

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Tuesday, 14th July, 1998

*The House met at 2.30 p.m.*

*[Mr. Speaker in the Chair]*

## PRAYERS

## ORAL ANSWERS TO QUESTIONS

*Question No. 080*

### SUB-DIVISION OF WEST MUGIRANGO DIVISION

**Mr. Obwocha** asked the Minister of State, Office of the President, what has delayed the sub-division of West Mugirango Constituency into two as recommended by the Nyamira District Development Committee (DDC).

**The Minister of State, Office of the President** (Maj. Madoka): Mr. Speaker, Sir, I beg to reply.

The delay in the sub-division of West Mugirango Constituency is because the necessary facilities are not yet ready. The office building is only 80 percent completed, and nothing has yet been established for the District Officer.

**Mr. Obwocha:** Mr. Speaker, Sir, this issue was agreed on by the Nyamira DDC four years ago, immediately I was elected to the last Parliament. It was agreed that one division be at Nyamaiya and the other at either Kebirigo or Nyagachi. Nyamaiya already has existing offices where there is a senior chief. A DO's office has already been built in Nyagachi and yet the Minister is saying that the delay has been caused by lack of offices. This cannot be the reason why. There is a lot of inconvenience because Nyamira town is the district and the constituency headquarters. My people do not know where to find the DO. Can the good Assistant Minister, who will be the next Vice-President, tell us exactly, the reasons for this?

**Maj. Madoka:** Mr. Speaker, Sir, first, I am not an Assistant Minister. I am a full Cabinet Minister. It was agreed that Mugirango Constituency be divided into two divisions; Nyamira and Nyamaiya. These were to be the two headquarters. Accommodation is not yet available in those particular areas.

**Mr. Anyona:** On a point of order, Mr. Speaker, Sir. It is a question of which comes first. Is it the creation of divisions or the provision of facilities to be able to create the division? Let me give the example of Kitutu Masaba. We have two divisions; Rumanga, which is the old division headquarters and Rigoma, where the Government has not put up any facilities. We have a DO there who uses rented accommodation at Keroka and other places. The Minister is not answering the Question. Can he answer it?

**Maj. Madoka:** Mr. Speaker, Sir, I am answering the Question. I think the real issue is that first of all, when the DDC discussed about the sub-division, it was agreed that the local community would raise the funds to build these facilities. These facilities have been estimated to cost Kshs2.5 million. This is the figure that I have been given. What I am saying is that these facilities are not yet available.

**Mr. Obwocha:** Mr. Speaker, Sir, first of all, I apologise. The Minister is a full Minister. It was a slip of the tongue because you cannot be a Vice-President when you are an Assistant Minister. The Minister is telling this House untruths. If he intended to create the sub-divisions; Nyamaiya and Nyamira, how can he say that Nyamira lacks facilities when the existing DO stays in Nyamira? One of the new divisions which is in East Mugirango will have its headquarters at either Nyagachi or Kebirigo, it cannot be at the district headquarters. The Minister should really investigate these and request the DDC to implement their decision.

**Maj. Madoka:** Mr. Speaker, Sir, I will certainly look into that and see if there is a slight misunderstanding. I am sure we will sort it out.

*Question No. 179*

SALE OF GOVERNMENT HOUSES  
TO PRIVATE DEVELOPERS

**Mr. Mwiraria** asked the Minister for Lands and Settlement:-

- (a) how many Government houses were sold to private developers since 1992;
- (b) how many Government houses were pulled down before the plots were allocated; and,
- (c) which authority allocated these plots.

**Mr. Speaker:** Mr. Mwiraria, I have communication from the Minister that we do defer this Question because he is not ready to reply today. Can I defer it?

**Mr. Mwiraria:** Mr. Speaker, Sir, you can defer it, but until when?

**Mr. Speaker:** Question deferred to next week, on Thursday.

*(Question deferred)*

*Question No. 356*

RE-OPENING OF LWALA LIVESTOCK AUCTION

**Mr. Ojode** asked the Minister for Local Authorities, when he will order the re-opening of Lwala Livestock Auction Market Ring to promote livestock business within Kabuoch locations in Ndhiwa Constituency.

**The Assistant Minister for Local Authorities** (Mr. Sasura): Mr. Speaker, Sir, I beg to reply.

Lwala Livestock Market Auction Ring has not been closed by the Homabay County Council. It is still operational, but livestock traders prefer operating from other nearby markets within the district with more trading activities for their own reasons.

**Mr. Ojode:** Mr. Speaker, Sir, I want to draw the attention of the Chair to the fact that, I want my Question to be answered by a full Minister, not a half Minister. I have reasons for this request. You were in the Chair during the last Session of the Seventh Parliament when the former Minister replied to my Question and said that there was an outbreak of Foot-and-Mouth disease and livestock could not be sold in this market. You can remember it very well because I know you have a good memory. Now that I am getting haphazard answers, could the Chair, compel the Minister himself to answer this Question because I know for sure that the Assistant Minister has never gone to Ndhiwa to look for traders---

**Mr. Speaker:** Order! Order, Ojode! Order! For the avoidance of doubt, "Minister" under the Standing Orders includes the President, the Vice-President, other Ministers, Attorney-General, Assistant Ministers and any person who holds, temporarily, any such office. So, the term "Minister" includes Assistant Ministers. Now proceed. Would you like to ask your Question, or shall we go to the next Question?

**Mr. Ojode:** Mr. Speaker, Sir, let us be serious. This is a very serious issue and I had raised this Question last time and---

*(Mr. Mudavadi was applauded as he  
walked into the Chamber)*

**An hon. Member:** That is not for you, it is for Mr. Mudavadi!

**Mr. Ojode:** Mr. Speaker, Sir, I hope you are aware that hon. Mudavadi will be operating as the Vice-President for the next three months. However, would I---

**Mr. Speaker:** Are you asking your question, or are you lecturing?

**Mr. Ojode:** Mr. Speaker, Sir, I would want to put my Question to the Assistant Minister. Last time, I was informed in this House that there was an outbreak of Foot-and-Mouth disease and that is why the County Council closed this market. Now, here is an answer which is saying that the market has been operational. Could the Assistant Minister tell where this particular market is and who are these traders he spoke to?

**An hon. Member:** He does not know!

**Mr. Sasura:** Mr. Speaker, Sir, as the hon. Ojode knows, I am full Assistant Minister not "a half Minister". I would like to assure him that I do not need to go to Ndhiwa to answer his Question. Lwala Market is in Ndhiwa Constituency. In 1991, it was closed for seven months for what he has rightfully stated as the outbreak of Foot-and-Mouth disease and this was done by the Veterinary Department. Seven months later, it was opened.

Livestock traders in that area use about five other markets to sell their livestock, but this particular market which is located slightly outside Homa Bay, is not very much preferred by the traders. The local council---

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

**Mr. Speaker:** Could you let him finish?

**Mr. Sasura:** Mr. Speaker, Sir, the local council has tried as much as possible to convince the livestock traders to use the market because it has been opened. I would only urge the hon. Ojode to help us in the publicity campaign to tell his constituents to use the market because it has been opened.

**Mr. Ojode:** Mr. Speaker, Sir, could the Assistant Minister tell this House where the market is located, when he spoke to these traders and what the bone of contention was? Why were these traders not very much interested in trading in livestock at this particular market?

**Mr. Sasura:** Mr. Speaker, Sir, I have said clearly that these other markets are preferred by the traders because of the activities in Ndhiwa, Mirogi, Rodi, Rangusi and Nyangweso. There are less activities there. As much as the council would like to generate revenue from the sales, we have no reason for closing the market, we want it to be operational.

**Mr. Gatabaki:** On point of order, Mr. Speaker, Sir. As you have noted, there seems to have been a fundamental change in the Government side. There seems to be a new appointment for the spokesman of the Government, or the Leader of Government Business. Through the Chair, could the House be notified about the change in KANU which has allowed the hon. Mudavadi to sit where hon. Ngala was sitting before?

**Mr. Speaker:** Mr. Ojode!

**Mr. Ojode:** Mr. Speaker, Sir, my last Question to the Assistant Minister is that when I was at Ndhiwa---

*(Mr. ole Ntimama was applauded as  
he walked into the Chamber)*

When I was at Ndhiwa, I received a petition from the livestock traders indicating that they would want this market to be operational. What I do not know now is when the Assistant Minister met with the livestock traders in Ndhiwa and was satisfied that this market is not wanted and yet I am the Member of Parliament for the Constituency where the market is located. Could the Assistant Minister come up and open this market for my people to use it to sell livestock?

**Mr. Sasura:** Mr. Speaker, Sir, as I had said earlier, we are very happy that this market is operational because it generates revenue for the local council. The market has not been closed. What I want to point out is that, only in June, 1998, all the livestock markets in the area were temporarily closed down by the Veterinary Department. But as far as the Ministry is concerned, Lwala Market is operational. Let the livestock traders come and make use of it.

**Dr. Ochuodho:** On a point of order, Mr. Speaker, Sir. I come from the Homa Bay County Council the Assistant Minister is talking about. Is he in order to mislead this House by claiming that Lwala Market is open, while we know very well that it is closed? Could he confirm to us in writing that it is open so that we can use it? Is he in order to mislead us that it is open when it is still closed?

**Mr. Sasura:** Mr. Speaker, Sir, I repeat again that, it was closed in June, this year, by the Veterinary Department but not by the Ministry.

*Question No.344*

RE-OPENING OF NDUNYU-NJERU-MUMUI ROAD

**Mr. Githiomi** asked the Minister for Public Works and Housing:-

- (a) when the Gilgil-Miharati-Ndunyu roads will be repaired; and,
- (b) what plans he has to open the Ndunyu Njeru-Mumui Road which is currently impassable.

**The Assistant Minister for Public Works and Housing** (Mr. Khaniri): Mr. Speaker, Sir, I beg to reply.

(a) The Gilgil-Miharati and Miharati-Ndunyu Road will be graded including clearing drains and culverts. The work will be undertaken during this Financial Year.

(b) The Ndunyu Njeru-Mumui Road will be properly graded during this Financial Year (1998/99) to make it passable.

**Mr. Githiomi:** Mr. Speaker, Sir, I appreciate the answer given by the Assistant Minister, but I would like to inform him that at the moment the two roads are totally impassable. The residents of Miharati have to go

through Ol'Kalau so that they can reach Gilgil. Could the Assistant Minister assure this House that the work will start immediately and before August this year?

**Mr. Khaniri:** Yes, Mr. Speaker, Sir. I give that assurance.

*Question No.362*

REPAIR OF KAKAMEGA-WEBUYE ROAD

**Mr. Shitanda** asked the Minister for Public Works and Housing:-

(a) when the Kakamega-Webuye Road, rendered impassable by the recent *El Nino* rains, will be repaired; and,

(b) whether he could explain how the Fuel Levy Fund is disbursed as regards road maintenance.

**The Assistant Minister for Public Works and Housing** (Mr. Khaniri): Mr. Speaker, Sir, I beg to reply.

(a) The Kakamega-Webuye Road will be repaired again during the 1998/99 Financial Year, by filling the potholes and undertaking general maintenance.

(b) Fuel Levy Funds for road maintenance are disbursed taking into account the amount of money available and the following factors:-

(i) The condition and state of the road

(ii) The traffic volume using the road

(iii) The priority ranking on roads maintenance as recommended by the DDCs.

**Mr. Shitanda:** Mr. Speaker, Sir, I appreciate the Assistant Minister's assurance that this road will be repaired during this Financial Year. This road was constructed in 1969 and has very heavy traffic. He has told us that the volume of traffic on this road calls for the attention of the Ministry in terms of maintenance. Most of our roads are in very deplorable state despite the volume of traffic on them. We have some roads with very little traffic and yet they are given priority in maintenance. The Assistant Minister has told us that the Fuel Levy Fund is disbursed taking into account priority ranking on roads maintenance as recommended by the DDCs. With that in mind, I would like him to tell us what criteria his Ministry would use if ten districts ranked their roads as priority number one?

**Mr. Khaniri:** Mr. Speaker, Sir, I have stated the criteria. I said; one, we consider the condition and state of the road; two, the traffic volume and three, the priority ranking on roads maintenance as recommended by the DDCs.

**Mr. Osundwa:** Thank you, Mr. Speaker, Sir. The Assistant Minister has explained how the Fuel Levy Fund is utilised. Could he tell this House how much was collected last year and how much he intends to spend on roads this year?

**Mr. Khaniri:** Mr. Speaker, Sir, at present, the Ministry is anticipating to spend Kshs5.3 billion on road maintenance, but the needs and requirements to determine the level of funding have not been finalised. However, priorities will include settlement of pending bills and commitments, routine maintenance work, maintenance of trunk roads, ongoing maintenance and rehabilitation projects and spot improvements on bad and impassable sections of the existing road network.

**Dr. Kituyi:** Mr. Speaker, Sir, the Assistant Minister did not answer the question asked by the hon. Member. When you have resources for doing one road and ten DDCs have prioritized one road each, how do you choose which road to start with? Where will the Ministry get money to repair the roads when there is no provision in the Printed Estimates indicating that you have set aside money for that particular road?

**Mr. Khaniri:** Mr. Speaker, Sir, to answer his question, Fuel Levy Fund does not come under the Printed Estimates and to answer the first question asked by hon. Osundwa, we take into account the state and condition of the road.

**Dr. Oburu:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister not misleading the House by saying that Fuel Levy Fund does not come under the Printed Estimates? It is included as revenue in the Printed Estimates. He is hiding the fact that they do things under the table. The distribution is never tabled in this House.

**Mr. Khaniri:** Mr. Speaker, Sir, that is not true.

*Question No.038*

MAINTENANCE OF KANGEMA-KANYENYAINI-KIRURI ROAD

**Mr. Michuki** asked the Minister for Public Works and Housing:-

- (a) when the Kangema-Kanyenyaini-Kiruri tarmac Road was completed and handed over to the Ministry by the contractor,
- (b) how much it cost to construct the road; and,
- (c) what action he intends to take to ensure that the road is properly maintained to facilitate better transportation of tea, milk and fruits, which are abundant in the area.

**The Assistant Minister for Public Works and Housing (Mr. Khaniri):** Mr. Speaker, Sir, I beg to reply.

(a) The Kangema-Kanyenyaini-Kiruri tarmac Road was substantially completed by the contractor on 10th November, 1993, and handed over to the Ministry by the contractor on 10th November, 1994.

(b) The road was rehabilitated at a cost of Kshs42,149,474.55.

(c) The Ministry will provide funds for the maintenance of Kangema-Kanyenyaini-Kiruri Road section under the normal programme and rehabilitate the Kanyenyaini-Kiruri section during this Financial Year.

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. I can see that there is a great change in the House. We understand that there was a KANU meeting this morning and there might have been some changes where the former Leader of Government Business completed his three months term. Could it be confirmed whether hon. Mudavadi has started his three months term?

**Mr. Khaniri:** Mr. Speaker, Sir, I was answering part "c" of the Question. The Ministry will provide funds for the maintenance of Kangema-Kanyenyaini Road section under the normal programme and rehabilitate the Kanyenyaini-Kiruri section this Financial Year on direct labour basis.

**Mr. Michuki:** Mr. Speaker, Sir, this is the third time I have brought a Question on this particular road. In the last Parliament, just before the House was prorogued without notice, I got the following reply: "The Kangema-Kanyenyaini-Kiruri Road was completed in November, 1993". In part "b", the Minister said that he was not aware that about 40 per cent of that road had turned into murrum. The issue of this road has been very controversial, and in fact, the Minister visited the road on 30th of June, this year. Could the Assistant Minister elaborate what he means by the statement that Kangema-Kanyenyaini section will be rehabilitated under the normal programme? Which are the normal and abnormal programmes?

**Mr. Khaniri:** Mr. Speaker, Sir, under the normal programme, we have the normal maintenance work that we carry out on our classified roads every financial year.

**Mr. Muithia:** Thank you, Mr. Speaker, Sir. The Assistant Minister has talked about normal maintenance work. We know that roads in this country are poorly done because of either lack of supervision or proper construction. Can he tell us how much he has set aside to maintain this road which has now turned into a murrum road?

**Mr. Khaniri:** Mr. Speaker, Sir, at the moment, I do not have the exact amount that will be spent on this road. We have just had the Budget and money is flowing into Ministries. As soon as we get our share, we will make our final budget.

*(Mr. Muihia rose on a point of order)*

**Mr. Speaker:** Order! Order Mr. Muihia! Next time you should catch my eye. However, what is your point of order?

**Mr. Muihia:** Thank you, Mr. Speaker, Sir. The Assistant Minister is misleading this House by saying that he does not know how much money has been allocated for that project. It shows that the Assistant Minister is ignorant of this issue. I have done my homework and I know that there is no money allocated to this particular road.

**Mr. Khaniri:** Mr. Speaker, Sir, it is common sense that you cannot budget before you have the funds.

**Mr. Michuki:** Mr. Speaker, Sir, while I appreciate the Ministry's statement in an answer to this Question, that the Kanyenyaini-Michururi Road will be rehabilitated this Financial Year through direct labour, when will the work on this road start?

**Mr. Khaniri:** Mr. Speaker, Sir, definitely, the work on this Road will start in the course of this Financial Year.

**Mr. Wafula:** On a point of order, Mr. Speaker, Sir. If it is true that hon. Mudavadi is starting his three month's term then this is very unfair. This is because we are about to go on recess, and he will hold the position for only two weeks. The period should be extended to January next year.

(Applause)

**Mr. Speaker:** Mr. Wafula, have you ever looked at your Standing Orders? If you had done that, you could not have asked me about who leads which party in this country. It is not my job to appoint leaders of various political parties. Do not involve me in that matter. Can we continue? As you can see, the business in this House is flowing properly.

*Question No.406*

DRILLING OF BOREHOLES IN ISIOLO-SOUTH

**Dr. Wako** asked the Minister for Water Resources:-

- (a) whether he could confirm whether under the Egyptian sponsored programme for drilling of boreholes, two boreholes are earmarked for drilling in Garfassa and Madogashe in Isiolo South; and,
- (b) when he intends to drill these boreholes.

**The Assistant Minister for Water Resources** (Mr. Mokku): Mr. Speaker, Sir, I beg to reply.

(a) Isiolo South Constituency is one of the lucky areas earmarked for the drilling of two boreholes under the Egyptian sponsored borehole drilling programme in the Isiolo District. These boreholes will be drilled in Garfassa and Madogashe respectively.

(b) The drilling programme in Isiolo South Constituency will start in October, 1998 and it will, tentatively, take two months to complete.

**Dr. Wako:** Mr. Speaker, Sir, I would like to thank the Assistant Minister for his reply because the Ministry will drill two boreholes in that area. We are thankful because we know the problem the people are facing in this particular area. However, last year when hon. Shidie asked the same Question, the Minister said that the exercise would start in March, 1998 in Madogashe. Today, the Assistant Minister is saying that the exercise will start in October, 1998. Can the Assistant Minister assure this House that the work will start in October this year?

**Mr. Mokku:** Mr. Speaker, Sir, I would like to take this opportunity to assure the hon. Member that the work will kick off in October, 1998.

**Mr. M.A. Galgalo:** Mr. Speaker, Sir, could the Assistant Minister tell this House why there was delay in drilling these boreholes in March, 1998? Was it due to lack of funds or manpower? What assurance is he giving us now? Does the Ministry have the funds and the experts to do the job? Can he explain the position of his Ministry?

**Mr. Mokku:** Mr. Speaker, Sir, this is a project jointly sponsored by the Kenya Government and the Egypt Development Co-operation (EDC). The delays were occasioned by the company which was carrying out the drilling. It took the company time to import their drilling equipment from Cairo in Egypt to Kenya. I would now assure the hon. Questioner that the equipment is on the ground and the company has already drilled 15 boreholes. These boreholes are operational and there will be no delay in future.

**Dr. Ali:** Mr. Speaker, Sir, I would like to ask the Assistant Minister the number of boreholes the Egyptian Government will drill in Kenya and how many districts will benefit from this exercise?

**Mr. Mokku:** Mr. Speaker, Sir, the Egyptian Government will drill 100 boreholes in 15 districts.

**Mr. Ita:** Mr. Speaker, Sir, I have a number of boreholes in my constituency and I hear that boreholes will be drilled in North Eastern Province. Is there a programme to maintain these boreholes? They should be maintained so that they can continue serving the people. Can the Assistant Minister assure this House that in the Egyptian programme, he will provide funds to maintain the boreholes so that they can benefit the people?

**Mr. Mokku:** Mr. Speaker, Sir, that one is not in the initial agreement between the two Governments.

**Mr. Parpai:** Mr. Speaker, Sir, can the Assistant Minister tell this House which are these 15 districts that will benefit from the project?

**Mr. Mokku:** Mr. Speaker, Sir, the following districts will benefit from that project: Isiolo, Tana River, Moyale, Mwingi, Garissa, Machakos, Makueni, Taita Taveta, Kitui, Marsabit, Samburu, Marakwet, Keiyo, Koibatek and Baringo.

**Mr. M.M. Galgalo:** On a point of order Mr. Speaker, Sir. Can the Assistant Minister tell this House the districts where the sinking of the boreholes has already been done and how many in which borehole have not ben sunk?

**Mr. Michuki:** On a point of order, Mr. Speaker, Sir. Is it in order for the Assistant Minister to refuse to answer a very fundamental question, as to whether arrangement are in place to maintain the boreholes? Why

should we borrow and leave repaying of all these loans to our grandchildren if we will just drill boreholes without maintaining them?

**Mokku:** Mr. Speaker, Sir, I would like to inform the hon. Member that these are not known funds, it is a grant. Secondly, the boreholes are going to be drilled and equipped until it is confirmed that they are operational. It is up to the people of the area to maintain them.

**Mr. M. Galgalo:** Mr. Speaker, Sir, could the Assistant Minister tell us, in how many districts the sinking of these boreholes have been implemented, and how many are remaining presently?

**Mr. Mokku:** Mr. Speaker, Sir, that is not part of the original Question. The Member should put that question in writing and I will answer him.

**Mr. Ita:** On a point of order, Mr. Speaker, Sir. The Assistant Minister has told us, that the boreholes will be left to the community. Has he made arrangements to train those communities to maintain these boreholes?

**Mr. Speaker:** That is a question, and not a point of order.

**Mr. Parpai:** On a point of order, Mr. Speaker, Sir. Could the Assistant Minister tell us why districts like Kajiado, Narok and the rest have been left out in that priority?

**Mr. Speaker:** Sorry, Mr. Parpai, that is not how we put a point of order. Questions by Private Notice!

### QUESTIONS BY PRIVATE NOTICE

#### INSECURITY ALONG ISIOLO-WAMBA ROAD

**Mr. Leshore:** 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 a gang of bandits have been terrorising motorists along the Isiolo-Wamba Road?

(b) In order to guarantee the safety of the passengers and motorists along this route, what urgent measures is the Minister taking to contain the situation?

**The Minister of State, Office of the President (Maj. Madoka):** Mr. Speaker, Sir, I beg to reply.

(a) I am aware of two incidents on the 18th and 26th of June, where bandits terrorised motorists along Wamba-Isiolo Road.

(b) From now on, we have organised that vehicles travel in a convoy and we will provide armed escort for the time being. We have also intensified patrols in that area. We have further asked the DC to hold a leaders meeting so that we can ask the law courts to help identify the bandits.

**Mr. Leshore:** Mr. Speaker, Sir, since the Minister is aware that there have been frequent cases of banditry along Isiolo-Wamba Road, could he consider to upgrade Archers Post Police Station and to station a mobile unit there because of the high risk banditry poses to tourists?

**Maj. Madoka:** Mr. Speaker, Sir, I appreciate the sentiments of the hon. Member. In fact, this is an issue we are looking at.

**Mr. Mwiraria:** Mr. Speaker, Sir, is the Minister aware that the same problem exists between Isiolo-Meru and Isiolo-Nanyuki Roads? Could he also tell us what action he is going to take to stop banditry? Vehicles cannot move out of Isiolo when darkness falls.

**Maj. Madoka:** Mr. Speaker, Sir, I am also aware of that, and we have intensified patrols in that area to try and identify any possible bandits.

**Dr. Wako:** Mr. Speaker, Sir, first and foremost, I would like to say that tourists plying between this road have been affected because of this problem. This has seriously reduced tourism in Isiolo and Samburu Game Reserve. In Isiolo, we have recommended that those people living next to the Park be moved out so that they do not pose danger to tourism. Could the Minister tell this House - since using police escort will actually show that there is no security in this country, and that nobody can be assured of security - what better methods, like police patrols, he will put in place to ensure that the roads are safe? We have this problem along Isiolo-Meru and Isiolo-Wamba roads.

**Maj. Madoka:** Mr. Speaker, Sir, as I said earlier on, the present measure is temporary and we are intensifying patrols.

**Mr. Shill:** Mr. Speaker, Sir, is the Minister aware that we used to have convoys in North Eastern Province, and they are now moving to Isiolo and Meru? Soon will shall have convoys between Nairobi and Nakuru. Does the Minister think that the best way to curb banditry is through convoys?

**Maj. Madoka:** Mr. Speaker, Sir, I have not said that it is the best method, but when banditry incidents

increase, we will intensify patrols. Once we identify these bandits, we will be able to curb that problem.

**Mr. Shidiye:** Mr. Speaker, Sir, banditry has become a pestering wound in this country. You cannot travel anywhere in Northern Kenya unless escorted. This is very expensive to the Government and local people. Besides, many people lose their lives. In order to reduce Government expenditure, could the Minister give us home guards, train and arm them to reduce the Government wage Bill? Those home-guards could comb those areas properly, because they come from there.

**Maj. Madoka:** Mr. Speaker, Sir, we will look at that.

**Mr. Leshore:** Mr. Speaker, Sir, the Minister is not very serious. He is only saying that they will consider the matter. The security situation in the Northern part of Kenya is a very serious issue. I would like the Minister to take this issue seriously. Last week, about six tourists were abducted by bandits. This creates a very bad picture of Kenya to the international community. Could the Minister urgently consider posting tourism police to Samburu, Shaba and Buffalo Springs?

**Maj. Madoka:** Mr. Speaker, Sir, we are taking the situation very seriously and will take all the appropriate measures.

**Mr. Shidiye:** On a point of order, Mr. Speaker, Sir. I think the Minister is not taking this House very serious. In Garissa, homeguards have been trained, and up to this time, they have not been given firearms. The Minister is taking this matter very lightly and misleading us, yet this matter touches on the lives of Kenyans.

**Maj. Madoka:** Mr. Speaker, Sir, I have nothing more to say apart from what I have said. We are looking into the matter.

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

#### PROVISION OF RELIEF TO FLOOD VICTIMS

**(Dr. Ochuodho)** to ask the Minister of State, Office of the President:-

(a) Is the Minister aware that thousands of households have been displaced by unusual flooding and rise in Lake Victoria's water level in Suba, Homa-Bay, Rachuonyo, Nyando, Kisumu, Bondo and Busia districts?

(b) If the answer to "a" above is in the affirmative, what remedies have been put in place to stem this problem and to offer immediate relief to the affected families?

**Mr. Speaker:** I understand you agreed to defer the Question to next week!

**Dr. Ochuodho:** Mr. Speaker, Sir, I would like to register my concern that, in five days, this is the second urgent Question that is being deferred. I would request that the Question be answered by Thursday.

**Mr. Speaker:** Minister, are you going to be ready by Thursday?

**The Assistant Minister Office of the President (Mr. Angwenyi):** Mr. Speaker, Sir, we will be ready.

**Mr. Speaker:** Okay, the Question is deferred to Thursday, next week.

*(Question deferred)*

#### EXPULSION OF KCPE CANDIDATES

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

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

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

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

**Mr. Speaker:** Question deferred to tomorrow afternoon! Next Order.

*(Question deferred)*

#### COMMITTEE OF SUPPLY

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

**MOTION**

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

**The Minister for Health** (Mr. Kalweo): Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair, to enable me initiate debate on Vote 11, Ministry of Health.

Mr. Speaker, Sir, as hon. Members are aware, my Ministry is charged with the responsibility of providing health services in the country. Indeed, the Ministry tries to provide quality health services at a cost that the majority of the public can afford. To this end, the Ministry has concentrated its efforts on increasing coverage and accessibility to all Kenyans. The Ministry has also striven to involve members of the public in the health care development process. In this manner, we have managed to expand curative, preventive, rehabilitative and promotive health services in the country. This policy direction further seeks to encourage Non-Governmental Organisations (NGOs) and the private sector to play a greater role in the delivery and financing of health care services in Kenya.

Mr. Speaker, Sir, it may be noted that we have managed to bring down the country's death rate from 20 per 1000 people in 1963, to 12 per 1000 people today. This is notwithstanding the rapid population growth rate that saw Kenyans increase from 8.9 million to 28 million over the same period. Similarly, the infant mortality rate which stood at 120 per 1000 at Independence, has now been reduced to 63 persons per 1000, with a life expectancy rate rising from---

*(Loud consultations)*

**Mr. Speaker:** Order! That corner over there is consulting very loudly. Proceed, hon. Kalweo.

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. We all appreciate that we have problems with our accents, but if the Minister can speak a bit slowly, we can understand what he is saying. We are struggling to get what he is saying, and with his speed, it is impossible to understand what he is saying in the English language.

**Mr. Speaker:** Well, I suppose it is keeping you on your toes, Dr. Kituyi! Proceed, hon. Kalweo!

*(Laughter)*

**The Minister for Health** (Mr. Kalweo): Mr. Speaker, Sir, what he is saying is correct. This is because I am competing with the noises in the House.

So, this is, indeed, no mean achievement, considering that the annual budgetary allocations for the Ministry hardly matched the actual health demand cost. Indeed, whereas the allocations have risen steadily from K£50 million in 1979/80 to over K£738 million by 1997/98, the per capita expenditure on health has declined in real terms from Kshs570 at the start of last decade, to Kshs300 at the close of the last Financial Year.

Certainly, hon. Members will agree with me that the financial situation that we face this time is not expected to improve soon, given the budgetary constraints that we are facing. In this regard, therefore, the Ministry will adopt innovative approaches to provisions of health services---

**Mr. Kombo:** On a point of order, Mr. Speaker, Sir. It looks like if the Minister is reading a Financial Statement. Is he supposed to read, or refer to the notes?

**Mr. Speaker:** He is reading the budget for the Ministry of Health. That is the only way that it is done. There is no other way. Proceed, hon. Kalweo.

**The Minister for Health** (Mr. Kalweo): Mr. Speaker, Sir, this will be in view of the reduction of funding levels from K£738 million provided last year, to K£674 million in this Financial Year.

The foregoing budgetary constraints notwithstanding, the Ministry had, since 1989, introduced health sector reforms to address the deterioration in services as had been increasingly marked by the erosion of the health infrastructure, decline in quality of services, the rise in HIV (AIDS) and related diseases, inadequate supply of drugs and low staff morale. The Ministry has now intensified efforts to reform the healthy sector. It is anticipated that by July, 1999, the gains from these efforts will begin to be realised.

**Mr. N. Nyagah:** On a point of order, Mr. Speaker, Sir. I beg the House to consult in low tones, so that we can be able to follow what the Minister is saying.

**Mr. Speaker:** Order, hon. Members! We are hearing the Minister for Health. I think the health of

our people is a very serious issue. Therefore, we need to consult in such a way that we are able to understand and hear what the Minister has to say, about the health services being provided to our people. So, can we consult quietly? Proceed, hon. Kalweo.

**The Minister for Health** (Mr. Kalweo): We shall by then have managed to put in place a public health sector that is efficient and responsive to the changing needs of the public. It may be observed that being applied as part of these reforms, are strategies like cost-sharing, which have gradually become acceptable to members of the public. The implementation of these strategies is still being refined to improve internal controls on collection, banking and utilisation of the revenues. From this source alone, it is expected that over Kshs500 million will be generated this Financial Year. About 50 per cent of this amount will be raised by Kenyatta National Hospital, which is now an autonomous institution. It may further be of interest to hon. Members to note that 75 per cent of this cost-sharing revenue is retained for use at the collecting institutions, with the balance being spent to finance primary health care activities within the districts where the facilities are located.

Mr. Speaker, Sir, also on course under the reform process, is the decentralisation of management of health services. This entails the establishment of an autonomous hospital management board, and the vesting of powers to plan and administer health resources within these boards. In this connection, the Eldoret Teaching and Referral Hospital has recently been granted autonomy. Similarly, the institutional capacity building, restructuring and re-organisation of the Coast Provincial Hospital are already underway, with a view to transforming the institution into an autonomous entity. The other provincial and selected district hospitals will gradually be brought on board. This is in line with the Government policy of ultimately sharing a part of the financial burdens on curative health care, with insurance schemes and hospital management boards. In the same vein, plans are underway to restructure the medical supplies co-ordinating unit, in a bid to address hon. Members concern over the manner in which the unit operates at the moment. To this end, the unit will be made an independent body, capable of operating a viable national drug supply system. The new unit will be mandated to procure drugs and other non-pharmaceutical supplies, ensure equity distribution and maintain quality at all levels. Similarly, changes have also been proposed to amend the National Hospital Insurance Act to facilitate reforming of the Fund into an autonomous institution, answerable to its contributors. As hon. Members are certainly aware, this Fund has accumulated a large surplus that should translate into increased---

**Mr. Osundwa:** On a point of order, Mr. Speaker, Sir. The reason why we are consulting loudly is because we cannot follow what the Minister is saying. Apart from the Minister's accent, could he, through the Chair, give us notes of what he is reading? This is because we cannot take notes with the speed that he is reading his budget.

**Mr. Speaker:** Order, hon. Members! Hon. Osundwa, I think I also need notes to hear you! So, order, everybody! Proceed, hon. Kalweo.

**The Minister for Health** (Mr. Kalweo): Thank you, Mr. Speaker, Sir. As Members are certainly aware, this fund has accumulated a large surplus that should translate into increased benefits to contributors in particular, and to public health sector in general. As hon. Members are aware, the bulk of diseases that afflict our people are largely preventable. In fact, about 85 per cent of all morbidity cases seen in public health facilities are preventable, if appropriate standards of personal hygiene and environmental sanitation are maintained. It is in the view of this profile that primary health care has been adopted as the major strategy to reduce the burden of disease in the country.

Allow me, Mr. Speaker, Sir, therefore, to request the hon. Members to act as catalysts in mobilising their communities to participate in activities tailored to promote their own status of health as opposed to being indifferent to the environment and the circumstances under which they live. On the same note, hon. Members may be aware that HIV/AIDS patients currently occupy an average of 40 per cent of the total beds in Government hospitals. This situation is, indeed, untenable and has compelled my Ministry to adopt home-based care as a strategy for the management of AIDS patients. The scenario today is that, whereas there is a noted decline in incidents of new cases in major urban centres, these cases are on the increase in rural areas. The Ministry has, therefore, stepped up its information and education campaigns against the spread of the disease. Indeed, hon. Members are aware that HIV/AIDS has caused the resurgence of tuberculosis and other related diseases. This situation presents serious public health problems, particularly with the emergency of drug resistance forms of TB Bacilli. The fact that each new AIDS case translates into an estimated Kshs34,680 in direct cost to my Ministry, means that unless the pandemic is put under control; it may ultimately consume the greater part of the Ministry's budget at the expense of other curable diseases. I wish, therefore, to call upon hon. Members to assist the Government in carrying out community based education campaigns to stem the spread of the disease.

Mr. Speaker, Sir, the House will agree with me that my Ministry has made very notable advances in the war against diseases, financial and other logistical limitations notwithstanding. Indeed, hon. Members will also

concur with me that the health development gains achieved so far though being virtually revised in the face of the emergency of diseases like TB and HIV/AIDS, could not have been possible in the absence of peace and political stability. In this connection, I wish to register our gratitude to our founding Father of this nation for, firstly declaring war on diseases back at Independence.

My commendation also goes to the Head of State, His Excellency the President, Daniel arap Moi, for sustaining an enabling environment under which the nation has enjoyed notable progress in health care development since he took over the reigns of leadership in 1978. It is undoubtful on account of the dynamic and wise leadership that the President continues to offer, that this enabling environment has been put in place. I wish, therefore, on my own behalf and that of my Ministry, and the private health care providers in generally, to not only pay tribute to the Head of State, but to also wish him good health to continue leading us to greater heights of prosperity.

Mr. Speaker, Sir, it is on this note that, I am requesting this House to approve a gross allocation of K£674,633,595 to enable my Ministry to undertake the aforementioned progress for the good of our people. This amount is broken into Recurrent Expenditure of K£439,623,597 and Development Expenditure of K£235,009,998 for 1998/99 Financial Year. These expenditures will be applied as follows:-

Under Vote R 11 - K£439,623,597, the funds allocated under the Recurrent Vote reflect a decrease of 5.4 per cent from the allocation of K£464,675,773 made last year. The funds provided will be spent on personnel and operational costs such as staff salaries, allowances, purchase and maintenance of stores and equipment expenses as indicated under the following Sub-Votes:-

<u>Sub-VoteExpenditure(K£)</u>	<u>%</u>
110 - General Administration- 14,261,323 and Planning	3.2
111 - Curative -238,994,174	54.4
112 - Preventive/Promotive Health 14,544,735	3.3
113 - Rural Health Services-55,749,596	12.7
114 - Health Training-20,000,000	4.6
115 - National Hospital Insurance Fund -24,000,000	5.5
116 - Medical Supplies Co-ordinating Unit-2,074,129	0.5
117 - Kenyatta National Hospital-70,000,000	15.9
<b>Total Vote R11439,623,927</b>	<b>100</b>

Mr. Speaker, Sir, it may be noted that a big proportion of the Recurrent Vote will still go to curative care as opposed to preventive/promotive and primary health care services. This is mainly because we seek to gradually shift expenditure on curative health care from the public sector to the insurance industry, non-governmental organisations and the private sector as stipulated in the Health Policy Framework Paper of November, 1994. This strategy is expected to free more funds for use in preventing diseases and promoting health.

The gross personal emoluments are taking K£231,160,406 representing 53 per cent of the Ministrys' gross allocation of K£439,623,057. This marks an increase of three per cent over the allocation of 50 per cent made last year. The increase covers annual salary increments for staff and the increase in the number of doctors and other field personnel by some 1,691. Some K£208,463,551 or 47 per cent of the recurrent budget will be spent on operational and maintenance costs. This will include the transport operating expenses, travelling and accommodation expenses, telephone expenses, drugs, dressings and non-pharmaceuticals, patients food, fuel and gas expenses, purchase of X-Ray supplies, hospital linen, patient uniforms, plant and equipment and maintenance of buildings and stations.

Mr. Speaker, Sir, it should be noted that some K£39,828,594 will go towards the purchase of essential drugs reflecting a reduction of 11 per cent over the allocation of K£44,817,889 last year which was even then a gross under-funding given the country's drugs requirements of K£115 million. The drastic reduction in the drug budget this year may not be compensated by the external sources, but hon. Members should be in such an eventuality expect my Ministry to come for supplementary allocations later in the financial year. Members may note that other related medical supplies including dressing and non-pharmaceutical items, hospital linen, X-Ray supplies and patients' uniforms will take a total of K£5,596,042. The balance of K£163,038,915 will be utilised to

cover other relevant operational expenses like transportation of drugs countrywide and printing of medical records. It is worth noting that the low funding levels reflected in the aforementioned critical areas will certainly pose major challenges to the management of the public health sector in as far as provision of quality primary health care is concerned.

Mr. Speaker, Sir, let me now come to the Development Expenditure of K£235,009,998. During the last fiscal year, my Ministry was allocated a total of K£316,586,962 as opposed to this year's gross total of K£235,009,998 which represents a 26 per cent decrease over the previous funding level. Nonetheless, hon. Members will note that out of the proposed gross expenditure this year, the Government will provide a total of K£19,129,316 or eight per cent of the total grants from donors will amount to K£142,430,682 or an equivalent to 60 per cent of the budget estimates with a balance of K£73,450,000 consisting of loans.

Mr. Speaker, Sir, we propose to spend these development funds for the general administration and planning, buildings, equipment, curative, preventive and promotive health, as well as on rural health services, health training, National Health Insurance Fund (NHIF) and Kenyatta National Hospital as follows: Under Sub-Vote 110 - General Administration and Planning will take K£32,548,800 which represents 14 per cent; Curative Health will take K£57,270,921, which represents 22.4 per cent; Preventive Medicine and Promotive Health will take K£68,272,214, which represents 29 per cent; Rural Health Services will take K£6,612,463 which is equivalent to 28.3 per cent; Health Training will take K£1,205,600 which is equivalent to 0.5 per cent; National Hospital Insurance Fund will take K£5 million which is equivalent to K£2.1 per cent; Kenyatta National Hospital will take K£4,100,000 which is equivalent to 1.7 per cent and if you add up all the figures, the total will come up to K£235,009,998 which is equivalent to 100 per cent.

Mr. Speaker, Sir, the pattern of allocation of the Development Votes reflects the health sector priority this time. This year, my Ministry proposes to use over 57 per cent of the gross development vote on preventive medicine, promotive health and rural health services. 24 per cent of the budget will go to the rehabilitation and institutional development of provincial hospitals, provision of equipment and completion of ongoing expansion of outpatients facilities in the districts and sub-district hospitals. 14 per cent of the allocation will be spent on purchase of ambulances equipment, the national X-Ray rehabilitation and maintenance of projects, the Aphia programme, the rehabilitation of Nairobi City Council clinics and support to the drug revolving fund. The remaining 4 per cent will support health training, development of the National Hospital Insurance Fund building and completion of rehabilitation works at the Kenyatta National Hospital.

Mr. Speaker, Sir, allow me to inform hon. Members that having rationalised the Ministry's project portfolio, we have managed to reduce the scope and phased-out core projects particularly those that donors have indicated willingness to inject funds into. Programmes and projects in the high and medium priority ranking category which are not of critical importance and had no existing commitments were left out all together. This action has allowed the Ministry to reduce the number of projects from 153 proposed in the current forward budget to the possible minimum of 127 projects. Hon. Members may note that some of the affected projects were ongoing and will, therefore, entail cancellation and renegotiation of existing contracts. This could only be done after a detailed on the ground analysis of the project as planned for later this year. Out of the 127 ongoing projects, 41 are fully donor-funded or partly funded by donors with Government contributions while 74 are wholly funded by the Government of Kenya.

Mr. Speaker, Sir, the reduction in this year's Budget will have adverse effects not only on the on-going developments projects, but also in areas like in the purchase of ambulances where only K£50,000 has been provided. Given the reduced level of Government funding, my Ministry will neither be able to initiate any new development projects nor complete most of the on-going ones. Substantial amounts of the funds we seek will go towards payment of pending bills, contribution to the donor-funded projects and selected core projects. I am, therefore, appealing to the hon. Members to bear with me and, indeed, with my officers should they be, in one way or the other, victims of these austerity measures.

With those few remarks, I beg to move. Thank you.

**The Minister for Agriculture** (Mr. Mudavadi): Mr. Speaker, Sir, I beg to second the Minister, after he has moved the Budget for his Ministry. However, I would like to make one or two comments. First, everybody clearly knows that the health sector is one of the most crucial sub-sectors of our public expenditure and the resources that go there need to be utilised very carefully. Unfortunately, due to the budgetary pressures that the whole country is facing, the resources that are being directed towards the Ministry of Health or the health sector in general, have been reduced by a substantial percentage. This, therefore, means that the utilisation of the resources that do remain, whether for recurrent or for developmental purposes, has to be done in the most prudent manner, so that we can have the meagre resources that we have, having a major impact. This is because previously, sometimes we have allocated to various Government Ministries or various public organisations, certain resources,

but that does not necessarily mean that, those resources have been properly utilised. So, I would like, to urge the Minister for Health during this very hard time, to ensure that the resources that are being made available now, are properly utilised.

Secondly, I would like to point out that in his remarks, the Minister did point out that about 40 per cent of the entire bed occupancy in our hospitals in this country is going to AIDS victims. This is a very alarming situation, because that is a reflection that the disease may be much more widespread than we imagine. I think the Ministry of Health should set up an aggressive campaign to ensure that, the awareness of our people can be enhanced, so that we can find a way of taming the spread of the disease because up to now, it is quite clear that a cure has not yet been found. I would also like to urge my colleague the Minister, perhaps when he will be replying, to shed some light on this recent public debate that has been going on about somebody who has got some cure for AIDS. This could be sending very conflicting and confusing signals to the public. I think this would be the right forum for him or his Ministry, to make a very clear and categorical statement on what are the facts and what needs to be done, so that the Kenyan public is made aware of the situation as it is. It can be very confusing and it can also lead to a lot of promiscuity if, for some reason, people start believing that there is a cure for the disease, and this could be very disastrous.

The other area that I would like to stress and the Ministry needs to look into, is the question of the drugs procurement and delivery. I think when most Members stand to contribute, it will be very difficult to find a Member who will not make a comment on the question of drugs delivery to various hospitals, whether at the district level or even health centres. From what we have seen and what we have known, sometimes the resources are made available and the procurement is done. But the delivery to the end users has been wanting in very many areas, where patients go to their hospitals or health centres and they cannot find drugs; yet, we know Parliament has made provision for the procurement of drugs. So, this is an area that requires a lot of attention, so that we do not land into the constant problems that we have seen in the past.

Mr. Speaker, Sir, the other area that I would also like to bring to light is the area of National Hospital Insurance Fund (NHIF). I know there is some debate and discussion on that particular institution and I think it is important that the Ministry of Health looks into the efficiency of that particular organisation. This is because today, there are so many Kenyans who would like to get assistance from that institution, but the services have not been good enough. The National Hospital Insurance Fund needs to be looked into and analysed and where there have been faults, they need to be rectified. At the same time, I would like to urge the managers of the NHIF to make sure that, they invest the funds of the institution prudently. This is particularly critical because the resources of NHIF are first and foremost, supposed to assist in the treatment of the contributors. So, it is important that when they talk about their investment programme, they invest those resources in areas that will yield sufficient returns within a reasonable time frame and not to lock up funds for years and years, in areas where there may not be any returns and, therefore, hinder their own ability to deliver the necessary services that our people want.

Another issue that I think needs to be addressed and tackled when the fund is undertaking its activities, is to ensure that there are no malpractices and underhand deals like those we have heard of, for instance where there has been collusion between NHIF officers and various private practitioners who have clinics or hospitals and substantial resources have been lost. This should be curbed, so that those resources--- If a hospital is registered with the NHIF, please, let us make sure that it follows the laid down procedures and rules, so that we do not have a situation where, like in the course of last year, several hospitals had to be closed and audited. We are yet to know the outcome of the investigations into some of the institutions that were closed down, because of either misappropriation or misdirection of NHIF funds and yet, these are public funds. I think this is an area that also needs to be guarded and taken care of very quickly.

Mr. Speaker, Sir, lastly, I would also like to stress that the training programmes and particularly, the Kenya Medical Training College (KMTC)--- They have done a good job to-date and there is a lot of pressure for more students to be admitted into that institution. I would just like to stress that, we would be happy if there can be a good programme to ensure that we can provide more training for young men and women, who would like to have some background in the medical field. This is important and I hope when the Minister is responding, he will be able to tell us something or his plans, particularly about the KMTC and the training programmes for his Ministry in totality. This because, naturally, he could not have said everything in his initial remarks, but I do hope that when the time comes, he will be able to shed some light, so that the Members can be enlightened and they can raise their concerns in the right manner.

Mr. Speaker, Sir, with these few remarks, I believe that we should all support the proposals by the Ministry of Health and ensure that, we tell him what needs to be done. I have seen a very big retinue of his officers here, who I am sure, will be listening keenly, so that the Ministry can start being a source of pride and hope as opposed to what we have seen before, where criticism has literally been the order of the day. This should be the

way we want to go. I beg to second.

*(Question proposed)*

**Mr. N. Nyagah:** Thank you, Mr. Speaker, Sir, for giving me the opportunity to contribute on this Vote. I hope the officers who are with us today will not mind if I talk about two officers from their Ministry. I would like to commend the Permanent Secretary who was the first known Permanent Secretary to have been commended by PAC of this House for his achievements. I hope that his appointment to the Ministry of Health is a great honour to this country. You have inherited a Ministry that is---

**Mr. Speaker:** Mr. N. Nyagah, could you please address the Chair?

**Mr. N. Nyagah:** Mr. Speaker, Sir, I was looking at you and not the Permanent Secretary. However, I will oblige.

I would like to congratulate the Minister for having brought along with him the new Director of Medical Services, who has transformed Kenyatta National Hospital into what it is today. With those two officers and the Minister, who is not corrupt, and if history is anything to go by, then this Ministry will be transformed into a Ministry that Kenyans will be proud of.

Having said that, I have the following observations to make about this Ministry. I will talk with authority because I have worked with the Ministry of Health in the pharmaceutical industry for many years. The Ministry of Finance should look at the rationale that was used in allocating funds to the Ministry of Health. The amount of money that has been allocated to the Ministry of Health is not enough. In the beginning of 1980's, the Government experienced poor economic growth and an increasing debt burden, therefore this Ministry has found it very difficult to fund its activities. It is a crucial Ministry because it looks after at three stages, namely the unborn, the living and the dead. It is the most important Ministry in our lives.

*[Mr. Speaker left the Chair]*

*[Mr. Deputy Speaker took the Chair]*

Mr. Deputy Speaker, Sir, the question of purchasing drugs and dressing is one that I will take a lot of time to talk about. This is one area where a lot of inefficiency has been experienced. I would like to commend donor communities like FIDA and DANIDA for funding this Ministry in the last 10 years. I would urge the Government to take cognisance of its share in financing the cost of drugs, so that in future we do not have shortage of drugs.

The majority of Kenyans are unable to get services in our public institutions because of a few things that I would like to talk about. The Ministry should take care of "brief case vendors", who go to India and Pakistan to acquire drugs and then bring them here and yet they have no knowledge about medicines. They also sell them to people who do not know the therapeutic of those drugs.

I would like to talk about a few things that cause inefficiency in our public institutions as far as drugs supply is concerned. One of them is the imbalance in staffing in our institutions. We have very few professional staff in our institutions in relation to the junior cadre. The input by our consultants into health institutions is not sufficient. Our doctors, if my memory serves me right, are supposed to work for an average of 24 hours in those institutions. We find that most of them only spend eight hours in public institutions. They spend most of the time either working in their private clinics or treating patients privately in public institutions. For that reason, they are not able to diagnose diseases on time.

I would like to urge the Minister for Health not to be lenient with those doctors who are indisciplined. I am not going to mention a specific case because I have already talked to the Minister and the Permanent Secretary about certain doctors who are indisciplined. I would urge the Minister that once he finds a certain doctor is inefficient and indisciplined he should not transfer him to another institution; he should just deregister him.

The third thing I would like to talk about is poor transportation of service. This has been observed as an overall problem in all our public institutions. We may even find more than three vehicles man institution with only one being functional. This is an area where the Ministry should look into. The question of ambulances has been raised on the Floor of this House many times. In the last Budget, the Ministry of Health was only allocated Kshs5 million for ambulances. This financial year it has been allocated Kshs6.6 million. Last year, the Ministry was able to buy five ambulances, and yet it was supposed to provide ambulances to all district hospitals. This was not possible. That is another area where our district hospitals have failed. We need ambulances for those institutions.

The other cause of inefficiency in our medical institutions relates to machines and equipment. Most of them are non-functional due to poor maintenance and lack of spare parts. The other cause of inefficiency is inadequate medical supplies and dressing materials. There has been unsteady supply of medical supplies like drugs and dressing materials. I would urge the Ministry to look at mission hospitals and private clinics that are run by various organisations. The Government should make grants to them so that they can enhance the management of public institutions.

Mr. Deputy Speaker, Sir, on cost sharing, the Government must accept in totality that it has reneged on its earlier position of 1963, when it pledged to give free medical services to its citizens. It has failed. As a result we have embraced the cost-sharing programme. This programme has been in existence for a very short time, but the Ministry of Health should address its shortcomings. The purpose of this programme was to collect money to cater for emergency services and the purchase of drugs. It was not meant to finance capital investment as it is now the case with several medical institutions in the country. I would urge the Ministry to educate Kenyans on the importance of this programme. Only 15 per cent of our people are aware of exemptions and waiver in Government facilities. Only 5 per cent of our people are able to ask for this waiver. The Ministry should educate our people to know the full benefits of this programme.

We must look at the advantages and disadvantages of the cost sharing programme. There has been no corresponding improvement in the quality of health care despite this programme being in place. This is, principally, because of the insufficient input in the health sector. Also, the cost sharing programme focuses more on the solid financial basis as opposed to the services that are to be rendered to the people. Having said so, I therefore, urge the Ministry of Health to reconsider depoliticising the appointment of the members of Management Boards at district hospitals.

Mr. Deputy Speaker, Sir, I have a case in point where an illiterate person was appointed a member of the Embu Provincial General Hospital Management Board. The fact that this person is a bishop notwithstanding, he neither knows a single English word nor understands anything to do with medicine. The Ministry of Health removed a university graduate who was the former headmaster of Kangaru Secondary School and brought in this man. This was a great shame on the part of the Ministry of Health. The District Development Committees (DDCs) should be involved in the appointments of members of the boards. However, we should go beyond there and look at the community. If, for example, you go to Taita Taveta and they have a district hospital, the people of that area are placed to know who, among themselves, is capable of being in that board. Since the Ministry is giving more autonomy at the district and provincial levels, we will need a lot of these people. We must make them part and parcel of hospitals' management. This way, we will be able to achieve more in the health sector.

Mr. Deputy Speaker, Sir, the problem of shortages of drugs in this country should be looked at from the following angles: One; as a result of pilferage. This happens as a result of removing and tapering with items in the drug kits. Some supplies officers distribute empty drugs kits to hospitals. The other problem is that of over-ordering drugs in complete disregard of the laid down procedures. There have been instances of over-ordering of drugs with a short shelf life and delays in the tendering procedure. I am saying so because a couple of years ago, when I used to supply medical supplies to Kenyatta National Hospital - that is long before the gentleman I have mentioned came into being- people went to seek help from the corridors of power to compete with me in the business of supplying drugs to the hospital. The problem was that the drugs that were supplied by my competitors had a shelf life of only three months while my supplies had a shelf life of five years. Finally, I lost to this person who happened to have connections in high office corridors.

Mr. Deputy Speaker, Sir, the problem arises from financial constraints in this Ministry. The Ministry should end the tendency of delaying the suppliers and making partial payments to them. The Government must revert to its original understanding; that any drugs supplied to the Government must have the "GK" stamp, which stands for Government of Kenya, so that when medical officers take these drugs to their private clinics, any "goon" can be able to tell that the drugs are stolen from Government pharmacies. Part of the financial constraints come about as a result of increased compensation due to losses incurred from devaluation and re-tendering of contracts on emergency basis. This is, obviously, done at a much higher price.

Mr. Deputy Speaker, Sir, the last one I want to talk about is the oversupply of drugs. This is done in total disregard of the law regarding patients compliance, expiry of certain drugs and a negative attitude by some professional members of staff, leading to under-utilisation of some of these drugs. Going by tradition, the poor in this country will remain poor because the Ministry of Finance has had the tendency of allocating drugs usage at the district level at 18 percent; provincial headquarters, 18 per cent; the Rural Health Fund, 18 per cent; the Kenyatta National Hospital, 14 per cent; and, to the rural health institutions which cover the majority of Kenyans, 14 per cent. We must have a reversal of this situation because the rural areas need health services at its primary level.

Mr. Deputy Speaker, Sir, may I have some light, please? I cannot see. As I wait for the reading light--- I am growing old and I am not able to make reference. I am a grandfather to a three-year-old child. Notwithstanding what Members want to say, a fact remains a fact and you cannot change it. You should not judge a book by its cover. Just because I have a small body, it does not mean that I cannot be a grandfather. Age is there and it confirms the fact that you are talking from great wisdom, as hon. Kipkalya Kones will attest.

Mr. Deputy Speaker, Sir, getting back to the Vote, which is the intention of my standing here, I want to talk about some of the remedial actions that the Ministry should take in as far as drug supplies are concerned. The Minister must, first and foremost, control the corruption within the Ministry. I kindly beseech him through you, Mr. Deputy Speaker, Sir, not to defend the Ministry when he stands up to respond. He should accept that he has been appointed to a Ministry which is second to none in terms of corruption. I will show that there is corruption in this Ministry. I am happy that we have this new team that is sitting in here. I want them to make notes and listen to some of the problems that we will be talking about as we stand here.

The Ministry of Health must show flexibility by establishing a Drugs Revolving Fund and using additional revenue from the Cost Sharing Programme to sustain the drugs supplies in the hospitals. The Ministry should never use this money again, as requested before, by creating bureaucratic obstacles or letting it lie idle in banks or at district treasuries. There is need to increase expenditure on drugs and dressings to the Rural Health Fund. The Fund serves about 80 per cent of the population but has been receiving only 18 per cent of the Ministry's drugs expenditure over the years. There must also be a reduction in waste occasioned by over-supply of drugs. We must, also, move more towards a zonal drug kit. What do I mean by this? It has been the tendency of the Ministry to standardise what goes to the rural health facilities. The medical needs of Nyanza Province may not necessarily be the same as those of North Eastern Province. Time has come for the issue of zonal kiting of drugs to be looked into by the Ministry. This should be done so that if malaria or cholera is more prevalent in an area, more drugs are included in the kit for the treatment of these diseases as opposed to having a standardised kit around for all parts of the country.

Mr. Deputy Speaker, Sir, however, one must not ignore the fact that the MACU plays a very important role in that the Ministry is able to buy large volumes of drugs, which become cheaper because of the fact that they are being bought in bulk. This is one area where we need to plead with officers in charge to look into the activities of their junior officers, who may have learned various tricks over the years. They must move away from the tradition where, in the old days, only very few people had the monopoly of supplying drugs to hospitals.

I remember that two years ago, over Kshs100 million was lying idle in a European bank, in an account run by a local person here for the purchase of drugs. Why was that allowed to happen? Let that not happen again because that was taxpayers' money lying idle in an individual's account who did not need it. But the Ministry wanted that particular person to supply drugs. I do not need to mention who this person was because the Ministry knows him. We want this to be taken seriously and we will go into greater details as we go through the Vote Item by Item to illustrate what we are talking about.

The decentralization of authority from the headquarters to the district and provincial levels has probably been the best thing that this Ministry could have done. The Ministry should give more autonomy, discretion and authority to make decisions at that level so that they are able to become more effective. By so doing, they will have more democratic systems of management.

Mr. Deputy Speaker, Sir, I want to comment on the issue of corruption in the Ministry of Health. A couple of years ago, Hepatitis B Vaccines were brought into this country in large numbers. The Ministry required 500 vials but only 378 vials were utilised in that given year. According to the tender, these cost the Government Kshs7 million but when it came to payment, the Government paid Kshs9 million. The reason for the payment of the extra Kshs2 million has never been explained up to date. Who "ate" this money? Why was this order made? This is the time when Hepatitis A and B vials are required. What is happening? When one goes to Nairobi Hospital today to get a shot, it will cost one Kshs800. What happened to all these? We urge the Ministry of Health to get to the root cause of this and give us an answer. This must have been done due to the kick-backs that were available at that time.

**Mr. Deputy Speaker:** Which years were these?

**Mr. N. Nyagah:** That must have been about four years ago. It was during the 1995/96 Financial Year.

The other corrupt deal was made by the Ministry of Public Works and Housing, through an order on mosquito fungicides and insecticides. The Ministry required Kshs3.8 million but an order of drugs worth Kshs7 billion was made. We made a lot of noise here and that order was cancelled. But before that happened, Kshs500 million had been used to purchase those drugs and very little was utilised. Why did the Ministry allow this to happen? Was that not corruption? This is the reason why I talk of corruption within this Ministry! Those are some of the things which we are going to push this Government, through this Minister, to check. We have the

details but I am only touching on them lightly because I am constrained by the time. We have a lot of details and I am sure that he must have read a lot of history about this one and we need an explanation on this.

Mr. Deputy Speaker, Sir, when the Minister will be responding, we want him to respond to three things.

One is the issue of the fish ban by the European Union. We want to know the true position. We want to know whether it is one individual who exported the fish into the European market when he was not licensed to do it and now Kenyans are suffering because of him. Is our fish banned from the European Union markets or not?

The Leader of Government Business has talked of 40 per cent of our bed capacity in the hospitals being occupied by AIDS patients. We want to know categorically about Pearl Omega and Kemron. What happened to these drugs? We know that at that time, it was a political thing. That man got Government security and he made a lot of money. There were long queues in his clinic at the time when that was happening. We want this Ministry to come out clean. This is no big joke! AIDS is real and it kills. We have lost Members of Parliament and I hope we will lose none during this Session. So, we need the Minister to address that issue.

Mr. Deputy Speaker, Sir, there was a Motion on illicit brews which was passed by this House. We want to know the position of that Motion. The House resolved, voted and agreed that these brews must be banned. In consultation with the Office of the President, we want to see a statement. I went to Loitokitok over the weekend and *Kulta* was being sold in a bar in Loitokitok. *Kulta* is one of the drinks which are banned. One wonders whether the Motion which was passed by this House had any effect. Were we taken seriously as the people who are mandated to make the laws of this country or is it because the Government did not support this Motion? This must come to an end. The ones running around, within the corridors and opening the doors of authority, must be told in no uncertain terms that unless another Motion is brought to this House, nothing will rescind that decision. That decision will stand for ever and ever amen.

Lastly, I wish to comment on the issue of Kenyatta National Hospital. It has been taken as a dispensary. It must move from there and become a referral hospital where cases are referred. I know that we have Mbagathi as a Provincial Hospital but it is still not enough. Nairobi has a population of three million people. On any one day like today - after 7.00 p.m., there will be a population of 2.1 million people within Nairobi. We are being given a raw deal by this Ministry. The Nairobi City Council has let us down. The facilities have been run down.

Some of those facilities have been moved before being allocated to individuals. I can see the Minister for Local Authorities smiling. That is one area where he needs to put his foot down. He is a doctor by profession and that should preoccupy his mind all the time so that we get our institutions back again on course in order to off-load the burden that has already been occasioned at the Kenyatta National Hospital.

Kenyatta National Hospital has been transformed to what it is by a man whom I can spot here. It is the largest in this region. In the Renal Unit Division, heart operations have been done there. I know that fitting in the shoes of the former Director are heavy but I am grateful that we have an equally capable gentleman by the name of Dr. Muita who can do it. Those two are great people and I am not saying that because we are neighbours but because they are capable of running Kenyatta National Hospital. I hope they will take note of what we have said.

With those few remarks, I beg to support.

**Mr. Sambu:** Bw. Naibu Spika, nashukuru kwa kunipa nafasi nitoe maoni yangu machache kuhusu ruzuku za raia. Pesa zinatolewa kwa Wizara, hasa Wizara ya Afya, mwaka hadi mwaka. Na mwaka huu tutawapa lakini, tunataka wajuilize; pesa wanazopewa zinapotelea wapi? Zahanati zetu hazina dawa. Ufisadi katika kununua zile madawa za kupeleka kwa zahanati na hospitali umezidi. Natarajia Katibu wa Kudumu wa Wizara hii na timu yake hapa, wataangalia mambo haya ili pesa za wagonjwa zisifanyiwe ufisadi. Wagonjwa watawalaani na kifo kitawafagia kwa sababu ni heri kumwibia asiyemgonjwa. Lakini kumwibia mgonjwa ni "laana juu ya laana". Ninaambiwa kwamba dawa husafirishwa katika visanduku vya matibabu. Visanduku hivi vinatolewa na kila hospitali au zahanati inapata kisanduku chake. Lakini katika Wilaya ya Nandi hatuvioni hivyo visanduku. Tunaviona tu wakati malaria inapozidi katika masika ya mvua. Watu wanapokufa na ikitangazwa kuwa tunakimbia huku na kule kutafuta dawa, ndipo tunapewa visanduku hivyo. Nataka Serikali ichunguze kama visanduku hivi vinaposafirishwa, vinafika kule; ama vinapofika Eldoret katika bohari kubwa ya dawa, huota miguu. Pengine visanduku hivi havitoki huku Nairobi. Katika zahanati za kule Mosop hatuvioni hivyo visanduku vya dawa.

Hata hivi sasa tunajinunulia dawa. Ukifika kwenye zahanati za Kabiyet, Mosoriot, Kapsabet, Kabyen, Ngechet, muulize MOH atakujibu. Asipokujibu, basi yeye ndiye anayeza dawa zinazopelekwa kule. Wacha tuingee ili wao wasikie. Wakifikiri tunatoa hadithi hapa, siku moja hata Mwenyezi Mungu atawaambia kuwa waliwaibia wagonjwa. Wafanyakazi kama wauguzi na maofisa wengine wanapelekwa kwenye wilaya kwa ubaguzi mno. Ninafikiri Wilaya ya Nandi, katika kipindi cha miaka tatu, inapewa wauguzi 15. Wakati mwingine hawapewi clinical officer hata mmoja. Katika wilaya nyingine, wafanyakazi wengine wamerundikana na hata

hawana kazi. Wengine wanachukua muda ambao wanatakikana kufanya kazi ya Serikali ili waende kufanya kazi katika hospitali za kibinafsi kwa sababu wamekosa kazi katika hospitali za Serikali. Katika wilaya nyingine hatuna wauguzi na clinical officers. Mimi ninasema haya kwa sababu zote tunalipa kodi sawa. Tusiwe na ubaguzi wakati wa kuwapeleka wafanyakazi katika wilaya.

Mwaka jana, tuliambiwa wauguzi 15 walipelekwa Wilaya ya Nandi. Hawakuonekana kule. Wanapopatiwa barua ya uhamisho wao hufika Nakuru, wanaandikiwa barua nyingine na mkubwa kule na wanatoweka. Wao wameelimishwa na kupewa ujuzi, kwa rasilmali ya nchi hii. Ubaguzi unatokana na nini? Kila mwaka, katika Bunge la Saba nilirudia na nitarudia hapa. Kuna ubaguzi mwingi katika kupelekwa kwa wauguzi na clinical officers kwenye vyuo vya mafunzo. Katika Wilaya ya Nandi ni vijana na wasichana sita pekee waliopolekwa na tunavyo vyuo vingi. Hata Eldoret kuna chuo, lakini ukifika huko hutapata mtoto wa Mnandi. Hii ni ajabu! Ninasikia ukitaka mtoto wako achukuliwe ni lazima utoe kiinua mgongo au hongo. Usipotoa, mtoto wako hataingia katika chuo cha mafunzo. Ikiwa wanasema kwamba ninawapa habari isiyo ya kweli, nitawauliza wanijibu; mbona watoto wa Wanandi hawaingii kule? Kwani hawakupita kama hao wengine? Tunao watoto walio hitimu vizuri, wakapata C+ na hata B.

Mimi mwenyewe nilimwandikia mtoto huyu barua. Hata wakati nilipokuwa Waziri, nilimtuma na barua refu. Mimi mwenyewe niliipeleka barua kwa mkono. Yule bwana hata hakufungua mlango anione. Alimwambia mtoto huyu atoke asimpozee wakati. Naye amejiriwa na pesa za umma. Hii Serikali ikitaka umoja ambao inaomba kila mara, wanafaa waanze kwa kumfuta kazi mtu huyu. Inafaa atolewe kwa sababu yeye ni mfasidi wa wafisadi. Katika wilaya nzima, ni watoto sita pekee ambao wamechukuliwa katika vyuo kadhaa! Sasa wakihitimu na kupelekwa kule Nandi, wanatoroka kwa sababu hawatoki kule. Anampa barua yule yuko Nakuru kwa sababu anaona kule ni msituni.

Bw. Naibu Spika, juzi katika Uasin Gishu District Memorial Hospital, tuliona maajabu. Wakubwa walimpatia habari za uongo Rais wa nchi hii. Ningependa Katibu wa Kudumu wa Wizara hii asikize sana. Zile habari mlitoa katika Kenya Gazette Supplement No.34, kwamba Serikali itachukua hospitali ya Uasin Gishu Memorial Hospital na kuifanya kama sehemu ya Moi University Teaching and Referral Hospital, haziwezekani. Ile in mali ya wenyewe, na hamna mamlaka ya kutwaa mali ya watu binafsi. Ile ni mali iliyochangwa na wananchi. Tulitoa pesa zetu na sasa tunataka tuambiwe kama Serikali hii kazi yake sasa ni kutaifisha mali ya watu binafsi. Kama mnatwaa mali ya watu binafsi mtatuambia ni tangu lini sheria hii iliwekwa. Hata nchi zilizotaifisha mali ya watu, mwishowe ziliwarejeshea mali yao kwa sababu zilishindwa. Lakini tunawaonya kwamba Uasin Gishu Memorial Hospital ni mali yetu na hata ile Gazette Notice mliyoitoa haifai na haina uwezo wowote. Kwa hivyo, waliotoa mawaidha hayo kwa wakuu watoe Gazette Notice, sasa yafaa watoe notisi nyingine ya kurudisha hii mali kwa wenyewe. Hii ni kwa sababu huu ni uongo. Mali ya watu binafsi haiwezi kutaifishwa.

Bw. Naibu Spika, kuna jambo linalowahuzunisha sana watu ninaowakilisha Bungeni. Serikali hii iliwashauri watu wajenge hospitali, kisha Serikali iajiri wafanyakazi na kuleta dawa. Hospitali ya Chepterwe kule kwangu, karibu na mpaka wa Mkoa wa Magharibi, imekuwa ikijengwa tangu mwaka wa 1988 na imekamilika. Tumetia kila kitu ndani, hata sufuria za kupikia. Hivi karibuni tutaleta stima. Mwaka jana, tarehe 16, Januari, aliyeukuwa Mkurugenzi wa Huduma za Matibabu, Dr. Mwanzia, alikuja pale na kuahidi Wanandi kwamba kufikia tarehe mbili Juni, 1997, hospitali hiyo itakuwa imefunguliwa na maofisa wanaohitajika, daktari, wauguzi na wafanya kazi wote kuletwa huko. Vile vile, alisema kwamba ataleta vitanda, dawa na vitu vyote. Tulimpigia makofi na kusema; halleyuja! Lakini wapi? Wanandi ni watu wa kulaghaiwa tu! Ikiwa wanafikiri kwamba Wanandi ni watu wa kufanyiwa utani mwaka hata mwaka, yafaa wajue kwamba siku zao zimefikia kikomo.

Asante.

**Mr. Obwocha:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to the Vote of this very, very important Ministry. Looking at the Printed Estimates, I can see that this Ministry requires Kshs4.7 billion. Therefore, it is a very important Ministry. Before I came to Parliament, I was a part-time lecturer at Egerton University and I will tell the House how I used to treat students. For a student who knew his material and did not know how to present the material, I normally used to give him a grade "D". For a student who did not know his material well but knew how to present the little he knew, I used to give him a grade "C". But the one who knew the material and knew how present it, I would give a grade "A". That is where the Permanent Secretary of this Ministry fits. He is a good Permanent Secretary. But there is only one thing he has not done. There was a time when certain hospitals were degazetted and some of them were taken to court. Some of the hospitals were acquitted and one of them is St. Leonards Hospital in Kericho. We have pleaded with the Minister in this House, to lift the ban on that hospital and register it again. Even the court has given an order for it to be re-registered. The Ministry, up to now, has failed to re-register this hospital. This hospital is at the centre of my heart because when I was involved in a road accident between Kericho and Kisii, that is where I received first aid before I was airlifted to Nairobi.

Mr. Deputy Speaker, Sir, the political implication of not registering this hospital is that the Kisii people still think that the Kericho people, the Kipsigis, are against the Kisii. Therefore, the Minister should take this issue very seriously and re-register St. Leonards Hospital. There are so many road accidents on Nakuru-Kericho-Kisii Road, and this is the only hospital with an Intensive Care Unit. I hope the Minister is listening and soon the Permanent Secretary, whom, we, as Members of the Public Accounts Committee have been able to commend as a man who knows how to present his material, will act on this matter.

Mr. Deputy Speaker, Sir, also he should make sure that the National Hospital Insurance Fund is restructured. I totally agree with the new Leader of Government Business, hon. Mudavadi, that something needs to be done about the National Hospital Insurance Fund. It must be restructured to help Kenyans. The people managing that Fund have not given Kenyans hope of a better insurance scheme. The people who are working there are very corrupt, especially the junior officers. There is no single hospital that has a claim in that Fund, which can get its cheque straight without parting with some money. If there is a cheque for Kshs1 million, that hospital must part with Kshs100,000, or Kshs50,000. This Fund is the centre of corruption. Through the Chair, I am advising the Permanent Secretary to transfer all the junior officers out of that Fund and try a new lot.

Medical insurance in this country is very important, particularly for Members of Parliament. If anything happens, for example, a road accident, to a Member of Parliament, there is no medical insurance scheme. I do not know--- Members of Parliament are the people who make laws for this country. If you say that a man found with cocaine should be jailed for ten years, and if a man is found with cocaine, he normally goes in for ten years. That is a very important institution which should be respected and be given the facilities to enable it to function.

Mr. Deputy Speaker, Sir, I would like also to mention that hospitals like Nyamira District Hospital currently lack drugs. When there was an outbreak of malaria in Gucha, Kisii and Nyamira, the Ministry did some little work. At least, they sent some drugs to that area. Currently, there are not enough drugs and I would like to advise the Ministry to start a revolving fund in these hospitals, so that we can help the hospitals to try and see if they can get over this issue of lack of drugs.

Mr. Deputy Speaker, Sir, the other issue that I would like to touch on is the misuse of donor funds. Looking at the Estimates, I notice that under the Health Integrated Programme, the Ministry has requested for K£19,914,000 through USAID which is going to give them K£16,914,000 and GOK component being K£3 million. Another important aspect of donor funding is the supply of medical equipment at K£10 million, from the Spanish Government which is going to give the whole amount of money. The other portion that I noticed is the EDF and EEC funding of the rehabilitation of the Coast General Hospital and the Health Sector Reform Programme at a cost of K£35 million. The problem we are having in this country is that of misuse of donor funds and that is why we cannot get any money from outside to resolve some of the outstanding issues in this country, like the teachers' problem. If it were not for the mistrust the donors have in this country, they would have given us some loan, even it meant for one or two years, to enable us to resolve this issue of teachers.

Mr. Deputy Speaker, Sir, as I stand, I support the teachers and urge the Government to look for other ways of resolving this issue. This Bill that they are bringing to this House, should be shelved. Lastly---

**Mr. Deputy Speaker:** Stick to the Motion. If you look at your Recurrent Estimates, there is no Appropriations-In-Aid.

**Mr. Obwocha:** Mr. Deputy Speaker, Sir, the Ministry has requested for K£41 million for the sexually transmitted diseases infections. The Government at one stage came up with some bogus drug called Kemron. Many young men in this country bought the idea that a cure has been found and died in large numbers. Now we hear of other drugs like Pearl-Omega and Polyatomic. We should tell Kenyans that there is no cure for AIDS, so that people in this country are careful about the way they go about these things. The emphasis should be on prevention rather than cure and this is where we should direct our funding.

Finally, I would like to request the Minister for Health to make a visit to Nyamira District to see what is required particularly on this Malarial issue. I congratulate him because he is not a party official. Two Ministries that should not be headed by any party official, because we do not want them to mix politics with lives of Kenyans, are the Ministry of Education and Human Resource Development and the Ministry of Health. We should never mix party politics with health because health does not know whether you belong to FORD(K) or KANU. So, I commend him and he should go round and see what is happening.

With those many remarks, I beg to support this Vote.

**Mr. Musila:** Bw. Naibu Spika, ningependa kuwapongeza sana wafanyakazi wa Wizara ya Afya kwa sababu ya kazi yao nzuri wanayoifanya. Ingawaje kuna malalamiko, wakati mwingine kuhusu jinsi wafanyakazi hao wanavyofanya kazi, ni lazima sisi tutambue ya kwamba kuna wafanyakazi wengine ambao wanafanya kazi kwa kujitolea, na kwa hivyo hao huokoa maisha ya wagonjwa. Wengi wanafanya kazi huku wakikumbwa na shida nyingi, kama vile ukosefu wa dawa na vifaa. Wengine pia wanafanya kazi katika sehemu ambazo ziko na taabu

nyingi. Pia ni lazima tuitambue kazi nzuri ambayo inafanywa na Katibu Mkuu wa Wizara hiyo.

Mapema mwaka huu, ilionekana wazi kwamba Wizara ya Afya huwa haiko tayari wakati magonjwa hatari yanapozuka humu nchini. Kwa mfano, tunajua kwamba mapema mwaka huu kulizuka magonjwa mengi kutokana na mvua kubwa iliyonyesha. Watu wengi walifariki kutokana na malaria na kipindupindu, kwa sababu Wizara hii haikuwa tayari kukabiliana na magonjwa hayo. Ningependa kuishauri Wizara hiyo ihakikishe kwamba iko tayari kupambana na magonjwa hatari yanapozuka humu nchini. Kama hatungekuwa na NGOs humu nchini ninafikiri kwamba tungelikuwa na shida nyingi sana kwa sababu Wizara ya Afya haikuwa tayari kupambana na magonjwa hayo. Watu wengi waliaga dunia kutokana na ugonjwa huo na ninaiomba Wizara hiyo ihakikishe kwamba jambo hilo halitatokea tena. Ni lazima wafanyakazi wa Wizara ya Afya wawe tayari kila mara kukabiliana na magonjwa yanapozuka humu nchini.

Bw. Naibu Spika, wale ambao waliongea mwanzoni waliyataja mambo mengi sana ambayo yanahusu nchi hii na ulimwengu kwa jumla. Jambo ambalo ningependa kulizungumuzia linahusu ugonjwa hatari wa Ukimwi. Kulingana na Shirika la Afya Ulimwenguni inakisiwa kwamba ifikapo mwaka wa 2000 watu milioni 40 watakuwa na viini vya ugongwa wa Ukimwi ulimwenguni. Kati ya watu hao milioni 40, asilimia 90 watakuwa katika nchi ambazo zinaendelea. Hii ni kusema kwamba sisi Waafrika tutaathiriwa pia. Inakisiwa kwamba itakapofika mwaka huo, watu milioni 14 katika Afrika watakuwa na viini vya huu ugonjwa. Ni lazima Wizara ya Afya itilie maanani mambo haya, kwa sababu hali ya ugonjwa ikiendelea kama ilivyo sasa, punde si punde hakutakua na watu ulimwenguni. Ninamshauri Waziri ambaye anahusika kwamba hili ni jambo la kutisha sana. Ugonjwa wa Ukimwi unaendelea kuongezeka humu nchini. Tukiangalia katika makadirio ya pesa ambazo Serikali inakisia kutumia juu ya Ukimwi, tunaona kwamba zimepungua sana.

Mwaka jana Kshs73 milioni zilitumiwa juu ya ugonjwa huu na hali mwaka huu Kshs27.5 milioni zitatumia. Hii ni kusema kwamba ugonjwa wa Ukimwi utaendelea kuua watu wengi ifikapo mwaka wa 2000, kwa sababu Serikali imepunguza pesa za kupigana nao. Inafaa Wizara ya Afya itilie maanani ugonjwa huu kwa sababu ni tisho kubwa kwa maisha ya binadamu. Ni lazima utafiti ufanywe kuhusu ugonjwa huu. Pia, inafaa Wizara hiyo ihakikishe kwamba kuna damu ya kutosha ambayo wagonjwa watapatiwa bila kuwaambukiza ugonjwa huu hatari. Ni lazima sindano mpya zitumiwe katika hospitali zetu. Hospitali nyingine wakati huu zinatumia sindano sizizotupwa baada ya kutumiwa. Tunajua kwamba jambo hili linaenea ugonjwa wa Ukimwi. Inafaa Wizara ya Afya itumie pesa zaidi katika kuwaelimisha watu kwamba ugonjwa huu ni hatari ili wajikinge nao. Kama Wizara ya Afya haitafanya hivyo, basi sisi tutakuwa hatarini katika siku sijazo.

Bw. Naibu Spika, nimeongea juu ya hospitali ya Mwingi mara nyingi katika Bunge hili. Hospitali hii iko katika hali mbaya sana. Hospitali hii ilikuwa ya wamishenari na kisha ikaanza kusimamiwa na Serikali baada ya wamishenari kuondoka. Serikali yetu haijayarekebisha majengo ya hospitali hiyo. Ningependa kumkaribisha Waziri ambaye ni rafiki yangu, Katibu Mkuu na Mkurugenzi wa Huduma za Matibabu waitembelee hospitali hiyo ili wajionee wenyewe vile hali ilivyo huko. Watu wangu wanateseka sana kwa sababu hospitali hiyo haina vifaa na dawa za kutosha. Pia wagonjwa wanalala watatu katika kitanda kimoja. Ningependa Waziri wa Afya alizingatie jambo hili ili shida za hospitali hii zitatulwiwe. Inafaa dawa za kutosha zitumwe katika hospitali ya Mwingi. Pia inafaa Wizara iwatume wafanyakazi zaidi katika hospitali hii na pia katika vituo vya afya kwa vile wale ambao wako huko sasa ni wachache sana. Kuna kituo kimoja cha afya ambacho kina mwuguzi mmoja. Je, huyo mwuguzi mmoja akienda kupumuzika nyumbani kwake, mambo yatakuwaje? Tunaiuliza Wizara iyatilie maanani mambo hayo.

Hapo awali, Mbunge mmoja alizungumuzia magari ya kubebe wagonjwa. Hapo zamani, kila kituo cha afya kilikuwa na gari moja la kubebe wagonjwa. Tumepoteza watu wengi sana kwa sababu ya ukosefu wa magari ya kubebe wagonjwa. Katika sehemu yangu, sisi hubeba wagonjwa kwa migongo, baiskeli na hata mikokoteni. Ni heri Wizara ya Afya itume magari ya kubebe wagonjwa katika hospitali zote za humu nchini, ili wagonjwa waweze kufikishwa hospitalini kwa haraka.

Bw. Naibu Spika, Waziri alisema kwamba, baina ya pesa zinazotolewa kwa cost-sharing, asilimia 80 ya pesa hizo inatakiwa kutumika katika hospitali ile inakusanya hizo pesa, ilhali asilimia 55 inaenda pahali pengine. Nasikitika kwa sababu, jambo hili halitimizwi katika hospitali nyingi. Kwa mfano, kwa miaka sita iliopita, Hospitali ya Migwani imekusanya pesa nyingi ilhali hakuna pesa zozote zilizotumika katika hospitali hiyo. Pesa zote zimechukuliwa na PMO na MOH. Kwa hivyo, kama vile Bw. Waziri alisema, tungependa ahakikishe kwamba, pesa hizo zimerudishwa hapo.

Kwa hayo machache, ninaunga mkono.

**Mr. Ita:** Thank you Mr. Deputy Speaker, Sir, for giving me this opportunity to speak on this important Motion. In fact, I would be speaking from a very fresh experience, because yesterday, I made a two-hour extensive tour of Ishiara Hospital in my constituency. Like other hon. Members have said, what I found in Ishiara Hospital is that, there are no drugs and yet, it is a district hospital. It has a health management board and they got their last

medical supplies sometimes early this year. When I toured the wards, there were very many sick people suffering from malaria and their relatives and friends are only being given prescriptions to go and buy medicine. This is because Ishiara Hospital does not have adequate drugs for malaria. In fact, I would not like to mention the number of people we are losing as a result of malaria.

Mr. Deputy Speaker, Sir, the other thing is that, the theatre is not working, and in fact, some of the instruments at the theatre have not been used because they have not worked since installation. I do not know whether anybody in the Ministry has ever visited that hospital since it was inaugurated. The theatre is not in a working condition. They can only do minor operations, for example, removing thorns from the flesh. But major operations, like for pregnant mothers are not done, yet there is a better theatre than the one which is in Embu Provincial Hospital. The boiler is also not working. Sometimes, I wonder whether there are some visits made to ensure that the hospital is in a good condition. I would like to tie my observations on this issue.

Mr. Deputy Speaker, Sir, I would like to commend the Minister for very good, eloquent presentation of what he intends to do during the current year. It is in that regard that I want to make some few recommendations. One of his priorities for this year is, moving towards preventive rather than curative health systems. But of course, I would like to inform him that poverty is going to impact against preventive measures. Preventive measures have something to do with hygiene. People have to provide for themselves some of the basic essentials for hygiene, but they are so poor. Some people do not even have money to buy soap or any minimal requirements to improve hygiene. So, preventive initiative might be affected by the poverty that is eating the country. This should be considered. Otherwise, at the end of the day, you will report to us that those measures did not work because of various reasons. The Minister has also talked about financial and logistical constraints. That is very good. In fact, the hon. Member who has just spoken talked of lack of ambulances. In my constituency, which is new, most dispensaries are far apart and they do not have ambulances. The people are carried on wheelbarrows and bicycles. It is really a pity. I think there should be some improvement on the issue of ambulances. I heard the Minister say that within the development fund, he is going to do something about the ambulances.

The Minister also talked about innovative approaches. I would like to mention a few of those innovative approaches, for him to take into consideration. There must be a coordination of the many Non-Governmental Organisations (NGOs) projects. I think they are very much scattered. If they are coordinated, there will be more impact to the health of our people, than there is now. The other thing is change of attitude of our people, through training and workshops. I think that is another innovative thing that should be introduced. The other one is to publicise what the Ministry can offer. When you go round, there is no information of what the Ministry can offer at the grassroots. Why can the Minister not use a little money, to put up in simple language, what the Ministry can offer. In that way, the people can know what the Ministry can offer.

I think our national health scheme is long overdue. In Chinese, there is a saying that, "one step is the beginning of a long journey". I think we had better do some beginning. The business of National Health Insurance Fund (NHIF), or the talk about improving or introducing this--- The cost of our health system is very expensive for individuals. I think something should be done to introduce a national health scheme. These are some of the things that should be introduced.

I also talked about the question of drugs. I am told that district hospitals will become autonomous. Maybe that is why they do not get any drugs. But they are very far away in cost-sharing, to be able to purchase drugs. If that is the kind of thing that the Minister is introducing, the issue of district hospitals should be looked into thoroughly.

With regard to training, I do not know when I had a candidate in any medical training institution. I would like the Minister to find out how many medical candidates have been trained in my constituency.

Finally, before I invite the Minister to come to my constituency, I would like to mention one thing. I have a Muthandara Community Health Centre, which was built by the people, ten years ago, and there has never been a nurse posted there. I was there yesterday, so that I can contribute to this Motion today. The dispensary is in Eburolu Division of my constituency and it was built through the efforts of the local people, ten years ago. I have even talked to the Medical Officer of Health (MOH), the Provincial--- I do not want to say I have gone up to the national level but I have seen everybody who matters. There is no nurse posted there even today. We have built the health centre and a house for the nurse and yet, the people are suffering. I would like to request the Minister to visit my constituency to see that kind of situation. Why should people put up a health centre ten years ago and no personnel or equipment is taken there? There are more than 15,000 people living around there. The nearest health centre or a dispensary is 45 kilometres away. During a cholera outbreak, those people are in a pathetic situation. I would request the Minister to visit the area and make sure that, a nurse is posted there straightaway. The dispensary is complete and the houses are there for the staff. I do not see why those people should not be helped.

With those few remarks, I beg to support.

**The Minister for Home Affairs, National Heritage, Culture and Social Services (Mr. Nassir):** Bw. Naibu Spika, kwanza nataka kuishukuru Wizara ya Afya kwa kazi wanayoifanya. Watu wengi sana hawafahamu idadi ya watu hapa nchini, na ikiwa pesa zilizopewa Wizara hii zitawatosha au la. Wizara ya Afya ina kazi nyingi sana za kufanya. Ikiwa kila kiongozi ataenda katika kila hospitali ilioko katika sehemu yake ya uwakilishi Bungeni, awaulize maafisa shida zao, tutakuwa na raha sana. Hii ni kwa sababu watu wa Wizara hii siyo Mungu kujua kila kitu. Kila mara, mimi nasema kwamba kupanga mipango katika kila wilaya ni taabu sana. Watu hawafahamu zile taabu tulizo nazo katika kila wilaya.

Pesa zilizopewa Wizara hii ni kidogo kwa sababu tuna Wakenya, wageni na wakimbizi wa kisiasa ambao wanatibiwa na pesa zetu. Ukikuta hakuna dawa, sio eti zilipewa Wakenya peke yao. Zilipatiwa watu wengi. Ni lazima Wizara hii ifikiriwe sana katika bajeti yake. Lazima wapewe pesa zaidi na wasaidiwe. Ijapokuwa kuna umaskini na taabu, wengine wetu hawafikirii. Wanafikiria tu kufanya fujo. Tuna taabu katika nchi hii na kila kiongozi, awe ni wa siasa, dini na kadhalika, lazima afikirie taabu tulizo nazo.

Kwa upande wa magari ya kubeba wagonjwa, tungeomba Serikali, kupitia kwa Wizara ya Fedha, ichukue magari yanaorudishwa na Wizara mbali mbali na yapewe mahospitali. Yale yalioharibika yanaweza kurekebishwa na Wizara yangu. Magari mengi ya Wizara yameharibika vitu vidogo kama vile taa, spring, starter au magurudumu. Yakiletwa katika Wizara yangu, naweza kuyapeleka katika magereza na kutengenezwa kwa bei rahisi, na yatumiwe kwa kubeba wagonjwa kila mahali.

Bw. Naibu Spika, ninashukuru Wizara ya Afya kwa kuitikia mwito wetu wa kuwatuma wauguzi katika wilaya zao za kuzaliwa. Mgonjwa anapohudumiwa na muuguzi anayemjua na anaweza kuelewa shida zake vizuri, anamhudumia ipasavyo. Matibabu pekee hayatoshi, lakini wauguzi pia wanachangia kupona kwa mgonjwa kwa kumpa moyo. Anapokudunga sindano, kwa sababu ni mtoto wetu, unavumilia kwa matarajio kuwa utapona haraka. Kama Wizara itafikiria mambo kama hayo, itasaidia wagonjwa wanapolazwa hospitalini. Pia, mimi ni mmojawapo wa viongozi wanaotoa pikipiki za kuwachukua wagonjwa hospitali huko Lamu, lakini ningependa Serikali na watu wetu wapewe motaboti za kuwachukua wagonjwa hospitali. Hata skuta nyingine inaweza kutumika kama ambulansi ili kuwachukua wagonjwa kutoka vijijini hadi hospitali kule Shela.

Bw. Naibu Spika, kuna taabu kwa sababu hatupangi mipango ya nchi vizuri. Watu wengine wanaposikia nikisema hivyo, hufikiria kuwa ninataka kugawanya nchi, hapana, tupange nchi yetu; kwa sababu hatujui tuna watu wangapi Nairobi, Mombasa, Kisumu au Nakuru. Hatutaki kufanya Bajeti vivi hivi ilhali watu ni wengi. Ikiwa hatuwezi kupanga vizuri miradi yetu ya afya, basi, kuna taabu sana, na ninasema hayo kwa roho safi, mtu asifikirie ninaongea juu ya Majimbo. Kila mhe. Mbunge anatakiwa kujua idadi ya watu anaowakilisha na mahitaji yao. Leo huko Mombasa, kuna meli na wageni waliokuja huko. Wakimbizi ambao hawana pasipoti wamemaliza madawa yetu, huku wakiwachukua Wakenya kwa sababu ya taabu hiyo. Ninashukuru Wizara ya Afya kwa kazi yake nzuri, lakini ninawaomba wazingatie mipango ya kila mkoa na wilaya. Kwa mfano, tunataka kuambiwa kuwa kiasi fulani cha pesa kimetengewa Wilaya ya Mombasa na ni juu yao kuzitumia vizuri. Nimesikia mhe. Mbunge akiongea juu ya wafadhili, lakini ninataka kumfahamisha kuwa wafadhili hao hawapatii Serikali ya Kenya pesa; wanawapatia wale watu wanaowataka. Hii ndiyo sababu ninapigana vita na mashirika yasiyo ya kiserikali (NGOs) ambayo yanatakiwa kuandikishwa na ofisi yangu, lakini hayafanyi hivyo. Wakimpata mhe. N. Nyagah huko barabarani, wanaamua kufanya wapendavyo kwa visingizio vya kutatua shida ya watoto wanaorandaranda barabarani, huko wakitumia pesa hizo kwa mahitaji yao.

Hii tabia ya wanasisia ya kusema sana siyo kufanya kazi na kama kuna wajuaji wa kusema, wangejua ile kazi ninafanya huko Mombasa na wangejua kama uongozi ni raha au taabu. Ninapongeza Wizara ya Afya kwa kazi nzuri inayofanya. Ninajua hatuwezi kuwa na dawa za kutosha kwa sababu watu ni wengi, lakini ninaomba Wizara hiyo isaidie kadiri iwezavyo. Kwa hivyo, ningependa Serikali iwasaidie watu kwa kujenga hospitali zaidi. Pia, ninataka Wizara ifahamu kuwa kuna vituo vya afya, vinavyoendeshwa na Wizara ya Serikali za Wilaya. Wizara hiyo haiwezi kutoa huduma za afya kwa sababu haina wataalamu wa kuhudumia wagonjwa na hii ndiyo sababu dawa zinapotea. Ninapendekeza kuwa Wizara ya Afya isimamie vituo vyote vya afya, ili kutoa huduma bora za afya kulingana na sera ya Serikali. Ninamuomba Waziri na maofisa wake watembelee vituo hivyo vya afya na kuchunguza hali zao. Kwa mfano, kuna hospitali nzuri katika sehemu yangu la uwakilishi Bungeni ya Mvita, lakini ukiona kituo hicho, ni kichafu kuliko Fort Jesus. Hatuna madaktari wala dawa, na hali maofisa waliomo humo wanapokea mishahara yao.

Kwa hayo machache, ninaunga mkono

**Mr. Wambua:** Thank you very much, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this important Vote of the Ministry of Health. First of all, I would like to thank the Minister and his top officials who are with us here today, including the Permanent Secretary and the rest, for presenting their Vote to Parliament to enable them offer services to our people. I would like them to take note of what hon. Members are

saying about this Ministry, because this is one of the most important Ministries in our country which should not be taken lightly. When we are pointing out areas where mistakes are being committed, they need to be rectified by the Ministry. We would like the Ministry to offer efficient and effective services to our people, if it has to justify the allocation it is seeking from Parliament.

Mr. Deputy Speaker, Sir, I concur with the sentiments expressed by my colleagues that both the Minister and the Permanent Secretary are not corrupt, but there are corrupt officers in that Ministry, who should be disciplined. It is very surprising that the Minister cannot tell us how a good officer should serve this nation, if he is posted in a place and opts to open up his private clinic. For example, in Matuu Hospital in Yatta Constituency, the Senior Clinical Officer, has opened up his private clinic just half-a-kilometre from the hospital. He only takes two hours attending to patients at the hospital, while the rest of the day, he is serving patients in his private clinic. Do you think that officer will serve the people of that area well? The assistant to the Senior Clinic Officer has also opened up his private clinic in the market, a kilometre from the hospital. What I am saying in this House is true.

Mr. Deputy Speaker, Sir, I contacted one officer who is number three in line to the Medical Officer of Health. She is a doctor. I do not know her name, although it is not my wish to mention it. However, when I contacted her, three months ago, she talked to me very nicely. She informed me that she had sent an investigation team. She found that whatever I was saying was true and she told me that action would be taken. The action which was taken was that, those officers were transferred but they refused to report to their new stations. Can we be told whether those officers are more powerful than the Permanent Secretary, Minister and the top officers who have the authority to transfer them because they have been found ineffective in serving the people? So, that means that the Minister and his officers have to be very serious. Once the officers are in the office, they do not know what is going on in the rural areas. We know that, of course, those areas are poor but we are assisting him and when we tell him something, he should not say that these are politicians who are paid. We are not politicians when we talk about the situation which affects the nation.

Mr. Deputy Speaker, Sir, I think something has to be done on these issues. For instance, the money that the Minister has requested will, of course, be passed by this House without any problem. Sometimes, we are ashamed when we find that some of the private mortuaries are better than the Government ones. Why should the situation be so? If you find that the money we give is not enough, why can you not tell us to conduct a *Harambee*, so that people can be proud of our Government? That is why sometimes people abuse our Government. It is not the Government which is bad, but some of the Government officers who are making the same Government to fail.

**Mr. Ndicho:** Which is very good for us.

**Mr. Wambua:** It is good for us in the Opposition but we do not like it to be so. We would like things to be done well.

Mr. Deputy Speaker, Sir, the other issue regards Government working hours. You find that top officers of the Ministry work from 8.00 a.m to 5.00 p.m. but the officers who are down in the rural areas are their own masters, because they are not supervised well. I can give several examples. Some of these clinical officers go home on Friday in the afternoon and come back on Tuesday. If you visit some of the dispensaries and hospitals, you will find that they are absent from duty on Monday. This is because they are not supervised. They are officers and they can go and come to the office at any time that they want. Imagine in their absence, patients queue for many hours. They want to be treated. So, I think the Minister should be very serious with his officers, because the Ministry of Health is a matter of life for our people and we should not believe in taking things lightly.

Mr. Deputy Speaker, Sir, the other issue is that these officers, besides their jobs, also operate private clinics and chemists. When patients go to Government hospitals, they are referred to buy drugs in the clinical officers' private chemists so that they can make money. This shortage of drugs is man-made. These officers just want to make money out of the patients. So, this is very serious. These things should be checked because I do not think that, any officer who opens up a private clinic when he is posted is doing justice to the people of his area of jurisdiction.

**Mr. Ndicho:** In fact, they are driving better vehicles than the PS.

**Mr. Wambua:** Yes, they are driving better vehicles than the PS because they are doing well. They make good money when they go to the rural areas.

Mr. Deputy Speaker, Sir, the other thing that I would like to say is that, there are some diseases which are transmitted when people share beds, for example, diarrhoea and others. However, you find that most patients in most of our hospitals are told to share beds. A patient who may be suffering from malaria is told to share a bed with a patient suffering from diarrhoea or cholera. Do you not think that, that patient will be infected with that disease if he is told to share the same bed with another patient? I do not know why we should allow this trend to go on. We should find ways in which we can at least have a bed for every patient who is admitted in any hospital.

Mr. Deputy Speaker, Sir, I would also like to mention the issue of cost-sharing. This cost-sharing is, of

course, assisting the Government and people have agreed to share hospital costs with the Government. However, when the money is being transferred, one of its signatories is the MOH, who sometimes, is not there to sign the cheques to pay or to buy some drugs or equipment which can assist in the running of the dispensaries or the hospitals which they have been entrusted with.

**Mr. W. Ruto:** Asante sana, Bw. Naibu Spika wa Muda kwa kunipa nafasi hii ili nichangie Hoja hii kuhusu Wizara ya Afya.

Bw. Naibu Spika, napenda kuchukua nafasi hii, kwanza kumuuliza Waziri wa Afya na maofisa wake wasaidie Serikali yetu kutatua mambo ya ufisadi kuhusiana na dawa kutoka kwa stoo kuu ya nchi kupita hospitali za wilaya na za tarafa zingine. Kwa muda mrefu imewahi kutajwa katika Bunge hili, mwaka baada ya mwingine, kwamba mambo ya ufisadi na kuibiwa kwa madawa umezidi. Tunafikiri wakati umefika sasa wa jambo la dharura kutekelezwa, ili kutatua jambo hili. Itatubidii katika Bunge hili, tuchukue hatua zaidi kuangalia ya kwamba pesa ambazo tutatoa kwa Wizara ya Afya ambazo ni pesa zimetolewa kwa kodi ya Wakenya ambao wanafanya kazi kwa bidii na kwa jasho lao, zinatumiwa vyema. Inabidi Wizara ya Afya na Wizara zingine zifahamu kwamba pesa hizi zimepatikana kwa njia ngumu sana na inafaa wahakikishe kwamba zinatumiwa vyema.

Bw. Naibu Spika, nitaongea juu ya hospitali yetu kuu ya wilaya ya Uasin Gishu. Tumebahatika kuwa na chuo kikuu cha Moi na kwa muda mrefu sasa, chuo hicho kimetumia hospitali hiyo kwa kuwafunza wanafunzi wake. Hali ya hospitali hiyo kwa sasa ni mbovu zaidi. Wagonjwa watano wanalala katika kitanda kimoja. Wagonjwa wanabeba godoro kutoka nyumbani kwao kwenda kulalia hospitalini. Sasa, kuna Gazette Notice ambayo mwenzangu mhe. Sambu ametaja, kwamba hata hospitali ambayo mwenzangu hasa ni kimbilio la watu wengi katika Eldoret na Uasin Gishu kwa jumla ya Eldoret Memorial Hospital, inataka kutawaliwa pia na chuo hicho cha Moi. Mkurugenzi wa Eldoret Memorial Hospital tayari amewasilisha kesi kortini.

**Mr. Deputy Speaker:** Hon. Ruto, if hon. Sambu has already talked about that issue, there is no point of you repeating it.

**Mr. W. Ruto:** Asante, Bw. Naibu Spika. Ninatilia tu mkaso ili serikali ijue ya kwamba, watu wa Uasin Gishu wanachukua hospitali hiyo kama ya kibinafsi. Hospitali hiyo imeandikishwa kama ya kibinafsi. Ningependa kutaja kwamba ninapooonea hivi, tuko na hospitali mbili katika Eldoret. Kuna moja katika Ziwa Trading Centre ambayo kwa miaka mitatu sasa, tumehaidiwa na serikali kwamba itajengwa kama Sub-district Hospital. Tayari, tumechanga kiasi cha pesa karibu shilingi milioni moja tuingojea serikali ije ianze ujenzi, ituzaidie kwa mchango wetu. Tayari, tumeondoa watu na kupata ekari 18 pahali pale. Tumengojea na miaka mitatu sasa imepita. Ningependa kutoa mwito kwa Wizara ya Afya ambayo inauliza pesa za kodi kwamba, watu wa Eldoret North pia wanatoa kodi na ni waaminifu sana katika kutoa kodi. Wamechangia katika pesa hizi tunazotoa siku ya leo kwa Wizara ya Afya. Ninauliza Wizara ya Afya itimize ahadi yao, kwamba watatuzaidia kujenga hospitali katika Ziwa Trading Centre, ambayo ina watu karibu elfu ishirini katika lokesheni kama nne ambazo ziko katika mtaa huo.

Ningependa pia kuchukua nafasi hii kumuuliza Mkurugenzi wa Huduma za Matibabu kwamba, ninavyoongea karibu wiki moja iliopita, watu karibu 40 wameshafariki katika lokesheni ya Barsombe na ningetaka bwana Katibu pia aangalie. Watu hao tayari wameshapoteza maisha yao kwa sababu ya ugonjwa ambao maafisa wa afya wanatumbia haujulikani. Katika lokesheni hiyo ya Barsombe, wenyeji wakaisaidiana na viongozi wao wameweka dispensary pale kutokana na gharama yetu. Lakini kufikia sasa, tumepata tu ahadi kwamba tutapata Clinical Officer na Nurse. Hata dawa na huduma zingine hatujaziona. Ningependa kueleza Wizara hii kwamba kufa kwa watu 40 Wakenya wanaopenda amani na wanaolipa kodi, sio jambo rahisi.

Ningependa kutaja tu kwa kupitia, kuhusu hospitali ya Sub-district ya Turbo. Hospitali hiyo iko kati ya wilaya mbili na mikoa miwili. Inawahudumia watu wa Eldoret North kufikia Nandi na watu wa Lugari kufikia Kakamega. Kuna mtambo wa X-ray ambao uliletwa pale karibu miaka saba iliopita sasa. Lakini haujawahi kufanya kazi kwa sababu ya vizingizio kadha wa kadha kutoka Wizara ya Afya. Mara, tunaambiwa hakuna mtu mwenye ujuzi wa kutumia huo mtambo. Ningependa kutoa mwito kwa Wizara hiyo kwamba, watu wa Turbo ni watu wakarimu na ni watu wanaolipa kodi kama Wakenya wengine. Itakuwa ni vyema kama Wizara ya Afya itafanya kinachowezekana kuona ya kwamba, mtambo ule wa X-ray unafanya kazi. Jambo lingine ni kwamba karibu wiki tatu zilizopita, hakuna maji katika dispensari hiyo ya Turbo kwa sababu idara inayohusiana na maji imekata maji kwa sababu hayajalipwa. Itakuwa ni vyema kama Wizara hiyo ambayo imeomba pesa kutoka kwa serikali kama itafanya hivyo.

Bw. Naibu Spika, nikizungumza juu ya Medical Training Centre (MTC), tuko na moja katika hospitali yetu ya Eldoret. Lakini ni ajabu, ya kwamba watu wa Eldoret hawajaelewa ni mtindo gani unaotumiwa kuchukua watoto kuenda masomo huko. Wengi wamefanya interview na tuko na barua tumeandika katika MTCs, na hatupati majibu yoyote. Kabla sijaketi, ningependa kutoa mwito kwa idara ya NHIF isambaze huduma zake zifikie, hata kama ni wakulima, kwa njia moja ama ingine. Ieneze na ipanue huduma zake.

Kwa hayo machache, ningependa kuunga mkono.

**Mr. Ayako:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Vote.

Mr. Deputy Speaker, Sir, I have looked at the estimates made by the Ministry of Health, regarding what they require and how they intend to go about their Budget this year. What the Minister did not admit, which is very crucial and should be equivalent to what was admitted by the Minister for Finance--- The Minister for Finance admitted that our economy is in the intensive care unit. I think what the Minister for Health should have admitted is that, our health sector is in the mortuary. It is dead. I know when I say this, pangs of anger will be felt by certain people and maybe, personnel at the Ministry of Health. But I am saying this because, when we want to solve a problem we have, we first have to see the magnitude of the problem that we are dealing with. I am saying that our health sector is almost dead, because almost everywhere, for instance Migori District where I come from, the District Hospital is not equipped to the extent that it can deal with emergencies. I recently had a road accident and in the entire district, an ambulance could not be procured to take me wherever I was supposed to be taken to and I had to undergo pain for over two hours and wait for private transportation. For a person in my position and with the privilege I have to have undergone that kind of suffering, indicates the kind of difficulties that our people who may not have the kind of privilege we have undergone, when they are looking for such services.

Mr. Deputy Speaker, Sir, the Ministry of Health has professional doctors and paramedics. However, in the Printed Estimates, there is no proposal to review their salaries. The hon. Member who spoke before me said that doctors in certain hospitals do not render services as expected of them. The reasons why they do not render services as expected of them is that they are underpaid. They have children to take to schools and live like any other Kenyan. In as much as we are economically squeezed, if we have a Budget that does not look into the welfare of these officers, then it is very hard for them to discharge their professional duties effectively. What they will do is make "technical appearances" in hospitals and then take French leave in order for them to earn money in private clinics. That practice is very prevalent in our public health institutions.

Mr. Deputy Speaker, Sir, recently, doctors, nurses and other paramedics went on strike. Since that strike ended, there have never been concrete measures to address the grievances which made those officers go on strike. Today, we read in newspapers that teachers will go on strike. The reason why they will go on strike is that they are demanding for the higher pay that they were awarded. These Printed Estimates do not talk about salaries of officers in the Ministry of Health. Are we going to talk about their salaries when they threaten to go on strike? This is a very crucial area and I urge the Minister to look into it. If this area is not taken into consideration, we may have drugs and other medical materials in our health institutions, but there will be no doctors to dispense them.

It is a pity that in the whole of Rongo Constituency there is no ambulance. The population of the area is very high and cholera is rampant. It is killing our people. These Printed Estimates should have taken into consideration places like Rongo constituency where cholera is rampant. It should have also taken into consideration Kisii District where rampant incidents of malaria have been reported. We need a population that is healthy, both economically and medically. When we look at the Development Estimates of this Ministry, we see that there are no funds that have been allocated to fight malaria and cholera. That is a very sad state of affairs. We want our economy to recover, but when it recovers, there might be no Kenyans to enjoy it. That will be very sad because a lot of us will have died from malaria and cholera.

In conclusion, Mr. Deputy Speaker, Sir, there has been a lot of confusion in regard to certain people who have come up with what they refer to as curative or preventive measures for AIDS. The professionals in this country have told us that there is no cure for this virus. That is a very respectable position. However, it is very sad when some people come up with a drug which they perceive to be a cure for AIDS, and yet they are not allowed to try it. Since there is no cure for AIDS, then we should encourage whoever comes up with any drug that might cure it. Why can we not encourage such people? It is very sad to discourage them.

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

**The Assistant Minister for Water Resources (Mr. Chanzu):** Mr. Deputy Speaker, Sir, I stand here to support the Vote of the Ministry of Health. I would like to congratulate the Minister, the Permanent Secretary and the members of staff of the Ministry of Health for the good work they are doing for this country. We know that the services of this Ministry are very close to our lives. It is a highly professional and technical Ministry, which calls for high standards of ethics on the part of the staff.

The other thing that I would like to talk about is staffing. There is need to harmonise staffing in the Ministry, both at the provincial and the district levels. For example, at the provincial level, there is need to have a deputy director of medical services. Equally, at the district, we should avoid disparities in staffing. There are areas where we need to streamline staffing in the Ministry of Health. I think we need to have more officers at

community or health centres, and not nurses. Health community officers have proved to be very useful in rural areas.

I would like also to congratulate the Director of Medical Services, Prof. Meme, for his appointment. He is a distinguished doctor. We wish him well in his new appointment. We have had a lot of problems at Kenyatta National Hospital but, with his appointment, we hope that he will revive that institution.

The services rendered by Ministry of Health, as I said earlier on, are very close to our lives. Therefore, the idea of decentralisation of health services to health centres and dispensaries is very encouraging. Construction of Vihiga District Hospital is about to be completed. There is equipment on the site. However, in the Printed Estimates, there is no allocation for completion of that hospital. That means that hospital will not be used soon. I would like to appeal to the Ministry, during the Supplementary Estimates debates, to consider allocating some funds to the hospital so that it can be put to use to enable the people enjoy the benefits they have been expecting for a long time.

Mr. Deputy Speaker, Sir, the other thing I would like to mention, generally, is about the stalled projects by the Ministry of Health. These are heavy investments which are, also, earning the Government a bad name. The Government should look for ways of assisting in the completion of these projects. There are services to be rendered on the ground but in some areas there is lack of facilities. For example, in my constituency, we have got Vionginga and Inzaru Health Centres, which were put up through financial assistance from donors. However, these facilities are not effectively operational because of lack of equipment, drugs, etcetera. Therefore, I would like to urge the Government to provide more funds so that these facilities can be put to use to serve the people.

Mr. Deputy Speaker, the cost-sharing aspect has been there with us for quite some time but, I do not think that the money hospitals collect through this programme is enough to assist the Ministry in financing these programmes. Therefore, other ways of financing these facilities should be looked for. As a country, we have been spending a lot of money on major surgical operations abroad. The Ministry should intensify its efforts in training and research through the public universities, the Medical Training Centres, the Ministry itself and, also, institutions like the National Hospital Insurance Fund (NHIF). If this is done, these services can be rendered locally; hence, we can save a lot of money in foreign exchange which we are currently spending by sending our people out of the country for major operations, like heart operations.

With those few remarks, I beg to support.

**Mr. Mwiraria:** Thank you Mr. Deputy Speaker, Sir. I rise to support the Budget of the Ministry of Health. It is saddening that the Ministry's Budget allocation has been reduced by more than 15 per cent this Fiscal Year. We understand the economic circumstances justifying the cut. But, when we reduce the amount of money for transport, water supply, food and other rations to our hospitals, what are we, actually, doing to the whole system? We are, literally, killing the spirit of medical services provision in the country. Be that as it may; I would only like to appeal to the Minister for Finance that, if and when he has some money to spare for the Supplementary Estimates, he should make the Ministry of Health his first priority.

Mr. Deputy Speaker, Sir, let me join my colleagues in congratulating the Government for appointing a completely new team at the Ministry of Health. Let me hasten to say that at the moment, the problem of the Ministry of Health is two-fold: One, is lack of adequate financing. The second problem, which is equally important, can be tackled; this is lack of good management, particularly at the district hospitals, and also at the headquarters where drug purchasing is undertaken. I remember having had a personal chat with the then Minister for Health, Mr. Angatia, who told me that although he tried everything possible to change the system of drugs purchasing, he was unable to do so. This is because there was a clique of middle level and junior officers who controlled the purchasing system in the Ministry. I would, therefore, urge the new team to address that particular problem. The reason why I have mentioned the management of district hospitals is that, I was assured last year that the Meru District hospital had enough nurses. But today - I will challenge the Director of Medical Services, the Permanent Secretary or any other person in the Ministry on this issue - if you go to that hospital at midnight, you will find relatives of hospitalised people in wards warming water, preparing food and doing many other things for the patients. These are duties which should, normally, be done by nurses. Surely, this anomaly can be corrected. Although I am talking about nurses who do not do their work well, I must hasten to add that there are some very hard-working nurses among the lot, especially, at dispensaries and health centres, where they attend to a lot people on a daily basis, particularly at times like now when there are a lot of diseases. So, I am not blaming people enmass, but I would like the Ministry to pay attention to what is happening in the hospitals. I do not think we are getting services from the people we pay there.

Mr. Deputy Speaker, although we have what the Ministry calls preventive and promotive health services, those officers in the field have paid very little attention to these aspects of medical care. I am sure that if we spend more on preventive and promotive health services, we will ultimately, spend less on curative health services. I

would, particularly, like to say that following the *El Nino* rains, Meru, which had never had cases of cholera before, lost many lives as a result of the disease. This is just because of poor health arrangements by the people concerned, like refusal to boil drinking water. We have had many malaria cases which have resulted in the loss of many lives. Burring people in villages in the area is a full-time business these days. Therefore, I would like to urge the Ministry to place more emphasis on preventive health. In this respect, I think we should, perhaps, revert to some of the traditional medicines because---

*(Loud consultations)*

**Mr. Deputy Speaker:** Order! Order! Hon. Members, consult in low tones.

**Mr. Mwiraria:** In Meru, there is a traditional medicine for malaria treatment which proves to be effective when drugs from hospital fail. An example of these traditional medicines is the *njuthi*, which is crashed and mixed with soup or anything to drink. It is, today, curing malaria which has defied medicines from hospitals.

**Mr. Deputy Speaker:** What is the scientific name of the drug, Mwiraria?

**Mr. Mwiraria:** I am afraid, I do not know, Mr. Deputy Speaker, Sir. I can look it up later and inform the House. I am just mentioning a few. We also have cures for ulcers which are very effective. The reason why I am suggesting this is to make the point that the time has come for health officers to be reminded that community health care is their responsibility; that they should provide health care to communities. If we do this and people educate each other with the help of the small cost-sharing votes at the hospitals, we will, perhaps, get much more effective medical services than what we are getting now. I do not know to what extent the Boards at the district hospitals can assist in the management of those hospitals. I feel that if local people were involved, the services are likely to be a little more successful than they are at the moment.

Mr. Deputy Speaker, Sir, let me now turn to a few problems in my constituency. We have, through community efforts, built a ward where people can be hospitalized at Giagi Dispensary. That ward has proved very useful in dealing with cholera cases. Unfortunately, it will soon be closed down because the road from Giagi to Meru is impassable most of the times. I would like to appeal to the Ministry to make sure that, that service is re-opened and that the right number of nurses are send there. That facility could also be used as a maternity ward to save poor mothers the agony of having to board Land Rovers and travel over a very rough terrain.

The other issue is that there is a health centre in my constituency at Timau which has been under construction for 13 years. It is good that hon. Criticos is coming in. Last year, in an answer to a Question which I had asked as to how much money was required to complete the health centre, when there was only Kshs200,000 in the Budget, he said that Kshs10 million was required. This year, there is no single penny for that hospital. Unfortunately, the pit latrines which were in that health centre collapsed because of the *El Nino* rains, and yet there is no penny allocated to this health centre. I hope you will consider this health centre so that we can make it useable at least because it is one of the very few we have in that area.

Mr. Temporary Deputy Speaker, Sir, I am running out of time. I can only say that I support those who want the NHIF to be turned into a proper health insurance scheme for this country because we do need one desperately.

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

**Mr. Deputy Speaker:** Hon. Ndicho, you had better make sure that, that is a point of order.

**Mr. Ndicho:** Mr. Deputy Speaker, Sir. Did you realise that even before the hon. Member on the Floor had finished his contribution and even before his time was up, some hon. Members were on their feet? Is that in order?

**Mr. Deputy Speaker:** Order, hon. Ndicho! When I require your assistance in doing this job, I will ask you.

**The Assistant Minister, Office of the President** (Mr. Angwenyi): Thank you, Mr. Deputy Speaker, Sir, for giving me a chance to contribute on this important matter that is very close to my heart and the hearts of the people of Kitutu Chache.

Mr. Deputy Speaker, Sir, first I want to thank the Ministry of Health for presenting a very good budget for this year despite the fact that we are not in a very good shape economically. However, I would like to point out that what has been allocated to Development Expenditure is less than a half of what has been allocated to Recurrent Expenditure. We want to develop our health services so that our people do not die due to lack of health services. I have noticed that we are spending close to Kshs9 billion on Recurrent Expenditure whereas we are spending about Kshs4 billion on Development Expenditure. That shows that we will not be able to provide the health facilities that are required throughout the country and to bring health services closer to the people of this

country. I have noticed for example that the Kenyatta National Hospital which is a referral hospital; a hospital that takes care of all intricate health cases in the country has got its budget reduced and a provision has not been made for the amount raised through cost sharing. I have also noticed that curative health has been allocated about Kshs4.8 and the approved amount has not taken care of the amount we receive from the Cost-Sharing Programme in the various health facilities. The amount which has been allocated for preventive medicine and for rural health services is very small. This means that we have allocated most of our amounts to big hospitals in towns when, in fact, we should be looking at the rural areas which have suffered from highland malaria, cholera and typhoid.

Mr. Deputy Speaker, Sir, we should allocate more money for rural health services. I heard one hon. Member here say that there is a health centre somewhere which was built ten years ago and has never received the personnel who can administer health services. In my own constituency, I have got two health facilities which were built 15 years ago; Nyagoto Dispensary and Entanda Dispensary. These two facilities were built 15 years ago but to date, the Ministry has never sent personnel there and it has never allocated any funds to each of these facilities to have them improved and developed for the provision of health services. I have noticed that a lot of money has been allocated towards sexually transmitted diseases and AIDS as opposed to other illnesses. I know that AIDS is a big killer in this country right now. But we have got bigger killers, for example, malaria and typhoid which are killing thousands of our people. These diseases have not been taken care of appropriately so that our people do not suffer.

Mr. Deputy Speaker, Sir, I have also noticed that training of personnel has not been allocated adequate funds. Most hon. Members have been complaining on the Floor of this House that there are no adequate training opportunities for our personnel. We should have allocated adequate funds to training. We should allocate such funds to the Medical Training Colleges and health centres in the rural areas. For example, Kisii District Hospital has got a training facility but it is so limited that we should have added it more funds so that it can be expanded in order to absorb more personnel who can provide services to our people.

Mr. Deputy Speaker, Sir, I have taken note of the allocations made for Family Planning. The allocation for Family Planning is far in excess of other services and they have called it several names; family planning support, population support and so forth. It looks like this is one way of reducing funds meant for provision of services to our people, so that they can have these consultancies and people trying to tell our wives when they should have the next child. They do not bother to provide the medicine and services so that the child who is born can grow up healthy and become an adult.

Mr. Deputy Speaker, Sir, if you provide family planning services in Kisii, for example, it would be a good thing. But if you do not provide the prevention services for malaria, typhoid, and cholera, then people will continue giving birth to more children because they know that the ones they have given birth to may not survive the first five years. The Ministry should rationalise the allocations made for family planning. That must be looked into seriously, unless of course, we want to get this money into people's pockets without giving the services to our people.

Mr. Deputy Speaker, Sir, I have noticed that we have allocated Ksh480 million to National Hospital Insurance Fund. I thought we contribute to this Fund; why do we allocate Kshs480 million to this Fund, when people are contributing to it? That amount could be used to construct more health facilities in the country. We have seen that, the Fund does not invest its funds properly. The amount that is received---

**Mr. Deputy Speaker:** Mr. Angwenyi, there is a Bill coming before Parliament on the Fund. So, you are anticipating the debate.

**The Assistant Minister, Office of the President** (Mr. Angwenyi): Sorry, Mr. Deputy Speaker, Sir. I was just looking at the amount of Kshs480 million, while Kisii District Hospital which takes care of over one million people has only got Kshs7 million. There is no justification for it.

**Mr. Obwocha:** On a point of order, Mr. Deputy Speaker, Sir. Is the Assistant Minister in order to mislead this House? In fact, on page 620, the amount allocated to National Hospital Fund, under 350 Unit 400 is K£5 million.

**Mr. Deputy Speaker:** Hon. Obwocha, I have already ruled that we should not discuss the Fund. That is anticipated debate because there is a Bill coming to the House on the Fund. Proceed.

**The Assistant Minister, Office of the President** (Mr. Angwenyi): Mr. Deputy Speaker, Sir, some of these new hon. Members do not know when the time ends.

**Mr. Deputy Speaker:** Hon. Angwenyi, proceed with your contribution.

**The Assistant Minister, Office of the President** (Mr. Angwenyi): Mr. Deputy Speaker, Sir, we have seen the population grow in various areas in this country like Gusiiland, especially Central Kisii District. The hospital which was built long time ago has been serving the people. The population served by the hospital has

increased tremendously and yet the hospital has never been expanded. I would propose that Kisii Hospital be upgraded to a provincial hospital.

**Mr. Mwenje:** For which province?

**The Assistant Minister, Office of the President** (Mr. Angwenyi): For the province of Kisii District! Similarly, we would like Homa Bay Hospital to be upgraded to a provincial hospital because it takes care of a lot of people. The important thing is not a province, but the number of people that are given the services. Also, a hospital like Marani Health Centre should be upgraded to a district hospital

**Mr. Obwocha:** Also Nyansiongo!

**The Assistant Minister, Office of the President** (Mr. Angwenyi): Nyansiongo Hospital should be upgraded to a subdistrict hospital. That way, we can provide the necessary services.

With those few remarks, I support.

**Mr. Kariuki:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to comment or support the Vote on the Ministry of Health.

Mr. Deputy Speaker, Sir, this is a very important Ministry in the sense that when we got Independence, one of the biggest challenges that the nation undertook was to alleviate diseases in the country. The Ministry has faced this challenge very admirably, despite the fact that it is going through a very difficult time since there are no adequate funds to support it. Nevertheless, there are certain issues that arise and ought to be addressed when looking at the various votes. One of them is the problem of the management of cost-sharing funds. There has been a very big problem in accounting for these funds. There have been accusations that certain officers within the Ministry are not truthful enough and are misappropriating these funds. I think, there should be proper internal audit systems to ensure that these funds are properly taken care of. Otherwise, when there is no proper control, these funds will not reach the areas they are intended for. In the process, the Government will lose a lot of money. It is important therefore, that besides having these internal audit systems, proper accounting systems are also put in place to ensure that these funds are not diverted to other areas.

Mr. Deputy Speaker, Sir, there are also drug thefts being experienced in hospitals. For example, in Murang'a, medical officers steal drugs from hospitals. I think, we have the same problem all over the Republic, and it is important that we put in place systems which will alleviate or reduce drug thefts.

Mr. Speaker, Sir, the other issue is inadequate staff. Although we have very good doctors in this country, their emoluments are not good enough. Doctors are therefore, finding their way in other countries like South Africa. It is on record that there are about 800 doctors from Kenya, who are now serving the Republic of South Africa. It is a pathetic situation since the patient to doctor ratio in this country is very high. I think, it is important that these doctors are given incentives to attract them back home, so that they can serve our country rather than other nations. We need medical staff desperately and we should do all within our power to ensure that doctors do not go out to serve other countries.

Mr. Deputy Speaker, Sir, there are other very good doctors who have proved to be a very big asset to this nation. For example, Prof. Meme who has done a beautiful job at the Kenyatta National Hospital. Such people ought to be promoted to the level of Permanent Secretary or even higher. I wish he was a politician to be the Minister for Health, because he is very fit. People of his kind should be rewarded and promoted. They should be put in more strategic positions in this country. We have few civil servants who serve this country well. Civil servants who do a good job should be promoted. Prof. Meme is a case in point. He is a no nonsense man and has done very well at the Kenyatta National Hospital. If you went to Kenyatta National Hospital, you would see for yourself the standard of cleanliness, staff morale and devotion to duty. It is good that he has now been taken to the head office, and we hope that he will continue doing an admirable job. I wish other officers within the Ministry and elsewhere could emulate his good example to enhance staff morale within the Civil Service. I have looked at the various sub-heads within the Ministry and found out that the NHIF has been given a Vote. The NHIF is not living up to the expectations of Kenyans. It has been converted from a fund that can dispense various services, into an investment company, buying properties, plots and other things all over the Republic. That should be stopped. Its role is to receive contributions from its members, and pay claims that have been submitted by various hospitals. If it goes beyond that parameter, it will not be serving any useful purpose.

I would like to touch on issues affecting my people. The Murang'a District Hospital has a very good Medical Officer of Health (MOH) called Dr. Ndegwa, who is doing a very good job. However, he is faced with major constraints. His Excellency the President made a visit to Murang'a District Hospital two years ago. Out of his generosity, he requested that Kshs30 million be used for renovation. I must thank the Government and the President for making it possible for minor renovations to be done. But they are not adequate and we wish that the Government could give us more funds. The Murang'a District Hospital is serving more than one million people.

It is one of the oldest hospitals within Central Province. It caters for a very high population. It is important for more funds to be earmarked for the hospital.

In fact, the most critical issue is that the hospital's ambulance was involved in an accident sometime last year, which killed a driver and a nurse. It has not been replaced since then. There is no ambulance to cater for the more than one million people. Many people are dying in the hospital because they cannot be transferred from Murang'a to Nairobi. An ambulance is a major essential asset that ought to be there. It must be provided at all costs. The Ministry ought to provide one as a matter of urgency. Cost-sharing necessitates that funds should be used for such type of essentials. If that is not done, then I wonder what cost-sharing is all about. The district should address the issue of the ambulance as a matter of urgency. We are suffering and we need an ambulance. We do not have to waste more time saying that funds will be available, while we know that the funds are there. In fact, if cost-sharing money is not used for that purpose, I wonder what other purposes it should be used for. It might be misappropriated.

There are other hospitals and dispensaries which are not taken care of adequately. Muriranja Sub-district Hospital does not have many doctors. It has only one doctor whereas at the peak of its operations, it had six doctors. Reduction of medical services is a major problem in that particular hospital. We have a major problem with provision of water in the district hospital. There are cases where patients have been forced to go and fetch water. I think that is unheard of. I do not know what we expect as a nation, if we do not look at the plight of those people. It is important for water to be provided at all costs, by the Ministry of Water Resources. If possible, I think the Ministry should have enough water reservoirs to ensure that adequate supply of water is maintained. If that is not done, we will be accelerating the process of killing the people who seek services from those hospitals.

The district mortuary in the hospital is inadequate. The other day, I went to pick a street boy who was killed by ruthless policemen. We have no sanctity for human life. The poor boy was lying between 30 stinking corpses. It cannot cater for people within the hospital. I wonder what we are trying to expand if mortuaries cannot be expanded. The population of this country is increasing, and the occurrence of incurable diseases is also on the rise. I think it is important to increase the capacity of mortuaries in all the hospitals. Rather than providing more wards now, it looks like the Ministry of Health is happier with dead bodies. The Ministry should increase the capacity of mortuaries all over the country. They should have a more positive outlook and build bigger ward facilities, and also provide support staff and the equipment that goes with it.

Provision of drugs should be addressed urgently. We have major problems in the procurement of drugs. When orders are placed in the headquarters, they take a long time to be served and supplied. Worse still, when drugs are released, they get lost between the head office and the district hospitals. It is important for us to tighten up our supply system, so that such losses do not occur.

Another important thing is the issue of the Kenya Medical College. There is a lot of nepotism in recruiting students. We should be more nationalistic and ensure that there is fair distribution of students.

#### ADJOURNMENT

**Mr. Deputy Speaker:** Order! Hon. Members, it is now time to interrupt our business. The House stands adjourned until tomorrow, Wednesday, the 15th of July, 1998, at 9.00 a.m.

The House rose at 6.30 p.m.