were assembled together to review the technical guidelines so that they could advise Kenyans on the course of action.

Mr. Temporary Deputy Speaker, Sir, let me move on to the question of the HIV/AIDS pandemic. A lot has been said about the HIV/AIDS scourge, but I want, first of all, to make a general statement. I am in agreement and in consonance with the belief that none of us want to circumvent the law. That, I agree with fully. Indeed, Mr. N. Nyagah, you will remember that we fought very hard to be able to insert Section 58, subsection (2) of the Act, because that is the one which had a direct effect on parallel importation. In fact, I was in Geneva when I was told that there was a change on that particular section, and I reacted sharply. When I checked the details, I found, indeed, what happened was that the full stop was removed and an additional sentence added. This provided that one had to find a recourse to the patent holder in order to buy or bring in the generics. We have since extensively consulted as the Government, the Ministry of Trade and Industry, the Attorney-General and the Ministry of Health. We all agree that, that full stop must be reinstated. I think it is a question of time. I believe my colleague, the Minister for Trade and Industry, will, hopefully by the end of this month, publish a Bill so that we can put that issue to rest. Therefore, I do not think we should spend so much energy and time discussing this issue.

**Dr. Kulundu:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Minister to assure this House that he will, indeed, reinstate that full stop without telling us specifically who removed it and inserted the additional words, in the first place? Would he like to tell us who inserted those words? Was it him or Mr. Biwott?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, I have no intention of being involved in semantics. I think these are pure semantics! I have simply said and clarified to this House---

**Dr. Kulundu:** On a point of order, Mr. Temporary Deputy Speaker, Sir. I think the hon. Minister is going overboard!

**The Temporary Deputy Speaker** (Dr. Anangwe): Dr. Kulundu, what is your point of order?

**Dr. Kulundu:** Mr. Temporary Deputy Speaker, Sir, the Minister is insinuating that I am engaging in semantics. This is not semantics, but it is a fact that I am seeking.

**The Temporary Deputy Speaker** (Dr. Anangwe): Order! He was replying to your statement. I am sorry that this had to ensue.

Prof. Onger, could you continue?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, it is neither here nor there. The fact of the matter is that all of us want parallel importation. That is the bottomline and anything else is semantics.

I would like to move on and say that one of the things---

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

**The Temporary Deputy Speaker** (Dr. Anangwe): Overruled!

Continue, Prof. Onger!

**The Minister for Public Health** (Prof. Onger): Thank you, Mr. Temporary Deputy Speaker, Sir. I do not know what is exciting the hon. Members. This is because Dr. Kulundu---

**Mr. Achola:** On a point of order, Mr. Temporary Deputy Speaker, Sir. I do not think that we are going to allow Prof. Onger to get away with that. We are talking about transparency, and every Minister should speak in this House. The Minister has got some information about someone who changed the law that we had passed and he has refused to tell us who that person is. This is not right.

We would like him to mention the person who actually altered the law.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, it is in everybody's knowledge, and I am actually surprised in this House. The Minister for Health does not draft Bills, nor does he edit the Acts when they have been formulated. That is not within my purview. I do not know the reason why these hon. Members would like me to tell them the person who did that, and yet that is not my responsibility. I have categorically stated that my Ministry was at the forefront---

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

**The Temporary Deputy Speaker** (Dr. Anangwe): Order! He is still replying to a point of order! He is still talking!

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, I have categorically stated that my Ministry was, in fact, at the forefront of inserting Clause 58(2). As if that was not enough, we moved further and looked at Section 80(1)(2) defining the areas where we could apply what we call a pandemic; what constitutes a national disaster. All this is defined in Section 80(1)(2). So, I do not know why people are getting

feverish for no good reason.

Having said that, I think I have heard about insinuations of some companies---

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

**The Temporary Deputy Speaker** (Dr. Anangwe): Order! He is still responding to a point of order which was raised by the hon. Member.

Continue, Prof. Onger!

**Dr. Kulundu:** He has nothing to say!

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, Dr. Kulundu had a chance to contribute to this Motion and he should give me time to reply. It is as simple as that. Courtesy of this House demands that he gives me that opportunity.

On what we call the High Power Light Chromatography (HPLC) machines for monitoring the anti-retroviral drugs and other drugs---

**Mr. Munyasia:** On a point of order, Mr. Temporary Deputy Speaker, Sir. We have heard something about a full stop being removed and something else added. I thought that the Minister had promised that he was going to bring an amendment to this House and later he changed. When he was asked to name the person who removed the full stop, he said that those are semantics. I am now wondering whether the Minister is going back on what he had promised. If it is semantics, what will he bring before this House for amendments?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, the answer is very simple. First of all, the administrator of the Act is the Minister for Trade and Industry. Secondly, I promised this House that as far as my Ministry is concerned, we will endeavour to reinstate that full stop and delete the words which have been added.

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

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, I do not like these interruptions because they are not helping me. I am responding to a point of order which was raised by an hon. Member.

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

**The Temporary Deputy Speaker** (Dr. Anangwe): Order! He is still responding to a point of order! Let him finish first!

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, when I promised that we will bring an amendment to this House, I stand by it. This is because I have extensively consulted the Minister for Trade and Industry and the Attorney-General. All of us have agreed that an amendment should be brought to the House. I indicated and gave this message to the Departmental Committee on Health, Housing, Labour and Social Welfare. This Committee summoned us and we had an extensive discussion and these matters were ironed out. Therefore, I find it rather odd that they should be emerging now. We have already agreed on the way forward with this Departmental Committee. The information I have now is that the Minister for Trade and Industry will bring this amendment before this House before the end of this month. There is no harm in giving the House this information.

**Mr. Kihoro:** On a point of order, Mr. Temporary Deputy Speaker, Sir. I do welcome the amendments which are proposed by the Minister to put right what had been put wrong. But of interest to this House is for the Minister to clarify the person who actually acted against what had been recommended to this House, and removed a full stop which has now to be brought back into this House. The Minister should tell this House who that powerful person is, who can overrule the Chair and even this House.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Speaker, Sir, it is common knowledge that the Miscellaneous Amendments Bill was a document of this House. Therefore, the hon. Members cannot start to tell me to be responsible for a document which was tabled in this House and everybody looked at it. If the hon. Member did not raise that issue at that time, why does he want to put a blame on me? This is no longer my responsibility, but the responsibility of the House because that document was squarely laid on this Table.

On the HPLC---

**Dr. Kulundu:** Mr. Temporary Deputy Speaker, Sir, it is common knowledge that under the Statute Law (Miscellaneous Amendments) Bill, an amendment must be initiated by a Ministry. That is the reason why this House wants to know from the learned Prof. Onger, who, in the first place, initiated that amendment. It is common knowledge that an amendment---

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Speaker, Sir, may I repeat it that the amendment was not and will never be initiated by my Ministry. That puts that matter to rest. At the moment, we are discussing the debate on the Ministry of Health. We did not initiate the amendment and we will never initiate the amendment because of the patients who should be taken care of.

I would like to talk about the HPLC machines. We had one HPLC machine. When we expected to handle many samples of the anti-retroviral drugs and other drugs, we ordered for more HPLC machines. These machines were seven in number. These machines were of very high quality and the new ones were ordered through the Crown Agents. I would like to assure this House that there was no impropriety in any way.

What happened in the process, and I would like to reply effectively, is that the installation and training commenced on 14th December, 2001, and was completed on 21st December, 2001. It was realised that the calibre of the machines were of such high quality and standards that the integrators which were being used in the current HPLC machines at Kenyatta National Hospital (KNH) could not interphase with the new high calibre and standard machines. Therefore, an international tender was floated to bring these integrators.

I am happy to inform this House that these integrators have been brought, and we have connected them and the two computers which were brought for printout results will make the work of a bio-equivalent analysis at the National Quality Laboratory much more efficient, scientific and satisfying. I think it is in the interest of this House that, that is done with precision. We do not want to do guess work. We must do this with precision. That is the only reason why there has been this--- I would also like to assure this House that even the HPLC machine which has been in place has functioned extremely well.

Today, we have registered about 28 anti-retroviral drugs. I did indicate to this House this morning that in the last three months we have registered and gazetted three more drugs, namely, Stavudine, Zidovudine and a combination of both Stavudine and Lamuvudine. They have been tested, passed and secured. The only message I would like to pass to the House at this stage is that there is an impression which is being created that parallel importation of drugs--- There is an impression being created that generic drugs can just be packed in shelves. I wish to advise hon. Members that those are potentially toxic drugs and, therefore, they require to be administered by disciplined and well trained manpower. It is important that the importation of those drugs goes hand-in-hand with the control and management to our patients. It should also be known that not every patient who is HIV positive is automatically going to be on drug therapy. There must be a benchmark. That benchmark is to set up the CD4 counts and CD8 counts. If they are below 200,000, then one is able to enter into a therapy because it is going to be a life-long therapy. Therefore, I would like to advise Kenyans that the best way out is to listen to our guidelines.

With those few remarks, I beg to move.

*(Question put and agreed to)*

*[The Temporary Deputy Speaker  
(Dr. Anangwe) left the Chair]*

IN THE COMMITTEE

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

Vote 11 - Ministry of Health

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, I beg to move:-  
THAT, a sum not exceeding Kshs7,592,099,375 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2003, in respect of:-

Vote 11 - Ministry of Health

*(Question proposed)*

## VOTE R 11 - RECURRENT EXPENDITURE

## SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*Head 310 - Headquarters Administrative Services*

**Ms. Karua:** Mr. Temporary Deputy Chairman, Sir, I would like to refer you to items 092 and 093. Item 092 talks about refund of medical expenses - in-patient, while Item 093 refers to refund of medical expenses - *ex-gratia*. I notice that under expenses for in-patient during the last financial year, a sum of Kshs2 million was voted and now, we are being asked to vote another Kshs2 million for the same purpose. It is also projected that during the next financial year, we will be required to vote another Kshs2 million under this item. For *ex-gratia* payment, Kshs7.5 million was Voted last year and we are being asked to vote a similar amount during this financial year.

I would like the Minister to explain what the in-patient and *ex-gratia* payments entail. Is it not more efficient to have a more comprehensive medical scheme instead of those payments?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, the hon. Member should appreciate the fact that there are some patients who may not afford some of the in-patient costs. Therefore, it will be at the discretion of the hospitals concerned to give a rebate to some of the patients who may not afford to pay for their medication. I wish we had more money under that Vote, because it is an important Vote for us, but it was not possible to do so. But we will do so for the time being until we are able to put in place a compulsory health insurance scheme that will take care of those eventualities. As for *ex-gratia*, it is usually given to public officers who are admitted in hospital. That fund also caters for Ministers of the Government of Kenya or a Member of Parliament. Such a situation did arise when one hon. Member was shot and we had to meet his hospital bills from that Vote.

*Head 454 - National AIDS Control Council*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, could the Minister explain why he is requesting for money to pay personal allowances amounting to Kshs2.2 million under Item 060, and yet, the National AIDS Control Council is not functioning well? We know that hon. Members are not satisfied with the performance of the National AIDS Control Council. Where is he going to spend that money?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, hon. Members should know that we do have the decentralised Reproductive and AIDS Programme under the Ministry. We have staff working in those areas and the increases are partly as a result of recent increases salaries and emoluments for those officers. Therefore, that money has nothing to do with the National AIDS Control Council, which has got a completely different budget altogether.

*Head 555 - Nursing Services*

**Mr. Obwocha:** Under Item 061, the Ministry is asking for Kshs27.5 million for uniforms. I would like the Minister to clarify whether those uniforms are meant for nurses throughout the country or in some parts of the country. The figure is even much higher than that of emoluments!

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, one of the items that is given to the nurses is the purchase of uniforms. This is historical and even during last year's Budget, we spent about Kshs27 million on this item. Therefore, every nurse working in a public hospital or a health centre is entitled to this item as part of the entitlement for uniform. Therefore, this is meant for the nurses for the purchase of uniforms.

**The Temporary Deputy Chairman** (Mr. Musila): But, Mr. Minister, the question here is that allocation on personal emoluments is Kshs6.1 million. How do you allow people earning Kshs6.1 million per year, to spend Kshs7.5 million on uniform?

*(Several hon. Members stood up in their places)*

Order! Let us give the Minister some few seconds to consult.

May we have another question while consultations are going on? Is there another question? Just a minute so that we do not overload the Minister. The Minister is now ready.

**The Minister for Public Health** (Prof. Onger): This is only for the nurses at the headquarters. For the rest of the other nurses, if you look at the next Vote, I will be able to pick it up shortly. The figure represents allocation for the whole country. I am talking about the uniforms for the nursing services at the headquarters.

**Mr. Obwocha:** No! No! On a point of order, Mr. Temporary Deputy Chairman, Sir. I think the Minister is not in order! If he does not get the correct answer, it is good for him to be honest to the House! I believe this figure of Kshs27 million would be for the uniforms of the nurses in the whole country. But what has happened to the emoluments is that they have been apportioned to various district or provincial hospitals and the headquarters. That is the correct answer! The Minister cannot just take us for a ride! The Minister should confirm or deny that fact!

**Ms. Karua:** You cannot wear more than you earn!

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, I would like to take hon. Obwocha to page 516, Headquarters Administrative Professional Services, Head 311, under Item 000. These are personal emoluments for professional services, which are allocated Kshs16,106,506. The one coming under nursing is for those nurses at the headquarters, but personal emoluments, for the rest of the country come under the Vote at the headquarters, under that category.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, let the Professor listen. Please, Professor, keep cool and listen first. We are giving you money and we want a correct answer to be given to the National Assembly! What we are saying is, Kshs27 million may be for the uniforms for the nurses. We are not disputing that, but their personal emoluments cannot be transferred to that Vote because some of them work in different hospitals. That is what we are saying!

Mr. Temporary Deputy Chairman, Sir, have you understood what I am saying?

**The Temporary Deputy Chairman** (Mr. Musila): Yes, I have.

**Mr. Obwocha:** I do not know why the Minister is not getting it!

**Ms. Karua:** They cannot wear nine times what they earn!

**The Temporary Deputy Chairman** (Mr. Musila): Order! Order! Dr. Kulundu, would you like to ask your question?

**Dr. Kulundu:** Mr. Temporary Deputy Chairman, Sir, if I may just ask before he answers---

**The Temporary Deputy Chairman** (Mr. Musila): Let us, first of all, allow the Minister time for consultation. You can ask your question when time comes. Dr. Kulundu, just hold your horses.

**Dr. Kulundu:** Mr. Temporary Deputy Chairman, Sir, the hon. Minister has---

**The Temporary Deputy Chairman** (Mr. Musila): Order! I did not give you a chance to ask your question. Let him answer one question after another.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, if you turn to page 546, I said that these are nurses at the headquarters; the bulk of our nurses are working in rural health centres and dispensaries. If you look at the rural health services, under personal emoluments, Head 335, it is Kshs1.4 million---

**The Temporary Deputy Chairman** (Mr. Musila): For the purpose of what the Minister is answering - but we have not reached there yet - if you find it relevant---

**The Minister for Public Health** (Prof. Onger): But I am saying that what we are handling and what the hon. Members are asking, the personal emoluments, in fact, relate to the nurses at the headquarters. You would have noticed that, previously, this figure was Kshs3.3 million, and now it is about Kshs6.1. This was as a result of the recent increase in allowances and salaries. That is why it doubled from Kshs3.3 million to Ksh6.1 million, but the bulk of the staff would come much later, under the rural health services, where they are catered for by Ksh1.4 billion.

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Minister, before you sit down, you have explained on the staff's personal emoluments; what about the uniforms? Is it for the headquarters or for the whole country? That is the point we are asking!

**The Minister for Public Health** (Prof. Onger): That is for the whole country because it is under the nursing staff.

**Mr. Kibicho:** Mr. Temporary Deputy Chairman, Sir, this matter can only be cleared if the Minister tells us how much he is spending on uniform for one nurse?



**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, I think that is a very hypothetical question. We are discussing substantive figures here, in these heads and, therefore, the hon. Member cannot ask me how much we spend on uniform for every nurse.

**The Temporary Deputy Chairman** (Mr. Musila): I agree. Mr. Minister may not avail a ready answer for that question.

*Head 348 - Medical Legal Services*

**Mr. Karua:** Thank you, Mr. Temporary Deputy Chairman, Sir. I am on page 518, Head 348, which is shown as Medical Legal Services. Could the Minister explain what these services are and where they are provided?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, I know you know that we have Jurisprudence Department that does all the postmortems and everything else, and it is covered under these services.

*Head 310 - Electricity Expenses*

**Mr. Munyasia:** Mr. Temporary Deputy Chairman, Sir, on page 515, Head 310, Item 142, Electricity Expenses "PB", is not under the approved estimates, and it is not on any other subsequent year after this year. But for this year, we have Kshs60 million provided. Could the Minister explain to the House what this particular expense here is that is going to be for only this year?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, that is a pending bill for electricity.

**Ms. Karua:** It is for what?

**The Temporary Deputy Chairman** (Mr. Musila): "PB" stands for "pending bills". So, you have got the answer. Once it is paid, it is no longer pending. Okay? Let us hear from Mr. Achola.

*Head 514 - District In-Service Training Services*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, on page 522, Head 514, on all the items under that head, the services have been abandoned. Where are the services for that?

**The Minister for Public Health** (Prof. Onger): If you look very carefully, this particular item has been put together with Head 555, nursing services, that we have just been discussing.

*(Heads 310, 311, 312, 314, 348, 349, 454, 455,  
456, 457, 514, 550, 555, 616 and 617 agreed to)*

*(Sub-Vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

*Head 317 - District Hospitals*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, look at page 527, Head 317, District Hospitals, Item 000, personal emoluments - Kshs1.1 billion. Are we together? I do not know whether you have seen it?

**The Temporary Deputy Chairman** (Mr. Musila): Yes, we are there; continue.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, what is the Ministry doing about the issue of doctors' salaries? We expect the Ministry to have come up with proposals on doctors' salaries. Everybody is talking about doctors' salaries. Members of Parliament earn Kshs395,000. We have 700 doctors in the country at all the district and provincial hospitals. Seven hundred doctors is not a big deal, given that the Civil Service has about 300,000 members. What is the Ministry doing to ensure that doctors' salaries are increased? We expected the Minister to ask us for between Kshs2 billion and Kshs3 billion for personal emoluments. What is the Minister doing about this issue?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, if you look very carefully at the Ministry's Budget, you will realise that we have, indeed, done something positive for doctors, nurses and other cadres of medical personnel. We would have liked to do more. These professionals have got an increase in both their basic salaries and allowances. So, an ordinary doctor is now well remunerated, not as much as we would have liked him to be remunerated, but he is better remunerated. For instance, an intern who used to earn Kshs12,000 now earns Kshs35,000.

**Dr. Kulundu:** Mr. Temporary Deputy Chairman, Sir, mine is on the same question. The previous salary increment that was awarded to nurses at the headquarters raised the personal emoluments figure by almost 100 per cent. However, at the district level, the personal emoluments increment is extremely small. Has there been any discrimination against nurses who work at district hospitals when it comes to personal emoluments?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, there has been no discrimination or anything of that kind. All workers in the Ministry of Health have been treated equally according to their categories.

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, under Head 318, Mental Health Services, the allocation to Item 060, Other Personal Allowances, has increased from Kshs3.6 million the previous financial year, to Kshs24 million currently. Now, has Kenya, all of a sudden, become crazy?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, this relates to the increase in personal emoluments for the various categories of staff, which I have just talked about. The affected staff may not have got a substantial increase in basic salary, but they have been rewarded substantially in the form of allowances. That is why the provision under this item reflects a very big figure.

**Mr. Achola:** No, no, no! What are these "Other Personal Allowances"? They have house allowance and personal emoluments. So, what do these "other personal allowances" represent?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, Mr. Achola will appreciate that somebody who is working at Mathare Hospital stands a very high risk of being injured. Therefore, such a person's risk allowance is fairly substantial.

**Ms. Karua:** Mr. Temporary Chairman, Sir, under Head 317, District Hospitals, I notice that the provision under Item 151, Purchase of Drugs and Dressing, is similar to the amount that was voted last year, Kshs237 million. I am assuming that the purchase of drugs and dressing is done centrally for district hospitals. I am wondering what mechanisms the Minister has put in place to ensure equitable distribution to all district hospitals, and also ensure that the drugs actually reach individual district hospitals, and that they are received by patients instead of finding their way into private clinics.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, you will appreciate that this allocation comes under district and sub-district hospitals. These are funds which are directly spent by the district hospitals themselves in accordance with the desegregated Votes.

Regarding the issue of purchasing the drugs centrally, you will recall that when I was initiating debate on this Vote, I said that the drugs would cost about Kshs1.3 billion. Some of these costs are now being incurred directly by the district themselves, where the hospitals are.

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Minister, could you clarify further on this aspect? Are you saying that the purchase of medical supplies is no longer going to be done centrally, and that Medical Officers of Health (MOHs) will buy drugs from local stores?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, each district has its own vote. For the purpose of cost effectiveness, the purchase of medical supplies will be done centrally, but each district has a specific Vote in the Ministry's Estimates. So, each district cannot spend in excess of the Vote allocated to it, because that is the basis upon which we have allocated funds to each district.

**Mr. Kibicho:** Mr. Temporary Deputy Chairman, on the issue of purchase of drugs, the Minister said that he is going to spend slightly over Kshs1 billion. He further said that he would have a shortage of about Kshs3 billion if he were to buy adequate drugs. What does the Ministry do with the cost-sharing money that it collects from patients? Despite the existence of the cost-sharing programme at our hospitals, patients are asked to buy drugs for their own use.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, Mr. Kibicho should appreciate that the cost-sharing funds are not included in the Ministry's Budget. In fact, they remain at the medical institution for its use. What we are discussing here are Government resources that flow to the districts. Cost-sharing

money remains at the hospitals.

**Mr. Kihoro:** Mr. Temporary Deputy Chairman, Sir, could the Minister explain which private organisations will receive the funds provided under Head 319, Item 340, Grants to Private Organisations?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, these are small grants given to hospitals and small health centres run by mission groups.

*(Heads 294, 296, 316, 317, 318, 319, 320, 321,  
351, 618, 619, 620 and 621 agreed to)*

*(Sub-Vote 111 agreed to)*

#### SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

##### *Head 332 - Drug Control Inspectorate*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, what does the Drug Control Inspectorate provided for under Item 332 do? We know that funny drugs find their way into this country without much control. So, why should we give this inspectorate money? The current medication for malaria is not working, but nobody is telling *wananchi* what to do.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, Mr. Achola will appreciate that we now have trained drug inspectors. One of the issues that came out during the debate on the Financial Estimates is that we need people who can check randomly on people who bring in drugs that may not be efficacious, or which may be dangerous to the population. The only way we can enforce this particular aspect is to have drug inspectors, who can then carry out the inspectorial duties.

##### *Head 328 - Family Planning Maternal and Child Health*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, on page 537, Head 328 - Family Planning Maternal and Child Health, I have a quarrel with Item 152, which is Purchase of Vaccines (KEPI). Last year, the item had an allocation of Kshs29 million, and there does not seem to be any allocation under this item for this year and even for the future. Is this a programme that has been abolished or what has happened here?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, this Item is now under a different Head and you will find it as we go on.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, the Minister has said that we will find this item as we go on. Where is it?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, the new head is on page 514.

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Obwocha, you have been told that the new head is on page 514.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, that is not correct. The new head is on page 543 and not page 514.

**The Temporary Deputy Chairman** (Mr. Musila): It is confirmed that Mr. Obwocha is correct.

**Ms. Karua:** Mr. Temporary Deputy Chairman, Sir, I am on page 537, Head 328, Item 151. This is Purchase of Drugs and Dressings. A figure of Kshs38.6 million has been allocated to this item, which increases as the years go by. I would like the Minister to tell this House whether, now that we are about to vote money for drugs and dressings, cost-sharing in maternity services, where women are sometimes held to ransom to provide such things as dressings, has been abolished? This head is on Family Planning, Maternal and Child Health. I consider maternity services to be emergency services.

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, I think I will be unfair to start saying that cost-sharing will be abolished because somebody has gone to hospital to give birth. There are thousands and thousands of other women who give birth out there, and who do not get any relieve whatsoever.

However, this particular amount will be spent on the basic aspects of maternal and child health in family planning clinics, health centres and dispensaries. Other things like the sanitary pads will be required in the management of the Maternity and Child Health programme.

**Ms. Karua:** Mr. Temporary Deputy Chairman, Sir, I need a clarification from the Minister. The assurance we need is that the necessary disposable or consumables the doctor needs for a delivery are included in the items that are provided to the hospitals.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, I take it that hon. Karua is talking about disposable gloves and syringes. I assure her that they will be provided.

*Head 509 - Control of Malaria*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, the Minister comes from Nyanza Province, where malaria is a big problem. Could he explain to the House what the Ministry used to do last year when it did not have any head on control of malaria? Did the Ministry control malaria under a new head or what happened? Could he also explain to us what the Ministry is doing in this control of malaria?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, first of all, malaria control never used to have a head of its own. Now it has a head of its own. When we come later into the Development Estimates, the money which is being given out, including the money that I received yesterday from the British Government through the World Health Organisation (WHO), will appear in the Appropriations-In-Aid (AIA) in the Development Estimates. Therefore, the money will not appear in the Recurrent Expenditure Vote.

**Dr. Kulundu:** Mr. Temporary Deputy Chairman, Sir, on the same Head 509, my quarrel is with the amount being requested for here. Given the fact that malaria is spreading, as the Minister so eloquently put it in his presentation, is he satisfied that this amount is adequate to control malaria all over the country? This is peanuts.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, the amount of money being requested for is peanuts, but we will also get bilateral donor support. In fact, if you look at the previous year, you will see that the malaria control section had only about Kshs1 million to run the whole department. This year, the provision has gone up to Ksh10 million; Kshs4 million will come from the donors and Kshs6 million from the Government. In fact, this year's budget is tenfold last year's budget.

However, I think the point the hon. Member has raised is vital. We are, in fact, through the roll-back malaria initiative, trying to attract more funding through AIA, so that we can contain the malaria scourge. Indeed, by yesterday, we had received K£500 to cater for malaria strategy and control.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, still on the malaria issue, the Minister has told us that the initiative is preventive and not curative, yet he has asked for only Kshs6 million. Everybody knows that malaria is killing a lot of people in the country. This is absurd. Could the Minister tell us how much money will come from the donors?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, first and foremost, in the Government expenditure profile, there is Kshs6 million; add to this Kshs4 million from the donor community. That adds up to Kshs10 million. The additional funding which has come in is from the British Government through WHO, and we hope that when we access the Global Health Fund, malaria will be catered for. In fact, we had asked for about US\$11 million to be able to specifically cater for malaria control and strategy aspects. We are exploring more and more avenues so that we have substantial resources. We have created a separate head for malaria control in order to attract more resources and be able to tackle the gravity of the problem.

*(Heads 322, 323, 325, 326, 327, 328,  
330, 331, 332, 334, 346, 347, 509,  
510, 518, 519, 520 and  
622 agreed to)*

*(Sub-Vote 112 agreed to)*

*(Heads 335 and 336 agreed to)*

*(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

*Head 643 - Kenya Medical Research Institute*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, on page 548, Head 643 is on the Kenya Medical Research Institute (KEMRI). Could the Minister explain what KEMRI does? We keep on voting money to it here every year and we do not know what comes out of it. KEMRI tried to research on Kemron, but nothing came out of the research. What does it do?

**The Minister for Public Health (Prof. Onger):** Mr. Temporary Deputy Chairman, Sir, KEMRI is one of our premier institutions worldwide. Currently, it does a lot of research. In fact, it is one of the referral centres for parasitic infections in Africa. It is being supported by JICA. It is also one of the best virology centres in Africa and, therefore, becomes a reference point. It has also been able to develop the malaria vaccine which will eventually be put into place. It is also involved in various other activities, like research in the alternative medicine or rather herbal medicine. I believe the hon. Members earlier on did indicate that they would like to see some of the herbal medicines being researched on in this research centre. The laboratory in KEMRI is now at Level 3 which is a very high security laboratory. Before, we were doing certain tests in South Africa - when we had the *Ebola* virus - and we hope that eventually we will be able to do it here. Certainly, other tests are done at KEMRI and, therefore, it is a very useful research facility for this nation.

**Dr. Kulundu:** Mr. Temporary Deputy Chairman, Sir, in fact, on the same Vote, my quarrel is again with the amount. I know KEMRI is doing a fantastic job and surely, as a country, we must enable it to do even more. Are you satisfied, as a Ministry, that this amount is adequate for all those nice things that you have enumerated to us? Here is an opportunity for you to ask for more. In fact, you should be asking for Kshs5 billion.

**The Minister for Public Health (Prof. Onger):** Mr. Temporary Deputy Chairman, Sir, you know we have ceilings. We did substantial investments in KEMRI as a Government and, therefore, KEMRI is now in a position to attract international funding. That is why you see, for instance, the parasitic infection programme with JICA has attracted a very substantial resource flow to that centre. Through its various programmes, KEMRI is now in a position to attract more researches and funds and we encourage it to go that route because a centre of excellence can only attract resources. However, whatever little resources we have that do not bust our ceiling, we will certainly invest them in KEMRI.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, first, I hope the Minister will ask KEMRI and Prof. Obel to apologise to Kenyans for having made some concoctions called KEMRON and Pearl Omega which destroyed our people.

**The Temporary Deputy Chairman (Mr. Musila):** Sorry! Mr. Angwenyi, what are you getting at?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I am saying that the Minister should ask KEMRI and Prof. Obel to apologise to Kenyans for coming up with some concoctions called KEMRON and Pearl Omega which our people believed could cure HIV/AIDS, but destroyed our country. Considering the fact that KMTC is doing a good job---

**The Temporary Deputy Chairman (Mr. Musila):** Could you say which item and page you are referring to?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, it is Head 340, Item 341, Page 548. I am comparing the Minister with Dr. Waweru. Since KMTC is doing a very good job for this country, could the Minister consider increasing this amount by re-allocating the amount allocated to telephone expenses on Heads 113 and 121 to this amount so that he can have Kshs1 billion for medical training colleges above the other Kshs500 million for telephone expenses?

**The Minister for Public Health (Prof. Onger):** Mr. Temporary Deputy Chairman, Sir, KMTC is a parastatal and one of the things that hon. Angwenyi is aware of is that like all other parastatals, we are under the obligation to do a reducing support for all parastatals like KMTC, Kenyatta National Hospital and KEMRI. In fact, there is a programme with the Bretton Woods institutions that we must comply with. Therefore, first and foremost, it is not possible to increase the support to KMTC. Secondly, I think, being a parastatal, it should be able to look for ways and

means of raising resources to support itself.

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, on the same Head, we know KMTC has been accused of high level corruption---

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Achola! I think you are making an allegation.

**Mr. Achola:** No, Mr. Temporary Deputy Chairman, Sir. There is no receipt for corruption, but---

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Achola! You ask your question, and do not make an allegation that you cannot substantiate!

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, is the Minister satisfied that we should give KMTC this grant or we should reduce it by the amount of Kshs30,000 per student, which they pay in order for students to gain admission?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, whether there is corruption there or not, I do not know. However, what I know is that this institution must be supported and must run effectively. I think that is the obligation of both Parliament and the Government to enable this institution to train many Kenyans to work effectively.

Mr. Temporary Deputy Chairman, Sir, finally, I wanted to say that there was a reference made to KEMRI about Kemron and Pearl Omega. May it please hon. Angwenyi to know that the scientific basis upon which Kemron was established has been the basis for the development of the retrovirals (RVs) that we know today.

Mr. Temporary Deputy Speaker, Sir, the only thing that we did not do is that we ought to have patented every step of our investigations so that we can have ownership and, therefore, we were left to the vagaries of international bio-technology systems that manipulated KEMRI, and I think we are wiser now.

**Mr. N. Nyagah:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Did you hear the final statement by hon. Achola? Could he substantiate what he has just said, that for one to gain admission into KMTC one has to pay Kshs30,000? Could it be waived so that it forms part of the fee?

**The Temporary Deputy Chairman** (Mr. Musila): Mr. N. Nyagah, I think you heard what I said. When Mr. Achola tried to raise that issue, I cut him off and told him that if he could not substantiate that claim, he had better not raise it. I do not think I heard, that bit you are saying. I told him that if he does not have a substantiation on that serious allegation, he should stop it.

**Mr. Achola:** Mr. Temporary Deputy Chairman, I can table documents to substantiate my statement!

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir!

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Angwenyi! I did not give you a chance. You cannot just walk from anywhere to the microphone. Your point of order is overruled!

**Mr. Munyasia:** Mr. Temporary Deputy Chairman, Sir, I just wanted to follow up what the Minister said in his answer to the allegation made. He said he did not care whether there was corruption or not, but I thought that statement should not come from the Minister. I thought he would promise that he would investigate.

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Munyasia! I remember I heard him say: "I do not know whether there is corruption or not". That is what I heard and he did not say: "I do not care". That matter is closed.

**Mr. Obwocha:** Mr. Temporary Deputy chairman, Sir, this is now a different matter but---

**The Temporary Deputy Chairman** (Mr. Musila): Just a minute, Mr. Obwocha. Hon. Members, I think we had a chance to debate those issues during the Second Reading, but you are trying to bring them during the Committee Stage. Let us go to the substantive issues of the Votes.

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

**The Temporary Deputy Chairman** (Mr. Musila): I rule out Mr. Angwenyi's point of order for the time being.

Proceed, hon. Obwocha!

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I believe that even if the stone has not talked, but it has heard. I want to ask a question on Head 340 which is still on KMTC. I want to ask two questions on this. First, is it charging college fees and if it is, why has the Ministry not reflected the Appropriations-in-Aid in here?

Secondly, could the Minister tell us when this college produced its last audited accounts before we give it this grant?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, Sir, like all other

parastatal institutions, we only have Appropriations-in-Aid to this institution. It is a grant that is given by the Government to this institution. Otherwise, the budget that runs the entire institution is far wide and bigger than the kind of support that we are giving them. Similarly, the budget for Kenyatta National Hospital (KNH) is equally very high, but what we give them is on a reducing basis. Similarly, budget for the Kenya Medical Research Institute (KEMRI) is also on a reducing basis.

The Kenya Medical Training College (KMTC) would have to comply with all the obligations that go with parastatals, that they must always produce audited accounts, which will be tabled before this House. From time to time, we have sent these accounts to this House to be tabled for the purposes of scrutiny by the Public Accounts Committee.

**The Temporary Deputy Chairman** (Mr. Musila): You have not understood the question. The question was: "When were the last audited accounts submitted to Parliament?"

Mr. Kihoro, you can ask your question while the Minister is waiting for the answer.

*Head 643 - Kenya Medical Research Institute*

**Mr. Kihoro:** Mr. Temporary Deputy Chairman, Head 643 is in respect of rents. Last year, the Institute did receive quite a substantial amount of money from rents, but this year, they are not receiving any money. There is no Appropriations-in-Aid this year in respect of rents paid. What could have happened? Could it be that the houses have been sold? In case they have been sold, could it be shown as capital that has been received by the Institute?

**The Minister for Public Health** (Prof. Onger): In answer to Mr. Obwocha's question, the previous year's audit, 1999/2000, has already been tabled in this House. The audited reports for 2000/2001 and 2001/2002 are in preparation and will be tabled before this House. As for the institutional houses, I think there has been a shift in Government policy that the houses now will be rented out on a commercial basis. Therefore, there will be no subsidies for anybody staying in a Government house. I think the people were given the option, up to May or June, to either vacate or pay the commercial rents. Therefore, the Government cannot continue to subsidise for housing in this institution.

*(Heads 113, 340 and 643 agreed to)*

*(Sub-vote 114 agreed to)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

*Head 355 - Medical Supplies Co-ordinating Units*

**Mr. Achola:** Thank you, Mr. Temporary Deputy Chairman. Would the Ministry explain why the Medical Supplies Coordinating Units would recommend for the importation of medicine sometimes lasting seven years and expiring before they are used? A case in point is the one that was discovered in Nyeri by the Departmental Committee on Health, Housing, Labour and Social Welfare. Why should we give them money if they are not doing their work?

**The Minister for Public Health** (Prof. Onger): Mr. Temporary Deputy Chairman, the Kenya Medical Supplies Agency (KEMSA) is a new body and as you would have realised by now, it has not been fully capitalised.

If you have noticed, the funds that are running KEMSA are from the headquarters. Therefore, KEMSA has not been involved in the importation of drugs.

Secondly, I think one of the problems we have been having in this nation with relation to the supply of drugs is that people do not order what we call demand-driven systems. That is why in Nyamira, we have already established a pilot project of the drug revolving fund, which will be demand-driven so that the health centres and dispensaries can only order in accordance with their requirements. If a particular drug goes in a drug kitty to the rural areas and they have no use for it, it will expire. For instance, if you sent anti-snake venom to some areas where there are no poisonous snakes, it will stay there and obviously expire. There is no way you can retrieve it. But I think all these systems are now being streamlined and they should be in good shape.

**Ms. Karua:** Thank you, Mr. Temporary Deputy Chairman. As a follow-up to that, what role is the KEMSA

going to play in making the supply of drugs demand-driven and more efficient?

**The Minister for Public Health** (Prof. Ongeru): In fact, Mr. Temporary Deputy Chairman, one of the things that we are now doing is looking for resources to fully capitalise KEMSA so that it becomes a fully operational parastatal procurement agent.

**Mr. Kibicho:** Mr. Temporary Deputy Chairman, according to page 355, this organisation is only allocated Kshs20 million. According to the Minister, the budget for purchasing drugs is in excess of Kshs1 billion. Where will the balance come from?

**The Minister for Public Health** (Prof. Ongeru): I have just said that at the moment, the personal emoluments are being paid from the headquarters and the purchase of drugs is under a different category.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, part of what we established when we were going around the hospitals in Kenya was that we had too many expired drugs in our stores, and they could very likely penetrate to private institutions in the various towns where these hospitals are located. There is also a likelihood that they could be sold in hospitals, thereby occasioning harm to patients.

Could the Minister order a faster process for burning these drugs so that they are out of stores? How often do they do this?

**The Minister for Public Health** (Prof. Ongeru): Fortunately, Mr. Temporary Deputy Chairman, we now do have a very big centrifuge and we can incinerate most of these expired drugs so they do not appear in the market. I agree with they are dangerous if they are expired.

**Mr. Kibicho:** The Minister has said that the Kshs20 million is for personal emoluments and the purchase of drugs is under a different category. How does this organisation then control the money for purchase of drugs which does not fall under it?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, at the expense of repeating myself, this is not a full functional entity. We are looking for resources to make it a full functional entity under the parastatal organisations. One process that we need to do is to fully capitalise KEMSA. For now, we are just having a skeleton staff and we have got to pay them. Most of the services are being done by the Pharmacy Department and, therefore, the funds are from the headquarters. That is why we are paying them the personal emoluments from the headquarters.

#### *Head 356 - Pharmacy Services*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, on Head 356, the total expenditure on those pharmacy services is on page 550. As you can see, the total expenditure has increased from Kshs14 million to Kshs46 million for staff personal emoluments. But if you look at page 585, you will find that from last year, the pharmacists were 18 and now, they are 18. The technologists were 13 and now, they are still 13. Those would have been the major components. Could the Minister justify these staff that have increased the Vote three times from Kshs14 million to Kshs46 million?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, first, there has been an increase in salaries. One would appreciate that pharmacy services is not one area you would just want to be very casual about because you would require sophisticated manpower in that field. Secondly, I did say that Kenya Medical Supplies Agency (KEMSA) staff are being paid from this Vote from the headquarters, and it is about Kshs20 million. Therefore, you will note that there were no substantial resources put in the Vote on Account on KEMSA. Finally, there has been new recruitment in this department in order to cope with the monitoring, support, inspection of drugs and other activities. This has, therefore, increased the personal emoluments to the current level.

**Mr. Munyasia:** Mr. Temporary Deputy Speaker, Sir, still on Head 356, Item 050, the figure for house allowance has gone up about three times. You intend to drop that next year to Kshs9 million when you will keep the personal emoluments high. What is the reason for that? Do you intend to retrench immediately after you have increased the number of employees?

**The Minister for Public Health** (Prof. Ongeru): Those are projections for next year and they can mean anything.

**The Temporary Deputy Chairman** (Mr. Musila): But still, Mr. Minister, if you have got Kshs12 million this year, why do you project that to go down by Kshs3 million? I think that is the question. Will you reduce the staff



or what will happen?

**The Minister for Public Health** (Prof. Ongeru): I will check that figure again. Since it is for next year, I think I will keep it in mind so that I know why it has gone down to Kshs9 million. For now, let us deal with what is at hand.

**Mr. N. Nyagah:** Mine is a slight clarification from the Minister. I would like to know whether there is a policy shift when it comes to destruction of expired drugs. Is there a new directive where all the drugs from the district hospitals, health centres and so on, would have to be brought to one central place in Nairobi for that destruction to be done, or will it be the common practice, as in the past, that a police officer has to be present? It is a laborious exercise. Has that now stopped? The Ministry of Health has claimed that they have not been able to get police officers and a magistrate to come and supervise the operation. Has that now changed, or will the Ministry need to transport the required officers yet again, all the way to Nairobi?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, Mr. N. Nyagah will remember, and he has been in the industry, that before we used to send drugs inspectors to go and destroy them, and anything could happen. The policy is that we want any material within any given province to be assembled at the provincial headquarters where there will be both the provincial officers and everybody else, including the police and ourselves, to witness incineration of these expired drugs so that it is done in an orderly manner.

*(Heads 355 and 356 agreed to)*

*(Sub-Vote 116 agreed to)*

#### SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

##### *Head 315 - Kenyatta National Hospital*

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, on Kenyatta National Hospital---

**Mr. Kibicho:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Are we going to continue past 6.30 p.m. without a Motion to extend the sitting of the House?

**The Temporary Deputy Chairman** (Mr. Musila): Order, "Mr. Obwocha!" This is an Allotted Day!

**Mr. Obwocha:** On a point of order, Mr. Temporary Deputy Chairman, Sir. I was not the one who stood on a point of order.

**The Temporary Deputy Chairman** (Mr. Musila): I am sorry, Mr. Obwocha!

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I am protesting. I am an old Member of this House.

**The Temporary Deputy Chairman** (Mr. Musila): My apologies! This is an Allotted Day, and we can proceed up to 7.00 p.m. So, be informed!

**Mr. Achola:** Mr. Temporary Deputy Chairman, Sir, you know that he is learning. He has been here only for four years.

On Kenyatta National Hospital (KNH), I must commend the Minister because KNH is doing very well, despite the fact that there were recent scandals about personnel matters and financial mismanagement. But is he satisfied that Kshs1.8 billion spread out throughout the four years is a realistic way of looking at it? We need to pump more money into KNH so that they could continue to provide us with good services as they are doing today.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, on the contrary, we are reducing the support to the KNH by 1 per cent every year because we have done substantial investments - in billions - in order to bring KNH to the level where it is today. Therefore, we believe that the KNH, with the standards that it commands today as a referral hospital and amenity place, with a very highly trained manpower, should generate enough capital to run their own services. Therefore, you will be seeing a decrease downward. If you can reflect back to last year, their budget stood at Kshs1.4 billion and it was reduced down to Kshs1.3 billion. The rise to Kshs1.8 billion is as a result of increase in emoluments and allowances.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, it was reported by the Director of the KNH that he has set aside some amount of money to expand the Casualty Department. That speaks volumes. Whereas I have no quarrel with what is being allocated to KNH, I would like to know from the Minister, since the whole of Nairobi literally flocks to the KNH because there are very few places to go to for treatment, is there any possibility that the

Nairobi Health Management Board could be considered for some form of allocation so that the residents of Nairobi, particularly those in the slum areas - *mitaani* - get, at least, some treatment; those who cannot make it to KNH?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, the health services within this City should be run by the Ministry of Local Government. If you remember very well, the gazetting of the Nairobi City Health Management Board was done by the Minister for Local Government. Therefore, they should appropriate resources to run the services of the City. It is only by the grace of God and the free *ex-gratia* treatment that the KNH is offering to the City, because the City ought to be paying KNH, that make many residents of Nairobi survive. However, I strongly believe that both Mbagathi Hospital and Pumwani Hospital and the peripheral health centres in Karen, Westlands and Kayole should be expanded by the Nairobi City Council in order to offer services and reduce the inflow of casualty patients to KNH.

Mr. Angwenyi: Mr. Temporary Deputy Chairman, Sir, as we saw in the previous item, they have increased emoluments for medical personnel, but here we can see the grant being given to Kenyatta National Hospital is actually decreasing. Does it mean that the people who are working at the Kenyatta National Hospital are not going to get the increase? Secondly, could the Minister consider having a provincial hospital and several - maybe six or seven - other district hospitals in Nairobi?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, we have not subjected Kenyatta National Hospital to undue treatment. Last year, the support Vote to Kenyatta National Hospital was at the level of Kshs1.3 billion. If you have noticed, it has increased to Kshs1.8 billion. The gap in increase represents the emoluments for the staff of Kenyatta National Hospital. However, Kenyatta National Hospital rehabilitation programmes under the Bretton Woods Institutions arrangement contract is that they must continue reducing by 1 per cent every year, until such a time they are on their own. This is exactly why you have seen a nominal decrease of Kshs20 million.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I would do myself a lot of unfairness if I do not say something on the allocation to the Kenyatta National Hospital. I do not agree with the Minister that they should be reducing the allocation; instead, they should be increasing. In fact, I expected the Minister to ask for more money this year. What is expected of Kenyatta National Hospital is that, certain equipment is required.

Mr. Temporary Deputy Chairman, Sir, I have specifically in mind renal dialysis services which are very expensive. Many of the citizens of this country who are afflicted with this cannot afford dialysis. How many machines do you have there? There may also be heart problems. I am pleading with the Minister to try and give them more money. If we have the equipment, then, definitely, they will reduce the charges. How do they expect the ordinary people to meet Kshs3,000 a day?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, at the time of rehabilitation, there was extensive support in the way of equipment to the renal unit, the dialysis unit, the heart unit and many other departments.

Apart from the physical facelift, there were, in fact, very substantial amounts of money spent on the equipment. What we are really saying is that now Kenyatta National Hospital should use that equipment to generate resources.

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*

#### SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

##### *Head 623 - Moi Referral and Teaching Hospital*

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, they are also reducing the allocation under Head 623. This is the amount that is being allocated to the Moi Referral Hospital. Why is there a reduction?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Speaker, Sir, the same principle that was applied to Kenyatta National Hospital is also being applied to the Moi Referral Hospital.

*(Head 623 agreed to)*

*(Sub-Vote 118 agreed to)*

*(Vote R11 agreed to)*

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*Head 310 - Headquarters Administrative Services*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, on Head 310, Item 501 is on Revolving Drug Fund. I want to commend the Minister on that, although it does not seem to originate from the Ministry; it has originated from the Belgian Government. I am a beneficiary of that fund, but I would like to ask the following question. If you look at the end of that, there is one on headquarters. I would like him to explain why they are having the Revolving Drug Fund at the headquarters. I thought that was a pilot project which is supposed to be under the district hospitals.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, all projects, whether they are grant projects or loan projects are handled by a specific department in the headquarters that regulates them. Therefore, although that amount appears at the headquarters, nothing is spent because the money is paid directly to the projects.

**Mr. Obwocha:** That is not the question! That is under the district hospitals; the one which is Head 310, Item 501. But if you look at page 396, you find the Revolving Drug Fund--- I do not know whether these are the details or not! I had better be sure!

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Obwocha, do you want to proceed with your question or we go to another person?

**Mr. Obwocha:** No! Those are the details.

*Head 311 - Headquarters Administrative Professional Services*

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, on Head 311 Item 402 - Procurement of Goods - Kshs180 million, what are those goods?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, that comes under the Decentralised Reproductive and AIDS Projects and that money will be used to purchase computers for districts for support in the financial management systems, as well as the STI/HIV/AIDS commodities and supplies like HIV/AIDS test kits, condoms and the implementation of HIV/AIDS reproductive health components of the project.

*(Heads 310 and 311 agreed to)*

*(Sub-vote 110 agreed to)*

*(Heads 316 and 317 agreed to)*

*(Sub-vote 111 agreed to)*

*(Heads 323 and 325 agreed to)*

*(Sub-vote 112 agreed to)*

SUB-VOTE 113 - RURAL HEALTH SERVICES

*Head 335 - Rural Health Centres and Dispensaries*

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, on page 393, Head 335, Item 108, on Prevention of Mother to Child Transmission (PMTCT), there is a figure of Kshs18 million. Could the Minister tell us the scope of coverage? How long will that coverage be? Will it only cover the mother and child, or it will cover husbands, and for how long?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, I think Mr. N. Nyagah wants to know whether this programme will cover the spouses. It will not cover the spouses because it is too little. However, the good news is that, under the new project announced by President Bush on PMTCT, Kenya is one of the countries to benefit from the US\$500 million programme. We hope, when modalities are worked out, part of this money will take care of the spouses and also the immediate family members.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, on the same Head 335, Item 158 on the Rehabilitation of Rural Health Centres and Dispensaries, there is a figure of Kshs10 million. Is the Minister satisfied that this amount is enough to rehabilitate all the health centres throughout the country?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, that is all we could get under this vote. There are ceilings and we cannot go beyond them. However, Mr. Angwenyi knows that under a separate programme, some other health centres are being rehabilitated in Coast and Nyanza provinces.

**Mr. Achola:** Mr. Temporary Deputy Speaker, Sir, on page 393, Head 325, Item 196 on HIV/AIDS Prevention and Care Project, I asked how this money will be spent. How is this money being spent? Who is benefiting from it? There is a lot of money allocated to this project which is likely to be misappropriated.

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, I said before and I will say it again, that under the World Bank Programme, all the 70 districts will be covered under this programme. In this programme, one of the things we intend to put in is the voluntary counselling and testing centres. There will be 256 voluntary counselling and testing centres to enable people reach these centres. Along with it, there will be commodities that will be supplied in order to support the HIV/AIDS programme at the district level. There is also another content of decentralisation---

**The Temporary Deputy Chairman** (Mr. Musila): Order! Hon. Members, we are pressed with time. I ask the Minister to be brief because we have to finish this.

**Ms. Karua:** Mr. Temporary Deputy Chairman, Sir, on page 394, Head 335, Items 193 and 195, could the Minister tell us what the Safe Motherhood and Partnership Fund entails? What does Strengthening of Integrated Reproductive Health Services at the District Level, which has been increased from Kshs30 million to Kshs163 million entail? Do the productive health services cover maternity?

**The Minister for Public Health** (Prof. Ongeru): Mr. Temporary Deputy Chairman, Sir, it is true they cover maternity and safe motherhood. Partnership Fund caters for maternal and child health in the districts. This fund is used for safe delivery in maternity centres and it is run by the UNICEF.

**Mr. Munyasia:** Mr. Temporary Deputy Chairman, Sir, let me ask a question.

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Munyasia!

*(Heads 335 and 594 agreed to)*

*(Sub-Vote 113 agreed to)*

*(Head 643 agreed to)*

*(Sub-Vote 114 agreed to)*

*(Vote D11 agreed to)*

*(Question put and agreed to)*

*(Resolution to be reported without amendment)*

*(The House resumed)*

*[The Temporary Deputy Speaker  
(Dr. Anangwe) in the Chair]*

### **REPORT**

Vote 11 - Ministry of Health

**Mr. Musila:** Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding Kshs7,592,099,375 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2003, in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

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

**The Minister for Medical Services** (Mr. Mohammed) seconded.

*(Question proposed)*

*(Question put and agreed to)*

### **ADJOURNMENT**

**The Temporary Deputy Speaker** (Dr. Anangwe): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Thursday, 25th July, at 2.30 p.m.

The House rose at 7.00 p.m.