

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 3rd August, 2005

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

### PRAYERS

### QUESTIONS BY PRIVATE NOTICE

#### DEATH OF MR. PAUL SOO MWANGANGI

**(Mr. Ndile)** kumuuliza Waziri Katika Afisi ya Rais:-

(a) Ni nini kilisababisha kifo cha aliyekuwa diwani wa kale wa Makueni, Bw. Paul Soo Mwangangi, mnamo tarehe 18 Julai, 2005, katika kituo cha polisi cha Sultan Hamud?

(b) Je, ni hatua gani Serikali itachukua kuhakikisha usalama wa washukiwa wakati wako korokoroni?

(c) Ni washukiwa wangapi wamepelekwa kortini kuhusiana na kifo hicho?

**Mr. Speaker:** Mr. Ndile not here? His Question is dropped!

*(Question dropped)*

#### COLLAPSE OF UNITED INSURANCE COMPANY

**Mr. Angwenyi:** Mr. Speaker, Sir, although I have not received a copy of the written answer, I beg to ask the Minister for Finance the following Question by Private Notice.

(a) Is the Minister aware that United Insurance Company has collapsed and been placed under statutory management?

(b) Is he further aware that the collapse of the company has serious implications on the owners of the vehicles that were insured by the company as well as the travelling public that use these vehicles?

(c) Could the Minister inform the House the role of the Commissioner of Insurance and the Kenya Reinsurance Corporation in this scenario?

**The Minister for Finance** (Mr. Mwiraria): Mr. Speaker, Sir, I apologise for not having given the hon. Member a copy of the written answer. I just got the answer ready when I rushed in. I will give him a copy of the written answer. However, I beg to reply.

(a) I am aware that United Insurance Company has been placed under statutory management.

(b) I am aware. Upon appointment, the statutory manager issued a public notice advising the owners of vehicles insured by this company that the covers were invalid and, therefore, should seek insurance for their motor vehicles elsewhere.

(c) The Commissioner of Insurance is empowered by the Insurance Act to supervise the

insurance industry. As part of his responsibilities, the Commissioner may appoint a manager to run an insurer when such a company is unable to meet its contractual obligation to policy holders and the general public. He is also mandated to supervise and license the insurance industry as a whole.

The Kenya Reinsurance Corporation was, therefore, appointed to run the affairs of the company and give the Commissioner of Insurance a report on the status of the company within 12 months.

**Mr. Angwenyi:** Mr. Speaker, Sir, you have heard the Minister say that they advised the members of the public to insure their vehicles elsewhere. When will they be refunded the payments they made to the United Insurance Company for their insurance covers so that they can use it to insure their vehicles elsewhere?

**Mr. Mwiraria:** Mr. Speaker, Sir, the hon. Member is aware that this House amended the Insurance Act to have a provision for paying insurance to the people who have used companies which go under. As is the practice, once a company has been liquidated, the normal process of finding out who are owed money, assessing exactly what the liabilities are, finding out what the company is worth and deciding on how much each of the creditors has will take place. This process takes some time. It is not the kind of process which can be dealt with within a day or two.

**Mr. Kembi-Gitura:** Thank you, Mr. Speaker, Sir. The Minister has said that the insurance policies which were issued by United Insurance Company are invalid. In answering the supplementary question, he has said that, that insurance company has been liquidated, whereas we know that it is under a statutory management. Could the Minister clarify that position?

Could he tell us whether that company is under liquidation and, therefore, there cannot be any claims against it? Could he tell us the legal position of the pending claims against United Insurance Company that were imposed before the statutory manager was appointed?

**Mr. Mwiraria:** Mr. Speaker, Sir, I may have chosen wrong words. It is true that the company has been put under statutory management. If the statutory manager turns it around, it will be fine. However, I was referring to the Insurance Protection Fund. I have said that, that Fund is used when the situation is so bad and a company is put under liquidation. However, this company has not been put under liquidation. It has been placed under a statutory manager. If I had used the wrong words, I take them back.

**Mr. Muiruri:** Mr. Speaker, Sir, all of us know United Insurance Company. This is the second time that the company has been placed under the statutory management. It is only a few months ago when the directors, namely, George Kariuki and others were reinstated after the Government was satisfied that the company can run on its own. Mrs. Githaiga had run that company very well. It has again placed under statutory management. Is there something wrong? What right does the Government have to place the company under two statutory managements within a very short period?

**Mr. Mwiraria:** Mr. Speaker, Sir, the first time when the United Insurance Company was placed under statutory management, it was run down so badly that the Commissioner of Insurance thought it was under better management before. Unfortunately, when the old management took over, they found out that the problems were too serious and reported to the Commissioner of Insurance the gravity of the situation. That is why we, as a Government, felt that in order to protect the insured, we need to place the company under statutory management once again.

**Mr. Kembi-Gitura:** On a point of order, Mr. Speaker, Sir. Did you hear the Minister say that the first time United Insurance Company was put under statutory management, it was badly run down by the manager that they thought it was better with the owners? If that is the position, does the Government take responsibility for appointing the statutory manager and for the loss that, that insurance company has suffered?

**Mr. Mwiraria:** Mr. Speaker, Sir, the answer is no.

**Mr. Angwenyi:** Mr. Speaker, Sir, the Minister has said that the work of Kenya Reinsurance Company, which was established by this Parliament to protect the interest of the poor Kenyans who

take insurance policies, is to manage companies after they have gone under. Is this the work the Kenya Reinsurance Company does and rakes in billions of shillings that it remits to the Treasury as dividends?

**Mr. Mwiraria:** Mr. Speaker, Sir, Kenya Reinsurance Company was reappointed to manage United Insurance Company not because of its reinsurance work. It is because we considered it as a company that understands insurance matters and has managers who can do insurance work. It is, therefore, ably suited to manage collapsing insurance companies.

## ORAL ANSWERS TO QUESTIONS

### *Question No.503*

#### SEIZURE OF NCC PUBLIC TOILETS BY PRIVATE DEVELOPERS

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

- (a) whether he could inform the House how many public toilets have been seized by the private developers in the City of Nairobi;
- (b) whether he could table the names of the people responsible for (a) above; and,
- (c) what steps he will take to revert the land to public use.

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

(a) Three public toilets were seized by private developers in the City of Nairobi.

(b) Their names are L. Matanga (deceased), Marble Arch Hotel Ltd., and Kenol Petrol Station.

(c) The Ministry has issued firm instructions to the Nairobi City Council (NCC) to repossess the toilets as per the recommendations of the Ndung'u Commission about grabbed land in the country.

**Mr. Ndolo:** Thank you, Mr. Speaker, Sir. I thank the Assistant Minister for his answer. However, I think he is not serious with this Question. He has said that the late Matanga, and the management of Marble Arch and Kenol grabbed public toilets. Does the Assistant Minister have any interest in grabbed toilets in the NCC? He has not answered this Question properly.

**Mr. Kamanda:** Mr. Speaker, Sir, should I answer that question? I have given the information sought by the Question; the names of the companies and the people allocated public toilets in the City. I assure the hon. Member that I have no interest in this matter. My name or any company related to Maina Kamanda does not feature in this matter.

**Mr. Serut:** Mr. Speaker, Sir, public toilets in Nairobi City are understood to be under the purview of Nairobi City Council. The Assistant Minister says these toilets were grabbed. When they were being grabbed, where was the Nairobi City Council? Was it on leave? If it was not on leave, who allocated them?

**Mr. Kamanda:** Mr. Speaker, Sir, I think the hon. Member should, first of all, declare his interest. These allocations were done directly by the Ministry of Lands and Housing. The hon. Member was in charge then in the Ministry. Therefore, he must be having an interest in this matter.

*(Laughter)*

**Mr. Keter:** On a point of order, Mr. Speaker, Sir. Am I in order to request the Assistant Minister, since he has cleared his name, to confirm whether Mr. Serut has an interest, maybe, in one of the three grabbed toilets?

**Mr. Speaker:** Mr. Assistant Minister, is Mr. Serut one of them?

**Mr. Kamanda:** Mr. Speaker, Sir, he was in that administration then. But I am not saying he is

one of them.

**Mr. Serut:** On a point of order, Mr. Speaker, Sir. Anything which was being allocated had clearance from the custodian of that particular property. If the toilets were allocated, then the Nairobi City Council must have given clearance. The Assistant Minister who is answering the Question now was a councillor by then. Could he tell us whether he was not party to the allocation?

*(Applause)*

**Mr. Kamanda:** Mr. Speaker, Sir, that was the time when laws were not followed in this country. So, the council was supposed to surrender the property to the Commissioner of Lands to allocate. But the Commissioner used to grab and allocate without seeking authority from the council.

**Prof. Olweny:** Mr. Speaker, Sir, in the 1970s, when I was a student in the University of Nairobi, there used to be a public toilet between Woodley and Kibera. Today, there are several kiosks where the toilet used to be. What happened to that particular facility which I knew as a public toilet when I was a student at the University of Nairobi?

**Mr. Kamanda:** Mr. Speaker, Sir, that particular toilet is still there.

**Mr. Wanjala:** Mr. Speaker, Sir, the Assistant Minister has told us about the Kenol Petrol Station. He says that they have given strict instructions that whoever grabbed the public toilets must surrender them. What was the urgency of the Ministry of Lands and Housing to evict people from Mau Forest, and fail to evict people who grabbed public toilets in the City with a population of more than three million people?

*(Applause)*

**Mr. Kamanda:** Mr. Speaker, Sir, the Mau forest issue is not within my docket.

**Mr. Angwenyi:** On a point of order, Mr. Speaker, Sir. The Assistant Minister says some of the grabbed public toilets are now owned by Kenol/Kobil Petrol Station and Marble Arch Hotel. Who are the owners of these firms? Is it in order for him not to tell us who the owners of these companies are?

**Mr. Speaker:** Order! Do you want to know who owns Kenol/Kobil Petrol Stations?

**Hon. Members:** Yes!

**Mr. Speaker:** Go to the Registrar of Companies! That is the law.

Last question, Mr. Ndolo!

**Mr. Ndolo:** Mr. Speaker, Sir, Nairobians deserve adequate facilities. Could the Assistant Minister tell this House when the City Council will build more public toilets for them, so that they can live easily in the City?

**Mr. Kamanda:** Mr. Speaker, Sir, if the hon. Member is not aware, we have constructed two extra public toilets in Kirinyaga Road in Nairobi City. We are even using some of the Constituency Development Fund money for this purpose. The council is also using some money to put up more toilets in the City. In terms of repossession of grabbed property, it is not only the public toilets, but also car parks and school land grabbed by companies of Members of Parliament within this Parliament.

**Mr. Weya:** On a point of order, Mr. Speaker, Sir. The Assistant Minister has clearly said that there are some Members of Parliament who have grabbed land. Could he name those Members of Parliament?

*(Applause)*

**Mr. Kamanda:** Mr. Speaker, Sir, I am talking of car parks. One of them is next to City Market, owned by the then Minister for Local Government.

**Hon. Members:** Who?

**Mr. Kamanda:** It is a company associated to the former Minister, Mr. Kamotho. The other one is next to the Central Bank of Kenya. It is owned by a company associated with my friend, Mr. Gumo.

**Hon. Members:** *Endelea! Endelea!*

**Mr. Ndolo:** On a point of order, Mr. Speaker, Sir. The Assistant Minister is misleading this House. He is the one who has grabbed a lot of land in Nairobi City.

*(Applause)*

**Mr. Speaker:** Order! Order, hon. Members! What is this? I do not think this is what Parliament was created for!

**Mr. Maore:** On a point of order, Mr. Speaker, Sir. I think, in light of consistency, Mr. Ndolo has stated that on top of the ones Mr. Kamanda has listed, he has his own. Could he also tell us which ones are these?

*(Loud consultations)*

**Mr. Speaker:** Order! Mr. Ndolo, do you have anything on that?

**Mr. Ndolo:** Mr. Speaker, Sir, if given time, I will bring the details of the land which he has grabbed. There are two Ministers who have grabbed that land in my area.

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! Mr. Ndolo, if you do not have the facts, you withdraw! Will you withdraw or substantiate?

**Mr. Ndolo:** Mr. Speaker, Sir, I withdraw and apologise.

*(Applause)*

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

**Mr. Weya:** On a point of order, Mr. Speaker, Sir. You heard the Assistant Minister mention that some Members of Parliament own certain grabbed property in this City. Could he substantiate his remarks because he cannot talk about it without evidence?

**Mr. Kamanda:** Mr. Speaker, Sir, I can bring those documents by Thursday if I am allowed.

**Mr. Speaker:** Order, Mr. Kamanda! If I could not allow Mr. Ndolo to get away against you, I will not allow you to get away against him. You either do it now or you withdraw.

**Mr. Kamanda:** Mr. Speaker, Sir, could I be allowed to bring the documents tomorrow, because I have the evidence.

**Mr. Speaker:** Order! Hon. Members, apparently this line cuts both ways. It does not cut one way. You were quite happy when I asked Mr. Ndolo to substantiate. I asked him to apologise promptly. You set yourself ready. In fact, you had a frame of mind, apparently, to come and state what you have stated in the House. You are an Assistant Minister with all records at your disposal and you knew what you were coming to say. You must substantiate now or withdraw.

**Mr. Kamanda:** Mr. Speaker, Sir, I was responding to a Question.

*(Mr. Wanjala consulted loudly)*

**Mr. Speaker:** Order, Mr. Wanjala! You must keep the peace. Proceed, Mr. Kamanda!

**Mr. Kamanda:** Mr. Speaker, Sir, I was responding to a Question and all those documents are in my office. I can bring them even tomorrow. That is the truth.

**Mr. Speaker:** I have declined.

**Mr. Kamanda:** Mr. Speaker, Sir, I withdraw and apologise.

**Mr. Speaker:** Order, hon. Members! I think we must take this House seriously. We must not use this House for mudslinging and vendetta. If you have to say anything against your colleague, you should come prepared with the requisite documents. At the same time, we must also be mindful of the standing orders that we require a substantive Motion to discuss fellow hon. Members. We must guard this House from being a House of disrepute.

**Mr. Wanjala:** Mr. Speaker, Sir, I do not intend to disagree with the Chair, but the Assistant Minister was answering a Question which was related to the answer. The Assistant Minister does not carry the whole office to the House. Could we have the Question deferred so that the Assistant Minister can table the documents, instead of forcing the Government to withdraw what is obvious?

**Mr. Speaker:** Mr. Wanjala, you fall in a category of hon. Members who take special delight in maligning Kenyans generally, and fellow hon. Members. I do not think the Chair and this House belong to that category.

*Question No.551*

ATTEMPTED INVASION OF PRIVATE  
LAND IN NDITHINI BY SQUATTERS

**Mr. Mbai** asked the Minister for Lands and Housing:-

- (a) whether he is aware that about 2,000 people purporting to be squatters attempted to invade private land in Ndithini Division on 11th June, 2005;
- (b) whether he is further aware that the persons mentioned above were transported from Nairobi in 11 lorries by one Archbishop Thuo; and,
- (c) what urgent measures he is taking to stop these people from interfering with private land.

**The Assistant Minister for Lands and Housing** (Mr. Mungatana): Mr. Speaker, Sir, I beg to reply.

(a) I am not aware that 2,000 people purporting to be squatters attempted to invade private land in Ndithini Division on 11th June, 2005.

(b) I am not further aware who transported them and how they were transported.

(c) The law protects legally acquired private land and aggrieved parties are, therefore, advised to report to the relevant security arm of the Government for appropriate action.

**Mr. Mbai:** Mr. Speaker, Sir, I am surprised by the Assistant Minister's answer. This issue was reported in the media. I am surprised---

**Mr. Speaker:** Mr. Mbai, do you know you do not use the media as an authority.

**Mr. Mbai:** Mr. Speaker, Sir, this is an issue which has been there for some time. I am surprised that the Assistant Minister has said he does not know Archbishop Thuo, who is well known in the Ministry of Lands and Housing. This man operates an office in Kariobangi, purporting to be selling shares for people to buy land in Ndithini. This man has a total of about 15,000 squatters and he has also sent some copies to that effect to the Ministry. I wonder why the Assistant Minister is saying

he is not aware of this man and his operations. Could the Assistant Minister tell us whether there is some other land in Ndithini, or if this is settlement land for people to be settled?

**Mr. Mungatana:** Mr. Speaker, Sir, since the hon. Member filed the Question, we carried out investigations and we know the land in question is LR. No.11931, which measures 36,000 acres. According to our records, it was allocated to Ithanga Limited in April, 1969, under the RTA Cap.281. The land was subsequently sub-divided into 10 plots. I have a list of 10 people whose names I can read very quickly. There is Kibugua Kioki who got 244 acres; Kangundo Farmers Co-operative, Nzii Farmers, Matungulu Farmers, Mbalu wa Ndatha, Mbui Nzau Farmers, Mbui Nzau Farmers, Stephen Kitoila and others and Matungulu Farmers.

This parcel of land was sub-divided into 10 plots. As far as the Ministry is concerned, there is no Government land there. This is private land which was sub-divided. If that Bishop is involved in something illegal, then we will be willing to work with the hon. Member to have him taken to court for prosecution, because there is no Government land here.

**Mr. C. Kilonzo:** Mr. Speaker, Sir, I am very happy with what the Assistant Minister has said. Archbishop Thuo went to State House and got a letter which was sent to the Police Commissioner, instructing him to give him enough policemen to go to Ithanga. The current Police Commissioner declined and wrote a letter to the DC asking him for advice on the issue. It is only at that time that---

**Mr. Speaker:** Could you ask your question?

**Mr. C. Kilonzo:** Mr. Speaker, Sir, what is the interest of Archbishop Thuo in the land in Ndithini?

**Mr. Mungatana:** Mr. Speaker, Sir, I am not aware of the letter given from State House. I am also not aware of the interests Archbishop Thuo has in this land, as hon. Members have alleged. However, I am willing to work with them to see that nothing illegal is carried out. We can work together and get this man arrested. I do not think there is anything legal going on here, as far as our records are concerned.

**Mr. Mbai:** Mr. Speaker, Sir, I want to thank the Assistant Minister for the answer because he has now confirmed that there is no vacant or Government land in Ndithini. The people of Ndithini are staying in a state of fear of being attacked by these squatters led by one Archbishop Thuo.

I will co-operate with the Assistant Minister to ensure that this man is taken to court because he has taken a lot of money from unsuspecting members of the public.

*Question No.554*

WITHDRAWAL OF APs FROM ISIOLO  
SOUTH LOCATIONAL CENTRES

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

- (a) whether he is aware that Administration Police (AP) officers have been withdrawn from Sericho, Eres-Ha-Boru, Gafarsa and Malka Daka locational headquarters;
- (b) what were the reasons for the withdrawal; and,
- (c) when he will re-deploy the officers to their stations.

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

(a) I am aware that AP officers were withdrawn from Sericho, Eres-Ha-Boru, Gafarsa and Malka Daka locational headquarters between the year 2001 and 2002.

(b) The officers were withdrawn due to complete dilapidation of their houses and lack of essential facilities, such as toilets and water. These facilities are in the process of being rehabilitated.

(c) Already, officers have been re-deployed to Malka Gala AP Post. The other AP Posts are to

be re-opened as soon as restoration of the facilities is complete.

**Mr. Bahari:** Mr. Speaker, Sir, I think the Assistant Minister is mixing up issues. I have asked about Sericho, Eres-Boru, Gafarsa and Malka Daka. Malka Daka is not the same as Malka Gala where he said that AP officers have been posted to. Malka Gala is in another constituency in Isiolo. This is a very important security matter. Fifty per cent of the population in that area reside far away from their nearest police stations. Since he cannot clarify this matter now, could we defer the Question so that he can seek clarification from his officers and answer it in the next earliest opportunity?

**Mr. M. Kariuki:** Mr. Speaker, Sir, I am very clear in my answer. I know that there is a difference between Malka Daka and Malka Gala. I said that the AP officers who were in the other four locations have been re-deployed to Malka Gala. It could be in another constituency, but that is where they have been re-deployed. As soon as the facilities are in place, we will re-open the other AP camps.

**Mr. Bahari:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to give the House misleading information? That is why I requested that the Question be deferred. As we speak, there is no AP post in Malka Gala and yet he is saying that the APs have been re-deployed to Malka Gala.

Mr. Speaker, Sir, could we have this Question deferred, so that he can bring an appropriate answer?

**Mr. Speaker:** I think the basic issue raised by the Assistant Minister is the withdrawal of the APs based on lack of facilities. Has that position changed, Mr. Mirugi? When are you going to change that position?

**Mr. M. Kariuki:** Mr. Speaker, Sir, the position has not changed. I believe, the concern of the hon. Member is that, in that other AP post, which I believe is outside his constituency, there are no AP posts. The information I have is that, that is where the APs have been re-deployed. I am prepared to receive any information from him and if it is true that there are no officers at Malka Gala AP post, we are prepared to deploy some officers there as soon as possible.

**Mr. Speaker:** Can I hear more from you, Mr. Bahari?

**Mr. Bahari:** Mr. Speaker, Sir, the fact that the Assistant Minister himself is giving a misleading answer to the effect that the officers were re-deployed to Malka Gala, is itself a clear indication that the answer he has got from his officers, including the bit on the dilapidated infrastructure that he has mentioned, is not correct.

**Mr. Speaker:** Mr. Mirugi, taking into account what happened in the recent past in that general area, I am inclined to ask you to re-look into this issue and make it up next Wednesday.

**Mr. M. Kariuki:** Mr. Speaker, Sir, the only issue for confirmation would be whether Malka Gala has APs or not. We have tried to reinforce all our AP posts in those areas. In fact, in Marsabit District, where we have had problems in the recent past, we have deployed as many as 20 APs per post, while posts in other places have five APs each.

**Mr. Speaker:** Mr. M. Mirugi, if I got it right, what worries the hon. Member is that several posts, namely, Sericho, Eres-Ha-Boru, Gafarsa and Malka Daka have no APs at all. Have you addressed the issue of those particular posts? Was it not possible to do so?

**Mr. M. Kariuki:** Mr. Speaker, Sir, I understand the anxiety of the Chair and the House regarding this matter. I will be quite happy if we defer this Question to Tuesday so that I can get further information, which I will then give to the House.

**Mr. Speaker:** Very well! Thank you very much.

*(Question deferred)*

Ms. Mwau, the Assistant Minister for Planning and National Development had called the Chair, requesting that your Question be deferred to tomorrow.



**Ms. Mwau:** That is okay, Sir.

**Mr. Speaker:** Very well! The Question is deferred.

*Question No.234*

QUANTIFICATION OF WOMEN'S  
REPRODUCTIVE  
WORK IN ECONOMIC SURVEY

*(Question deferred)*

*Question No.602*

ILLEGAL ALLOCATION OF  
KITALE ACADEMY LAND

**Capt. Nakitare** asked the Minister for Education, Science and Technology:-

(a) whether he is aware that land belonging to Kitale Academy was illegally allocated to the former Managing Director of Kenya Seed Company, Mr. Nathaniel Tum;

(b) whether he is further aware that as a result of the above illegal allocation, the school has no land for expansion; and,

(c) If the answers to Parts "a" and "b" above are in the affirmative, whether he could urgently nullify this illegal allocation and ensure that land belonging to the school and other schools all over the country is protected from land grabbers.

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

(a) I am aware that public land adjacent to Kitale Academy, measuring about 10.5 acres was allocated to a private developer in 1995. I am further aware that the school applied twice, in 1993 and 1995, to the Commissioner of Lands for allocation of the public land in question but there was no response from the Commissioner of Lands.

(b) I am also aware that the school stands on a plot measuring 107 acres, LR. No.24719, which its management should utilise for expansion.

(c) The Ministry has no authority to nullify title deeds of land which had been allocated to individuals or any other entity by the Commissioner of Lands. However, through a circular dated 30th July, 1999, the then Head of the Civil Service and Secretary to the Cabinet instructed all public institutions, including schools, to liaise with the Ministry of Lands and Settlement to have their land and plots surveyed and title deeds issue to avoid cases of encroachment. That circular is being implemented by my Ministry.

**Capt. Nakitare:** Mr. Speaker, Sir, I am dismayed by the answer given by the Assistant Minister. Kitale Academy was started in 1940 and its capacity supersedes the average land on which it stands now.

**Mr. Speaker:** Order! Can you put the question?

**Capt. Nakitare:** Mr. Speaker, Sir, I would like the Assistant Minister to tell us whether this hived land from the compound of the school was legal.

**Mrs. Mugo:** Mr. Speaker, Sir, the land in question has actually never been allocated to the school. The school had applied for allocation of the said land but the Commissioner of Lands never replied to that application. So, I would advise the school management and its board of governors to apply to the Ministry of Lands and Housing which could probably give them better answers than we can.

**Dr. Rutto:** Mr. Speaker, Sir, I read mischief in the Question that the hon. Member has asked. A name of a person who is not in this House is being maligned. I think the hon. Member should apologise to Mr. Nathaniel Tum.

**Capt. Nakitare:** On a point of order, Mr. Speaker, Sir. Is the hon. Member in order to insinuate that I am using mischief when I am asking a Question on behalf of the Saboti people? Is he in order?

**Mr. Speaker:** Order! Hon. Members, again, we are coming back to what I spoke on earlier today, about the perpetual demand by this House for some blood of particular Kenyans who are not here. It is a rule of this House that a Question must be factual. It must have facts on it.

*(Applause)*

If I understand the Assistant Minister right, nothing of what you have alleged actually happened. So, it is not factual unless you prove the Assistant Minister wrong.

**Capt. Nakitare:** Mr. Speaker, Sir, I have proven that the Assistant Minister is wrong.

**Hon. Members:** How? How?

**Mr. Speaker:** Is it?

**Capt. Nakitare:** Mr. Speaker, Sir, I would like to be given time to table the documents here. Mr. Speaker, Sir, this is an---

*(Loud consultations)*

**Mr. Speaker:** Order! Order!

**Capt. Nakitare:** I am on the Floor.

**Mr. Speaker:** Order! It is, indeed, right and proper that this House demands accountability for public property. It is also the duty of this House, in doing that, to proceed on nothing else but facts. It is not the business of this House to proceed on non-facts. We must be very mindful of the damage we can do to innocent Kenyans who are out there, and who cannot defend themselves here. So, let us, please, return back to what it must be; the dignity of this House and the duty of hon. Members to speak the truth!

Madam, Assistant Minister, have you finished?

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

**Mr. Speaker:** We will not follow up that issue!

**Mrs. Mugo:** Mr. Speaker, Sir, the facts as known to me are as follows:-

In 1982, the school applied to the Town Clerk, Kitale Municipality, for the allocation of the said 10.5 acres. But it was advised by the Clerk to channel the application to the Commissioner of Lands. The school then applied to the Commissioner of Lands in 1985, through the Town Clerk, but there was no reply. The last application to the Commissioner of Lands was in 1993, through the District Commissioner, Trans Nzoia, but still, there was no response. In 1995, the school learnt that the parcel of land measuring 10.5 acres had been allocated to an individual, who had it surveyed and fenced off.

The facts as known to us are that the land has never belonged to the school at any time. However, it would have been prudent for the Commissioner of Lands to give it to the school. But now, it is between the school, Ministry of Lands and Housing and the gentleman.

*(Applause)*

**Mr. Speaker:** Very well! We will go to the next Question by Dr. Khalwale!

*Question No.325*

TARMACKING OF SIGALAGALA-  
BUTERE-SINDINDI ROAD

**Dr. Khalwale** asked the Minister for Roads and Public Works when the Ministry will commence tarmacking of Sigalagala-Butere-Sindindi Road in Western Province.

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

The tarmacking of Sigalagala-Butere-Sindindi Road will not commence immediately. However, design for upgrading the road to bitumen standard is in progress and is being undertaken by MECE Engineering Consultants. The same is expected to be complete by the end of December, 2005. The road is programmed for tarmacking during the 2006/2007 financial year.

**Dr. Khalwale:** Mr. Speaker, Sir, the people of Ikolomani and Kakamega expected that road to be tarmacked earlier. The tarmacking of Katito-Kendu Bay Road and Ndori-Owimbi Road waited until the President visited Nyanza Province.

Could the Assistant Minister advise me whether it is prudent for Western Province Members of Parliament to organise a visit for the President, so that he can give an order that, that road should be tarmacked?

**Eng. Toro:** Mr. Speaker, Sir, if hon. Members from Western Province organise for the President to go there, he will tell them what I have said today in this House.

*(Laughter)*

**Mr. Speaker:** Any further questions, Dr. Khalwale?

**Dr. Khalwale:** Mr. Speaker, Sir, I am very grateful for his advice, and because I do not go to State House, I will make sure I ask Mr. Kombo to ask the President to go to Western Province, so that he can give an order for that road to be done.

*(Laughter)*

**Mr. Speaker:** Very well! That is the end of the story!  
Next Question by Mr. Rai!

*Question No.609*

INTRODUCTION OF MERCHANT BILL

**Mr. Rai** asked the Minister for Transport when he will introduce a Merchant Bill.

*(Dr. Murungaru was applauded as  
he stood to answer the Question)*

**The Minister for Transport** (Dr. Murungaru): Mr. Speaker, Sir, I beg to reply.

The Merchant Shipping Bill is currently with the Attorney-General, awaiting publication. It will be published and tabled in this House after the Kenya Maritime Authority Bill, which is pending before this House, has been enacted. The Merchant Shipping Bill refers to the provisions of the Kenya

Maritime Authority Act, which establishes the Kenya Maritime Authority that is responsible for administering the Merchant Shipping Act. Thus, for the proper citation of the Merchant Shipping Bill, the Kenya Maritime Authority Bill needs to be enacted first. The Kenya Maritime Authority Bill, once enacted, will give legal effect for the authority to administer and enforce the provisions of the Merchants Shipping Act, amongst other functions.

**Mr. Keter:** On a point of order, Mr. Speaker, Sir. Is it in order for the hon. Member, who belongs to the Energy, Communications and Public Works Committee, where the Merchant Shipping Bill is being discussed, to ask a Question and yet, he knows all the facts?

**Mr. Speaker:** Is the matter pending before the Committee? I am asking you, Mr. Keter! Is that matter pending before your Committee?

**An hon. Member:** Ask him to clarify that.

**Mr. Keter:** I believe so, Mr. Speaker, Sir.

**Mr. Speaker:** Do you believe or you know?

**Mr. Keter:** I am not a member of that Committee.

**Mr. Speaker:** So, how did you come to know that it is pending before the Committee?

**Dr. Murungaru:** Mr. Speaker, Sir, perhaps, I can inform the hon. Member that what is pending before the Committee is the Kenya Maritime Authority Bill. That needs to be enacted first, before we bring the Merchant Shipping Bill to the House. The authority is the one that administers the Act. Therefore, there is no point of bringing the Merchant Shipping Bill to Parliament before we establish that authority.

**Mr. Rai:** Mr. Speaker, Sir, I asked this Question to know whether the Minister is aware that this country is losing many shipment jobs to other nations due to lack of a Merchant Shipping Bill?

**Dr. Murungaru:** Yes, the Minister is very well aware. Indeed, for the benefit of the House and the country, our country has been operating under a fairly archaic Act enacted in 1967, which does not cater at all for many international obligations that have been placed on this country through many international conventions that we have put our hand to. One of those is the training of seafarers and their accreditation. At the moment, because we have not enacted the Merchant Shipping Act, many of our youths who would be benefitting from maritime jobs are missing out.

However, the Government has taken that into consideration and has taken some remedial intermediate action by asking the Tanzanian Government to allow Kenyan seafarers or potential seafarers to train in Dar-es-Salaam, where they are getting accreditation from. In the meantime, I would like to urge the House to expedite the enactment of the Kenya Maritime Authority Bill.

**Mr. L. Maitha:** Mr. Speaker, Sir, since the Minister has said that we train our people in Dar-es-Salaam, how many students, for example, have been sent this year by this Government to train there?

**Dr. Murungaru:** Mr. Speaker, Sir, I do not have the precise figures. I can make them available to the hon. Member later. But, once again, let me say that the ball rests with this House because it is this House that will have to enact the Bill into law. It is only after that has happened that Bandari College will be able to issue internationally recognisable certificates for our seafarers. In the meantime, I would suggest that we encourage our youths to go to Dar-es-Salaam so that they do not miss out on these jobs.

**Mr. Rai:** Mr. Speaker, Sir, notwithstanding what the Minister is telling the House, which of these two Bills is of priority, and how soon will the Bill be tabled before the House?

**Dr. Murungaru:** Mr. Speaker, Sir, both Bills are important in the sense that one is not effective without the other. The Kenya Maritime Authority will be the legal body to give effect to the Merchant Shipping Act once enacted. My Ministry undertakes to table the Merchant Shipping Act as soon as the Kenya Maritime Authority Act has been enacted.

*Question No.134*RETIREMENT BENEFITS FOR  
MR. FRANCIS KIRUI

**Mr. Speaker:** Hon. Members, that Question is deferred at the request of hon. Kimeto to tomorrow afternoon.

*(Question deferred)*

**POINTS OF ORDERS**

## DEFERRED MINISTERIAL STATEMENT

**Mr. Keter:** Mr. Speaker, Sir, yesterday, I was supposed to be given a Ministerial Statement, but because of lack of time, the Chair ruled that it be given today.

**Mr. Speaker:** Yes, I told you today morning!

**Mr. Keter:** Mr. Speaker, Sir, the Minister was not there in the morning.

**Mr. Speaker:** Order! I am afraid I made the order for the morning. Today is a Supply Day and time is not on our side. So, if the Minister will be ready, he can give it tomorrow.

## EXTENSION OF HOUSE SITTING HOURS

**Mr. Muturi:** Mr. Speaker, Sir, last week, you extended the sitting hours on a Supply Day by an extra ten minutes because we over-shot the 3.30 p.m. deadline. Could I get your direction whether this is possible to be repeated today, or that was a one-off situation?

**Mr. Speaker:** Next Order!

*(Laughter)*

**COMMITTEE OF SUPPLY**

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

**MOTION**

THAT MR. SPEAKER DO  
NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

*(The Minister for Health on 2.8.2005)*

*(Resumption of Debate interrupted  
on 2.8.2005)*

**Mr. Speaker:** Capt. Nakitare, you have three minutes to finish.

**Capt. Nakitare:** Thank you, Mr. Speaker, Sir.

I was talking about public health. There is a lot to be desired in this department. The Ministry of Health has to support the sanitary system in the country. The general hygienic conditions in this country are pathetic, especially in urban centres, market places, schools and also in hospitals.

Mr. Speaker, Sir, the Kenya Medical Research Institute (KEMRI) is an institution that requires a lot of money. We spend so much money in treating malaria. Why can the Ministry not spend more money in fumigating mosquitoes? I would suggest that KEMRI be given time to study and come up with a solution regarding DDT, so that we can kill mosquitoes in their breeding areas instead of treating malaria. I believe that prevention is better than cure. We have virologists and immunologists at KEMRI. All these scientists are not being utilised properly because we do not give them money.

Mr. Speaker, Sir, even our children in medical schools can be used in research work so that we can free ourselves from communicable diseases and others that can be controlled, without even asking for further funding from overseas.

With those remarks, I beg to support.

*(Loud consultations)*

**Mr. Speaker:** Order! Order, Members! We are hardly able to communicate. I think I will now call upon the Official Responder from the Opposition to make his contribution.

**Dr. Galgalo:** Thank you very much, Mr. Speaker, Sir, for giving me this opportunity to respond to the Motion.

From the outset, I want it to be on record that we are unhappy with the manner in which this budget has been presented to us. This goes for the whole Budget, but I am particularly concerned about the Ministry of Health.

Mr. Speaker, Sir, we are unable to scrutinise this budget meaningfully because it is shrouded in some mystery. It is not clear how the monies are going to be spent. The Chair will recall that after a lot of effort on the part of the Chair and Members, it was directed that we be given a better breakdown of what the budget would look like. But all that we have received from this Ministry is a few lines which only caters for about Kshs4 billion. They have a big budget of about Kshs27 billion, but this booklet which is supposed to show us the breakdown accounts for only about Kshs4.7 billion. So, it puts us in an awkward position. We are not able to make any meaningful suggestions, other than make general statements about policy and the kind of direction which the Ministry should take.

So, if the Ministry brings for debate only Kshs4.7 billion out of Kshs26.7 billion, then how can we debate and how can we contribute meaningfully to the management of the rest of the money? For example, under Recurrent Expenditure, it only shows that curative health services will be given Kshs1.6 billion, up from Kshs1.2 billion last year; preventive and promotive medicine, Kshs7.5 million rural facilities, 1.8 billion, which is a total of Kshs3.4 billion. For the Development budget, this booklet, which the Minister has given us, only accounts for Kshs1.3 billion. So, this means that---

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! What is going on there? The Chair has all the powers even to abolish that speech.

**Dr. Galgalo:** Mr. Speaker, Sir, they are building consensus and they can go to Mombasa.

Mr. Speaker, Sir, we are going to debate the Votes from a point of disadvantage in that Ministers are not telling us exactly how they want to spend the money. So, we are going to police these Ministries on a weekly basis. We are going to have our spies in the Ministries to tell us how this

money is going to be spent because Ministers have refused to table the breakdown of their expenditures in this House for us to scrutinise them.

We will blow the whistle whenever we see anything going wrong. That seems to be the idea behind not telling us how they are going to spend the money.

My contribution is going to be basically on what I know from my tours around this country, the state of the health sector, the infrastructure and what I believe can be done to improve the health sector in general. I will start with our national institutions. Our national institutions, led by the Kenyatta National Hospital (KNH), are in a very poor state. When we visited the KNH, as the Committee on Health, Housing, Labour and Social Services, we found that most of the equipment is not in working condition. Some is obsolete and it should have been upgraded many years ago. It is inoperational. When we visited the X-Ray Department, we found that the portable X-ray was not working. I am told that it is now on and off. The MRI is non-existent in any of our health facilities. The CT-Scan at the KNH is inoperational and when it operates, it operates for a few days and it goes off.

Mr. Speaker, Sir, the laboratories at the KNH were superb when we went to the Medical School. Students were able to use the equipment because it was simplified and it was operational. At the moment, the laboratories at the KNH are not better than those in other health centres. They cannot perform all the tests that need to be performed at that level. This Ministry has to revive our national institutions, starting with the KNH.

The Ministry should also look into the issue of the Moi Referral Hospital. When we visited the Moi Referral Hospital, we learnt that the hospital was to be done in three phases. The first phase was to put up the administration block and the second phase was to put up facilities---

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, if I will have to respond to this debate meaningfully, I need to hear what the hon. Member is saying. The consultations are too loud.

**Mr. Speaker:** Order, hon. Members! The Minister is requesting to be allowed to hear what the hon. Member is saying, so that she can respond meaningfully. I plead with you to listen. If you do not want to listen, please, relax and let the others hear what is being said.

**Dr. Galgalo:** Mr. Speaker, Sir, the Moi Referral Hospital was a very grand idea. It was supposed to cater for the western part of this country. It was to be done in three phases. The first phase was to put up an administration block and the outpatient department. The second phase was to put up the in-patient department and the other supportive services. The third phase was to put up research facilities, so that it becomes a truly referral hospital for the western part of this country. So far, it is only the first phase which has been done. The second phase which was supposed to put up an in-patient department and the other supportive facilities has not been done.

The Moi Referral Hospital is more or less the same as the former Uasin Gishu District Hospital. Its capacity and the in-patient services that it offers are the same as those of a district hospital. So, it is just the name. It is unfortunate because the hospital would have served a good purpose. I would like to urge the Minister to go back on that plan and complete the Moi Referral Hospital as it was intended, so that it decongests the KNH and takes care of the population in Western and the Rift Valley Provinces.

Mr. Speaker, Sir, the Kenya Medical Supplies Agency (KEMSA) is not much different from the Medical Supplies Co-ordinating Unit (KEMSCU) that was there before. The idea of establishing KEMSA was to put in some money, which was initially estimated at Kshs1.5 billion, to enable it to operate as an agency and establish a medical supplies revolving system where the rural health facilities

would go and purchase medicines based on their needs. However, because KEMSA has not been adequately supported, it is unable to operate as an agency as it should have. What KEMSA does is more or less what the KEMSCU was doing before; to procure medicines in a standard kit for everybody and push them to the rural health facilities. If you visit our health facilities, you will find that there are the same medicines everywhere.

The Minister is shaking her head, but I will invite her to visit the health facilities in my constituency. Recently, we toured the health facilities in North Eastern Province and we found the same standard kit that we had found in Nakuru and in Western Province in those health facilities. The kit contained the same medicines. Worse still, some of the sources of those medicines are not that straight. For example, the source of Valium is questionable. Some of these medicines are sub-standard. Others were procured when they were just about to expire and so they would not serve any particular purpose. I would like to invite the Minister to visit the rural health facilities and see what we have there. The point I am making is that we should strengthen KEMSA. We should put in some money to enable it to operate as it was intended to do.

Mr. Speaker, Sir, most of our health facilities are manned by people who have trained at the Kenya Medical Training Colleges (KMTC). That is why we need to strengthen the KMTC also. They train our nurses, clinical officers and all the other supportive staff. We need to strengthen our training at that level, so that we do not have to depend on specialists in all the peripheral facilities. We should only put our specialists at the district and provincial hospital levels.

Another national institution which is in a very sorry state is the Spinal Injury Hospital. The intention of this facility was to give special treatment to people who suffer spinal injuries. That is a special category of patients because they need a lot of support. To be able to give them the right support and treatment, first of all, you need the right equipment to make the right diagnosis. Equipment like the MRI is mandatory in that kind of institution, if we are to give meaningful services as a specialised unit at the Spinal Injury Hospital.

Mr. Speaker, Sir, at provincial general hospitals, the story repeats itself. We visited the Nakuru Provincial General Hospital and we found shanties which were built in the 1950s and 1960s. It is a very poor show!

At the Kakamega District Hospital, we found that one of the wards being used was built in the 1920s and had rusted corrugated iron-sheets. At the Provincial General Hospital, Embu, the story was the same. From my own experience as a doctor who served in Embu, I know there are very many stalled projects in that hospital. There were ideas to bring them up, but I do not know what has happened. There is a stalled mortuary, staff housing and maternity wing at this hospital. When we went to some other provincial general hospitals, we found that there was some improvement.

I would want to commend the administration in some of our hospitals. There were improvements in our provincial hospitals at the Coast, North Eastern and Nyanza Provinces. At least, you could see that there were some serious efforts in terms of rehabilitation of facilities and improved staff performance in those hospitals. But in the other four provinces, I think the Ministry has to build proper provincial general hospitals in them. Otherwise, there is a lot of wastage because the current provincial hospitals operate below their capacities. They are supposed to be referral hospitals for their respective provinces, but they do not serve that purpose.

Mr. Speaker, Sir, with regard to our district hospitals, I would like to plead with the Minister to visit Wajir District Hospital. I have been to several district hospitals in this country, and have served as a medical officer of health at several of them, but I have never seen anything like it. I think it not worth being called a district hospital. There is literally nothing functioning there. The kitchen at this hospital is a makeshift of two or three corrugated iron-sheets. Its mortuary is a container which was turned into a mortuary. It is pathetic to have a container turned into a mortuary in that kind of environment. Staff members of the hospital were jocking with us and told us that when Luos fall sick



in Wajir District, they are transported before they become too ill, because there is no mortuary there. You know Luos are not buried quickly, and have to be transported to their home areas. They said they would literally not allow them to die in Wajir District because of the nature of their mortuary. I would like to inform, the Minister honestly, that every department in that hospital is more or less in a pathetic state. I would want her to go there so as to effect some improvements.

Mr. Speaker, Sir, we only have about 72 districts in this country. How much does it cost to put up proper district hospitals in all our districts? That is the direction we should take. If you go to Uganda, you will find that they have improved their hospitals. Recently, our Departmental Committee on Health and Social Welfare went to Uganda. We found that in three years, Ugandans had put up health facilities in all their villages that had none. They sat down and said this was the year to put up health facilities and build those facilities where they were needed. If Uganda can do it, why not Kenya? You all know the kind of economy that Uganda is presiding over, and yet they did that. How can we justify that we are unable to do the same in this country?

On stalled projects, I cited the Provincial General Hospital, Embu. It is the same story in every other health facility in the country. I would want to urge the Minister and her Ministry to take stock of all the stalled projects in this country. They were started for a good reason. I would want the Ministry to take stock of all the stalled projects and revive them at whatever cost. Let it put its priorities right and revive stalled projects.

With regard to transportation, if you go to district hospitals, you will find that there are very many unserviceable vehicles in their yards. At one particular hospital, we found there were 10 unserviceable vehicles. It was like a graveyard of motor vehicles. If vehicles have gone down to a level where they cannot be serviced, there are Government procedures to get rid of them. You should board them and accept whatever money you can raise from them, be it Ksh30,000 or Kshs50,000, and give functional vehicles to hospitals. We saw ambulances and vehicles for staff transportation that were grounded. This is not a difficult task to tackle. If the Office of the President could wake up one morning and buy hundreds of vehicles, then why not the Ministry of Health? You can recall the story of hundreds of Land Cruisers which were purchased last year but one by the Office of the President. Many of these vehicles are now being misused by Officers Commanding Police Divisions (OCPDs) and District Officers (DOs), who use them for corrupt deals. Why can this Government not say: "Let us buy three motor vehicles for every district"? About 200 motor vehicles would have solved the problem of transport in all our health facilities. Would that really be a big task for the Government?

We found that the Medical Officer of Health in Kakemga was unable to accompany us on a tour of his rural health facilities because he had no transport, and we had to give him a lift. Is it not surprising for a Medical Officer of Health not to have a vehicle to go and supervise his rural health facilities? Then why was he not posted to another hospital to do surgeries and prescribe medicine? Why was he posted to a district hospital where he cannot supervise the facilities under him? I want to urge the Minister to send a vehicle to the Medical Officer of Health in Kakamega, so that he can serve this country better. He can use that vehicle to improve services to the people.

With regard to staffing, I know that this Ministry has tried to improve staffing in our hospitals. I know that there are donor restrictions in the recruitment of new staff. I know that the Public Service Commission has always made it difficult for it to recruit new staff. Sometimes, it has even sabotaged recruitment of new staff for this Ministry. I want to urge the Minister to fight on. She must fight to ensure that all health facilities have adequate staff, otherwise they do not serve any purpose.

If we have dispensaries put up by the communities, or donors, at great cost, and they remain non-functional due to lack of staff, this will be a waste of resources. For instance, in Baringo District, there are more than 20 new health facilities put up by donors and the local communities that are not operating due to lack of staff. What message are we sending to donors, who support us to put up these facilities? In Baringo, there is sub-district hospital put up by communities without support from

the Government, but it is not operational because of lack of staff. The Pokot of Baringo East do not speak the Kalenjin Language. So, when they go to Baringo District Hospital for services, they require a translator because most of the staff there do not speak their dialect. Also, people from Baringo East do not understand Kiswahili. Let the Minister post a doctor to that sub-district hospital. I think the name of this sub-district hospital is Chemoligot. Please, post a doctor there who understands the locals' language to serve that region. It is sad to find a poor old woman who has been at a hospital and who has not been served due to lack of communication. I would urge the Minister to post a doctor to this sub-district hospital. I know we now have several doctors available. Let her post doctors to some of these remote places, so that our communities can benefit.

I will talk about health care financing, which is a major issue. There are several methods of financing health care. I know we have been struggling with health care financing in this country since Independence. I know we have tried several methods of financing health care, but it is the responsibility of the Government of the day, to provide health care through established taxes. That is why this Government became a signatory to the Abuja Declaration, where all member States of the World Health Organisation (WHO) came together and agreed that the ministries of health should be given, at least, a fair minimum of 15 per cent of the national Budget. That places the responsibility of health care at the Government's doorstep. What has the Ministry of Health in this country been getting? The highest amount of money it has ever received is 11 per cent of the national Budget.

Over the years, this has continued to decrease, and last year, it dropped to 7 per cent. This year, there is a little increment. That is not enough. We want to see increment in the Ministry's annual Budget to, at least, 15 per cent of the national Budget. Some countries allocate more than 25 per cent of their national budget to their health ministries because they care about the health of their people. It is a healthy nation which can prosper economically. We want to urge this Government not to shy away from its responsibility of providing funds to the health sector. We have also been having a second method of financing health care, which is cost-sharing. We have been grappling with this method since the 1980s. This method has its problems, but we cannot shelve it completely. There has to be cost-sharing to an extent where people can afford. This, however, should be left to the communities to decide. We should not give directives from Nairobi. We should allow the district health management boards, district hospital management boards and the provincial hospital management boards to set the fees, based on the economic realities of their particular villages, districts or provinces. Let them set the fees at their levels. Let them decide who cannot afford to pay hospital fees and should get free health care. Let them decide how much such people should pay. We cannot give directives from Nairobi because the level of poverty in this country is not the same throughout.

Let us strengthen the district health management boards through the decentralisation of services, which this Ministry has been talking about for a long time. Allow them to set their user fees. If we say that the Government will provide free medical services, we know just how much it can afford. It is not possible for it to meet all the costs. So, we must allow some level of cost-sharing, but at levels which communities can sustain.

*[Mr. Speaker left the Chair]*

*[Mr. Deputy Speaker  
took the Chair]*

I will talk about donor-funding, although I am not a fan of donors. This is because I have dealt with a number of them in this Ministry under different capacities, and I know what they are capable of doing. They can advise you wrongly and watch you while you act upon their advice. When they notice that things have gone wrong, that is when they come to rescue you so that they can appear as heroes

after lifting you out of the doldrums. We should not rely on donor-funding. Let us appreciate donors and what they do for us. However, when they want to finance our projects, we should be the ones to tell them where to invest their money. That should be the message and it is the only way we can allow ourselves to develop our own strategies and move on.

The health insurance issue is very contentious. I know that the Minister, yesterday, did not talk about the National Social Health Insurance Fund (NSHIF). I was surprised about that! I was totally surprised! Voluntary health schemes are meant for the elite in the society. How many of our people are elite, when 56 per cent of our population lives below the poverty line? These people live on less than a dollar a day. How can we subject our country to voluntary schemes? No way! We should not get involved in that. We should have a compulsory health scheme, but taking into consideration levels of contribution, both from Government, employers, and employees, to a sum which is agreeable to everyone. We should not overburden employers. That has been their major concern, but they have to chip in.

The concept of insurance, universally, is that those who are able should support those who are unable. Those who are sick should take advantage of those in good health, and those who are old and in fragile health should take advantage of the young who remain healthy most of the year. Even in any insurance; for instance, that of a car, that is the universal concept. We cannot run away from that in health insurance. Let us re-look at the NSHIF Bill. We urge the Minister to bring it here. The President failed to give his assent because of wrong advice. We want to advise him and tell him that it is possible to have the fund. We will tell him that we are willing to go on with it without hurting any individual. The NSHIF Bill cannot be shelved. The Bill has to come to this House.

I want to tell this Government that since KANU will take over power in the year 2007, and most likely I will be the Minister for Health, that Bill will come back here. If the NARC Government throws it away now, I want to say that I will bring it back here immediately we take office.

Finally, I want to talk about HIV/AIDS. The National AIDS Control Council (NACC) has the responsibility to spearhead the campaign. Taking this department from the Ministry of Health is simply a way of siphoning money from a project that is serving people who badly need it. This is wrong! The NACC, under the Office of the President, has no structures in place, up to the grassroots level, to manage those kinds of funds. It is the Ministry of Health that has technical people on the ground who can run the project. It is specifically because of this displacement that the NACC has been riddled with corruption, is incompetent and cannot manage any funds.

We have seen mushrooming of briefcase NGOs and CBOs, literally looting money meant for the sick. These organisations just loot. The members of the organisations run away from hon. Members when they meet them. This happens in every constituency. Hon. Members are supposed to be the patrons of their Constituency AIDS Committees, but when officials of the committees meet us, they run away from us. They are paid money from the Nairobi office and we have no way of knowing how the money is spent. This is a tragedy! The NACC should be looked into afresh. We should look at the model used in Uganda. There is the Uganda HIV/AIDS Committee which does not handle money. Monies go either to the Ministry of Health, or directly to the established organisations that are already carrying out work in fighting HIV/AIDS. We should not have people using notes from politically-correct people to have money wired into their accounts.

We want to address these issues through a HIV/AIDS Bill. I want to urge the Minister to come up with a Bill that will help us put measures in place to correct what has been going wrong.

With those few remarks, I beg to support.

**Mr. Ojaamong:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this Vote for the Ministry of Health.

I will also seize this opportunity to air my grievances to the Ministry officials and the Minister because I have tried several times to get an appointment with the Minister but in vain. I have asked

many Questions here regarding the health facilities and delivery of health services in my constituency, which is also a district. The Minister has also time and again promised to allocate funds for putting up facilities. However, three years down the line, nothing has been done on the ground.

Mr. Deputy Speaker, Sir, I want to appeal to the Minister and the officials of the Ministry to visit health facilities in the countryside to see for themselves how the ordinary poor citizens are suffering. Even before I came to Parliament, my predecessor indicated that we do not have a district hospital. That is our priority! We wanted wards and a theatre but not a mortuary. Unfortunately, year in, year out, the Ministry of Health's priority for Teso District is to put up or refurbish an administration block. This is happening almost countrywide as the Official Opposition Responder has said. The Minister should inform the officials of the Ministry, who are seated at the Civil Servants Bench, that the administration block is not a priority for patients. In fact, we need more facilities, drugs, equipment and other supplies more than the administration block.

Mr. Deputy Speaker, Sir, yesterday, the Minister in her contribution said that about 23 per cent of Kenyans do not wish to seek medical services in health care facilities. In my own estimation, this figure is quite high. A majority of these people have lost faith in the delivery of health services in our country. It is very unfortunate for the NARC Government to say that they are providing free medical services to our people. In the real sense if you took a child to hospital, you will have to pay some medical fee before it is attended to. I have had patients who have been referred to Kenyatta National Hospital (KNH) from Teso District. I have had to personally intervene on many occasions to pay medical fees for young children who are having very critical illnesses that can only be treated at the KNH. I think this is happening across the country. The Ministry should, therefore, come out with a clear policy on the provision of free medical services to young children. I can even produce medical receipts showing the amount of money I have paid for those patients.

Yesterday, my colleague, Mr. Ole Metito, said that most people from his constituency seek medical services in Tanzania. The same applies to us along the border of Kenya and Uganda. We should have benefitted from improved health care services because the Vice-President and Minister for Home Affairs comes from that place. However, if he became sick in Busia today, he would be flown to the Aga Khan Hospital because he cannot get quality services at either Busia or Teso district hospitals. If we respected our leaders, the Ministry would have allocated more funds to Busia District to improve those facilities, and our people would benefit from them in the same way Nyeri District is benefiting in other areas. In case there is a problem, like the plane crash that took place in Busia, our VIPs would get good medical services in the district hospitals. When that accident took place, there were no doctors or clinical officers at Busia District Hospital to attend to the injured. The one who came did not even know what to do. There was no water and drugs in the hospital. This forced the VIPs to seek medical services at Tanaka Hospital, which was a private facility. However, it did not have good facilities. Under those circumstances, the Minister for Health should have allocated more funds to Busia District Hospital because the Vice-President and Minister for Home Affairs comes from there so that we can also benefit.

Mr. Deputy Speaker, Sir, let me now turn to the issue of staff in our health facilities. I want to reiterate that the situation in Teso District Hospital is worse. On several occasions, I have pleaded with the Ministry to deploy staff who are friendly to the Teso. Every community is surrounded by hostile neighbours. I have pleaded with the Ministry not to post members of a certain community to Teso District Hospital. They are going to kill Tesos, and the Ministry is aware about this.

**Mr. Deputy Speaker:** Order, Mr. Ojaamong! You are really going outside. The purpose of this House is to promote national harmony. However, you are insinuating that there are certain members of communities in this country who will harm your people. That is not right, if I heard you right.

Please, proceed!

**Mr. Ojaamong:** Mr. Deputy Speaker, Sir, I agree with your ruling but I have statistics to show that, if you went to Bungoma, you would find that the highest number of patients who die in Bungoma District Hospital are Teso women. Therefore, I am talking from the bottom of my heart and I know it happens. However, I am requesting the Ministry to send staff from different communities to health care facilities because this will provide checks and balances. They should not send people from one particular community. I do not want to repeat what I said.

The pilferage of medical equipment and drugs is rampant in my constituency. Early this year, a staff from Alupe Sub-district Hospital hired a Kenya Bus to ferry all the drugs and X-Ray equipment, which were meant for the hospital, to Nairobi. He was arrested at Ahero and the drugs were recovered from the Kenya Bus in Nairobi. However, the man is still in Alupe boasting because he has protection yet my people are going without any medicine.

**The Minister for Health** (Mrs. Ngilu): Can the hon. Member give us more information?

**Mr. Ojaamong:** Mr. Deputy Speaker, Sir, I cannot give more information because the Medical Officer of Health (MOH), the Ministry and the police are aware of this incident. They said that investigations are being carried out but there is nothing happening on the ground. Therefore, there is rampant pilferage of drugs from health institutions in my constituency, but the Ministry has not taken any action to stop it. As a result of this, my people have been forced to seek medical services in Uganda. I am even more comfortable with the Minister for Health in Uganda because I assist them in commissioning their dispensaries. However, our own Ministers cannot come to Teso.

I want to appeal to the Ministry of Health to consider providing medical services to the communities living along the border. I am particularly pleading for myself and the community where Mr. Serut comes from. It is the most marginalised community in this country. The Ministry should, therefore, consider my area in the provision of quality services.

With those few remarks, I beg to support.

**The Minister for Planning and National Development** (Prof. Anyang'-Nyong'o): Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute and support this very important Motion. Since health is one of the key pillars in the human resources development of this nation, it is important that, we, as hon. Members of Parliament, representing various constituencies, support the Vote on the Ministry of Health.

As the hon. Member who has just spoken here said, it is true that we are not spending as much money as we should on health. Indeed, according to the Economic Recovery Strategy Paper (ERSP) for Wealth and Employment Creation, our target is higher than what we are doing at the moment. Of course, the amount of resources that we can devote to health depends very much on the amount of wealth that this nation can create, so as to re-invest in our resource development. That notwithstanding, we must look at health also in the context of what makes a healthy human being; that is, knowledge, food, environment and so on. So, we must have a holistic approach to the issue of health.

Mr. Deputy Speaker, Sir, the current policy of the Ministry of Health is to lay as much emphasis on curative health as much as preventive health care. Indeed, if we do not pay attention to preventive health care as we should, our bill for curative health will be enormously more than we can afford. At the moment, therefore, hon. Members of Parliament are playing an extremely important role in creating an enabling environment for preventive health through their access to CDF funds, which will enable them invest in the necessary infrastructure in the rural areas to improve preventive health. I know for certain that the pattern of expenditure of the CDFs is currently skewed very heavily towards providing health, water and educational facilities. This is as it should be. It will, therefore, depend on the Government to supplement the initiative of hon. Members of Parliament and rural communities in what is happening at the moment. The demand, therefore, by hon. Members of Parliament to augment the CDF to a level that will be effective to meet all these requirements in the rural areas is something

that the Government highly appreciates. Although, at the moment, the Government may not have the resources to do so, but the end really is to increase efficiency in Government, so that more resources can be channelled back to grassroots level expenditures.

In the past, the mistake we made is to think of development as something that must be initiated and imposed from above. This model has not succeeded. The model we are currently initiating or experimenting with, of initiating as much expenditure as possible from the grassroots levels is, indeed, the demand that citizens of Kenya made regarding devolution. The CDF and the Constituency Bursary Fund (CBF) are examples of devolution, which in the health sector, as I have said, will really help in promoting the environment for having proper preventive health care.

Mr. Deputy Speaker, Sir, I would like to say something briefly about availability of effective infrastructure in the rural areas, particularly with regard to health centres and dispensaries. If I am not wrong, according to World Health Organisation (WHO) standards, any human being living in a civilised society today should not be two kilometres away from the nearest health facility. If possible, every civilised society should provide its citizens with health facilities, which should not be further than two kilometres from every resident. By health facilities, I mean, clinics, health centres, hospitals and so on. Because of the manner in which our people live in the rural areas, in scattered villages, this, indeed, provides a major challenge for the Government. It means, therefore, that in sparsely populated areas, the Government will have to ascertain that these facilities are available possibly not in a fixed asset facility, but in a mobile facility. Therefore, as much attention should be paid to the availability of mobile clinics in pastoral areas and sparsely populated areas, as attention is paid to fixed asset facilities in providing health care.

Mr. Deputy Speaker, Sir, these are some of the challenges that are facing the Government and they require a lot of capital expenditure. Indeed, they require an enhanced Vote to the Ministry of Health.

Secondly, if we do not have proper physical infrastructure in the rural areas in terms of access roads, telephones and electricity, we shall not be doing service to health care systems. I know for certain that in rural health facilities, dispensaries, health centres and clinics, health officers find it very difficult to keep certain medicines and services because of lack of cooling facilities or electricity. In that regard, the provision of rural electrification is central to the provision of effective health service facilities in our rural areas. When we are discussing the Vote on the Ministry of Health, therefore, we should also pay attention to the requisite Votes on the Ministries of Energy, Water and Irrigation and Roads and Public Works. They must also be effectively sourced or resourced if health facilities will be supported to provide the kind of services that our people need.

Mr. Deputy Speaker, Sir, the other very important issue that the previous hon. Member touched on, which I would also like to touch on and is extremely important, is the question of HIV/AIDS pandemic. I know that the Government, as well as development partners, are prepared to put in a lot of resources in the fight and the struggle against HIV/AIDS pandemic both in terms of prevention and provision of Anti-Retroviral drugs (ARVs). The Minister for Health recently said that the Government is looking at ways and means of making ARVs available for free to those who are suffering. This will be very important. However, we must also understand that, at the moment, the National Aids Control Council (NACC) has substantial resources at its disposal. These resources should be efficiently used and effectively distributed to our population. At the moment, members of the public, as well as hon. Members, have raised concern about the manner in which the NACC is disbursing its funds, through community based organisations. Hon. Members of Parliament do not mean that the NACC is wicked or that it was obviously mistaken in doing what it did. No! What hon. Members of Parliament are saying is that they have observed some inefficiencies, which means that the whole system should be looked into again. If there is a better way of using these funds and making them effective, we should be big enough to look at the proposals being made by hon. Members of

Parliament and amend them accordingly.

I know, for certain, that when I look through the list that was published in the newspapers regarding the CBOs that have received these funds, in my own constituency, I was hard-put to recognise some of the names. I was also hard-put to find out why they deserved equal treatment because they cannot be all doing the same kind of work, or all reaching out to the same kind of constituency. In the CDF, we are very careful to give resources according to needs and the capacity to deliver in each particular project. In the NACC, I was quite surprised that the number 350,000 was recurring with an unusual regularity in almost all projects. I thought that it cannot be so regular that the need for every CBO is so similar across the board in this nation. So, that is a concern that needs explanation. It would be in the spirit of performance improvement that hon. Members of Parliament are making these comments. I do believe that if we are in a creative dialogue with the NACC, we shall all come to a fair understanding of how these funds should be used for the effective fight against HIV/AIDS pandemic and also for their effective use in our nation.

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

**Mr. Kosgey:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Vote on the Ministry of Health.

*(Mrs. Ngilu walked out  
of the Chamber)*

Mr. Deputy Speaker, Sir, Mrs. Ngilu should not walk out since I am about to make a very important---

**An hon. Member:** What is your definition of a "Minister"? Mr. Konchella is here!

**Mr. Deputy Speaker:** Order,! Mr. Kosgey, the Minister is here! Proceed and make your contribution!

**Mr. Kosgey:** Mr. Deputy Speaker, Sir, as far as I am concerned, the substantive Minister has just left. However, that notwithstanding, we talk of having a working nation, but without good health, we cannot really have people who can work. So, we need healthy people to produce for this country. I am happy to note that there has been an increase in the allocation to the Ministry of Health to Kshs30 billion. But the question we should ask ourselves is; are Kenyans really getting value for their money? Are we getting value for the Kshs30 billion? Why do private institutions exist? Why do people prefer to go to private institutions when Government facilities are there? It is because the quality being received in Government hospitals, dispensaries and health centres is not quite up to the mark. Therefore, people prefer to go to private institutions.

We should make health services quite accessible, of good quality and also affordable. We still have the concept of cost sharing and we do not even know where that money goes to or even what it is meant for. If the Government is providing staff and medicine, why do we then charge patients, however small the amount is? People cannot even afford that small amount. So, we should look at this issue very critically by making health services affordable, accessible and of good quality. Even where the Government has provided staff and medicines, you will find that the quality of patient-care is very poor, thus making people move away to private institutions.

Mr. Deputy Speaker, Sir, a lot has been said about prevention, and the old adage which says: "Prevention is better than cure", is still true. But if you look at the Budget, the Ministry is actually so much skewed towards curative health rather than preventive. I looked at the recurrent figure and they are spending Kshs10 billion on curative health and just a small figure of nearly Kshs1 billion on preventive. This is totally skewed and it should be the other way round so that we can actually continue having a healthy nation. Otherwise, we will put our money in trying to cure, whereas there is actually a generation of diseases in the grassroots.

I want to talk about the control of malaria. Last year, while contributing to this Vote, I said that we should not be talking about malaria control; we should be talking of eradication of malaria. If Europe and other countries eradicated malaria, we should eradicate it in this country also. But like everything else, money is allocated here for it, but for it to actually reach the grassroots has become quite a different thing. I can see here that we are giving nearly Kshs2 billion for malaria control under the Global Fund; this is quite a substantial amount of money and it should have an impact in the areas where malaria is rampant. For example, in the highlands area where I come from, there is highland malaria which never used to exist. But because the Ministry never emphasized control of malaria, the disease spread from the lowlands to the highland areas. We want special programmes to be implemented; we want to see action being taken and we would like to see what the Ministry is doing in actual plans. You should not just talk of having nets for malaria control, yet we do not even see those nets in the rural areas! If you go to Kapsabet or Nandi Hills hospitals, you will find no nets and nothing is being done to actually educate people or spray houses to prevent or stop mosquitoes from spreading malaria. So, we need a special programme because we really do not know what is being done about malaria control.

Mr. Deputy Speaker, Sir, I do not want to belabour the issue of HIV/AIDS, but when the Minister was on the Opposition Side, I remember very well how she argued for the National Aids Control Council (NACC) to be moved to the Ministry of Health. I do not know what has happened, now that she is in the Government. She is very happy to see the NACC being housed in the Office of the President and nothing is being done. Everyone knows that the money being given to the Community Based Organisations (CBOs) is being misused and it does not get to the target groups. We should actually have a way of distributing this money; we should look at the prevalence rate and if an area has low prevalence rate, then we should allocate less money to that area. If an area has high prevalence rate, then we should allocate more money to that area. That way, we will find out how that money can actually reach the target group. For example, if the target group is orphans in an area, we will find out how that money can reach them. There is no point of giving that money to briefcase organizations which do not actually take it to the area and that money disappears. It is about time that the NACC took this issue very seriously. We heard this story last year, we heard it the previous year, and we are saying that we do not want the money to be given to CBOs.

Mr. Deputy Speaker, Sir, our health institutions; dispensaries and health centres are understaffed. We have produced many health workers in this country, thanks to the work which has been done by the Medical Training College. We want those medical staff to be posted to our institutions. We will allocate more money to the Ministry so that those people can be employed in those areas.

It is very sad to hear that a nurse, on whom we have spent a lot of money to train, leaving this country to look for a job elsewhere in Europe, South Africa or in Namibia, when we need that person here. Imagine having a dispensary or a health centre having only one registered community health nurse. What can one nurse do in a dispensary? We need more nurses, clinical officers and doctors and the Ministry of Health should liaise with the Ministry of Education, Science and Technology to make sure that more doctors and dentists are trained in this country. I hear that the number of dentists trained is about 10 or 13 per year; what is that? That is a drop in the ocean and the Ministry of Health should actually say: "We need so-many dentists" so that training can be undertaken properly.

Mr. Deputy Speaker, Sir, if you look at the money being given to the Eldoret Teaching and Referral Hospital, Kshs700 million, it is a drop in the ocean. Last year, the Minister promised us that she would increase the allocation for this hospital, but this year, the allocation has remained the same. We wonder what happened, because she was even recently there and she saw for herself very clearly the need to expand and equip that hospital properly, and also the need to have sufficient medical supplies for that particular institution. The Kshs700 million is not sufficient! Compare that amount to



what is allocated to Kenyatta National Hospital (KNH); I am not suggesting that the KNH should not have that money; maybe, they should have even more. But if you compare the amount allocated to KNH, Kshs2.8 billion, while Eldoret Teaching and Referral Hospital is getting Kshs700 million, it is really very unfair, since it is a teaching hospital.

Mr. Deputy Speaker, Sir, it is about time we made our hospitals truly referral. For example, here in Nairobi, KNH can actually be made a true referral hospital so that not everybody who has a cold walks into the hospital and gets treated. Of course, doctors who are there cannot turn the patient away, but if we had other hospitals which could treat that patient, then we could have a good referral hospital.

With those few remarks, I beg to support.

**Mr. Angwenyi:** Thank you, Mr. Deputy Speaker, Sir, for giving me this chance to contribute to this very important Motion.

Right from the outset, I would like to say that this Ministry had performed very well until it was jolted by the President when he refused to assent to a Bill that was backed overwhelmingly by this House. It is unfortunate that this House has kept quiet for months, and has not executed the mandate which it was given by the people of Kenya through the Constitution of Kenya. We keep on crying that power should be given to Parliament and yet when power has been given to us, we cannot exercise it.

Mr. Deputy Speaker, Sir, more than 56 per cent of Kenyans live below the poverty line. These are the people you expect to get money to be treated in public hospitals. This country is a party to the Millennium Development Goals (MDGs) and one of those goals touches on health. Here we are saying that we want to achieve those goals, and yet we cannot even address health issues that affect Kenyans.

In the Draft Constitution that we passed here about a week ago, we suggested that the appointment of Ministers shall be approved by this House. I am sure that if the current Minister for Health had been approved by this House, she could not be cowed as much she has been, to the extent that she is now not playing her role as well as she used to do before.

**Prof. Oniang'o:** Has she really been cowed?

**Mr. Angwenyi:** Mr. Deputy Speaker, Sir, she has been cowed substantially.

When you visit Kenyatta National Hospital, you will see patients living in squalid conditions. You will see many patients lying on the floor of wards.

For example, if you go to Ward 6A, which admits cancer patients, you will see women lying on the floor. These are people who are suffering from the pain caused by cancer, and yet they are made to lie on a very cold floor even during this cold season in Nairobi.

This Ministry, the Ministry of Education, Science and Technology and the Ministry of Agriculture should be given adequate resources. We should, in fact, give the Ministry of Health more than twice the amount of money that is given to the Office of the President, because it is a Ministry that deals with the lives of Kenyans.

It is true that this Ministry lacks personnel, and yet we have qualified personnel whom the Government has spend so much money training. Do we really utilise these people? They are idle in their homes! When is this Ministry going to seek adequate resources to recruit qualified personnel to run the facilities that we are creating? In the last one-and-half years, we have built six health facilities in my constituency, but they remain unmanned because no medical personnel have been deployed there. So, the money we have sunk in those facilities has gone to waste. We do not know when the Ministry will give us the personnel to run the facilities that we have established.

Mr. Deputy Speaker, Sir, as I said before, 56 per cent of Kenyans live below the poverty line, and because they do not feed adequately, they are susceptible to various illnesses. When they go to hospitals, these people cannot afford to pay their bills. I am sure that at Kenyatta National Hospital, and all other district and provincial hospitals, there are title deeds belonging to patients who are either

dead or have been discharged, being held as security for unpaid medical bills.

Mr. Deputy Speaker, Sir, recently, somebody died in a hospital and his body could not be released for three weeks because his family could not afford to pay a bill of Kshs80,000. You can feel the anguish that the family went through until I had to come back from abroad and pay that bill. That is the kind of life that we have in this country. In fact, that is why we were congratulating the Minister when she brought before this House the National Social Health Insurance Fund (NSHIF) Bill. I am asking her to bring it back next week before we go for recess, so that we can pass it and override the Presidential veto.

This Ministry needs to upgrade health facilities. For example, in Kitutu Chache Constituency, Isecha, Kigogi and Iramba dispensaries need to be upgraded to health centres, because they serve very many people. Marani and Manga Health Centres also need to be upgraded to sub-district hospitals, so that they can have doctors. These health facilities serve thousands and thousands of people. The Kisii District Hospital should be upgraded to a provincial hospital because it serves in excess of 5 million Kenyans in the southern part of Nyanza Province and the southwest part of Rift Valley Province. What I am asking the Minister to do is to be with the people of Kenya. The majority of Kenyans are poor, and need health services.

Mr. Deputy Speaker, Sir, with regard to HIV/AIDS, we have the National Aids Control Council (NACC), but it has not created a mechanism to determine whether the funds that it gives to community-based organisations (CBOs) and Non-Governmental organisations (NGOs) actually reach the people that they are intended for. This is because the NACC is being managed from the Office of the President, which is the same place where *askaris* and chiefs are being managed from. The NACC has professionals and they should be managed from a professional office, for instance the Ministry of Health, and then we can hold them to account.

We should have adequate funds so that we can provide waivers to those people who cannot afford to pay their hospital bills. Our people should not die at home simply because they cannot afford to go to hospital. Let me give you another example again. I found somebody in my constituency who was about to die. I put him in my vehicle and rushed him to the nearest hospital. After four hours of driving we were in hospital. The patient was admitted and I thought he would be given treatment. When I came to attend to the business of this House, I was called while inside this House to go and pay Kshs8,000 before the person could be treated. I promptly went and paid the money so that X-rays of the person could be taken. The next day, I was called again to pay Kshs16,000 for medicine. The following week I was called again to pay Kshs6,000, and on Friday the person was discharged because he could not pay for chemotherapy. I had to pay Kshs8,000 for him to be administered with medicine. So, what I am saying is that we should support this Ministry, so that our people can access basic health care.

Mr. Deputy Speaker, Sir, you know that it is the Kenya Medical Research Institute (KEMRI) which told Kenyans that it had discovered a cure for HIV/AIDS in the form of medicine called Kemron. Indeed, that is what increased the cases of HIV/AIDS in this country. People believed that a cure had been found, and so they indulged in unprotected sex. KEMRI needs to be streamlined and managed well.

Finally, recently we were told by researchers that the risk of contracting HIV/AIDS can be reduced through the circumcision of men. Why can this Ministry not come up with a Bill so that we force every man in this country to be circumcised? This is a killer disease, and it costs a lot of money to manage it in our hospitals.

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

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

**Mr. Deputy Speaker:** What is it Mr. Odoyo?

**The Assistant Minister for Regional Development Authorities** (Mr. Odoyo): On a point of order, Mr. Deputy Speaker, Sir. You have made a ruling in this House just a few minutes ago, encouraging hon. Members to be nationalistic in their approach to issues, rather than embark on divisive politics. If I was to speak about the Kisii cultural issues---

**Mr. Deputy Speaker:** What is your point of order?

**The Assistant Minister for Regional Development Authorities** (Mr. Odoyo): Is it in order for the hon. Member to impute that certain segments of this society are prone to HIV/AIDS more than others?

**Mr. Deputy Speaker:** I do not think that ever came up.

**Mr. Angwenyi:** Mr. Deputy Speaker, Sir.

**Mr. Deputy Speaker:** Order! Who gave you permission, Mr. Angwenyi! Your time is up!

Mrs. Mugo!

**The Assistant Minister for Education, Science and Technology** (Mrs. Mugo): Mr. Deputy Speaker, Sir, thank you for giving me this opportunity to contribute to this very important Motion. The health of our people is the most important thing in this country. A healthy nation succeeds in everything, especially economic development. Let me take this opportunity to commend the Minister and her Ministry for doing a good job, considering where she took from. We have seen a lot of improvement. I have visited some hospitals which look quite clean. Previously, some hospitals were very dirty. Immediately you entered, you wanted to turn back because of the smell. There is an improvement and I commend the Minister for that.

Mr. Deputy Speaker, Sir, having said that, there is still a lot of improvement that is required. It requires a lot of finances and personnel. We should consider increasing the Ministry's budget in the next financial year. There are certain areas that need urgent intervention. One of the areas involve young children. There was a rule that children under five years should not be charged any medical fees. Mothers could take their children for treatment free of charge, instead of keeping them crying all night and not being able to sleep because of lack of money. I hope the Ministry will clarify whether that policy is still in force. I understand that some children are forced to pay medical fees.

I would like to urge the Ministry to bring medical services closer to the people. Every single clinic, even the small ones, should be able to give maternal health care. They should have a small maternity wing, even if it has six beds, and a small delivery room. That would do wonders in supporting the mothers of this country. We can reduce child mortality that way and even save the lives of the mothers. It would not cost that much. It can be a partnership with the communities. We now have the Constituencies Development Fund (CDF) and many constituencies are putting up clinics. We should make sure that those clinics have small maternity wings. I urge the Ministry to give us equipment, nurses and other staff to run those clinics. That will reduce the budget of this Ministry. We wait until cases are very serious, and we use much more money to treat them.

Mr. Deputy Speaker, Sir, I urge the Ministry to introduce primary health care in those clinics. We should adopt preventive health care where mothers, children and the community as a whole could be taught how to avoid contracting common diseases. It is possible because we have many trained personnel in that field.

Mr. Deputy Speaker, Sir, regarding HIV/AIDS, whereas we celebrate the reduction the rate of infection, it is still very rampant, especially in some areas. I want to call upon the Ministry to intensify its campaign and make sure that those small clinics have testing kits. I would like to saying something about Nairobi. Most patients flock Kenyatta National Hospital (KNH), which is a referral hospital. I would like to urge the Minister to reactivate all the clinics around Nairobi. I know they did a good job in reactivating some of them. I urge them to make sure that those clinics are

stocked with medicine and have qualified personnel. That way, we can reduce the burden on KNH. It will now concentrate on referral cases.

Mr. Deputy Speaker, Sir, we should establish a fund to deal with desperate cases, even as we speak about the health insurance fund. It pains our hearts to see on television a very desperate case asking for help from well-wishers. Sometimes, it is a matter of life and death. The time it takes the public to come up with assistance is long. If we could establish such a fund, it could be utilised for such cases. We should have transparency so that, that fund is not misused. I hope the Ministry will consider that. It can bring a request to this House and I am sure it will be approved. As the hon. Member who was on the Floor said, that is an experience that many of us go through.

Mr. Deputy Speaker, Sir, there are patients who heal and are discharged, but they are held up in hospitals for weeks because of medical bills. That is not good economics. They end up accumulating more and more debts and yet, they were unable to pay what was initially required. I do not think there is much wisdom in accumulating debts. I request the Minister to look into other ways. Patients can be allowed to go home after surrendering title deeds or whatever is acceptable. They can be allowed to go home to be taken care of by their relatives. At the end of it all, the hospital loses more money by having somebody who has already healed occupying a bed. That bed cannot be accessed by somebody else who is sick.

Mr. Deputy Speaker, Sir, I would like to say that HIV/AIDS is a cross-cutting issue. The curing bit of HIV/AIDS rests with the Ministry of Health. But there are other issues than need the assistance of other Ministries. I think the way it is placed is prudent. Every Ministry that has a role to play in preventing HIV/AIDS has access to the funds.

**Dr. Kibunguchy:** On a point of order, Mr. Deputy Speaker, Sir. Is the hon. Member in order to insinuate that other medical diseases have no cross-cutting issues. She should know that it is not only HIV/AIDS---

**The Assistant Ministry for Education, Science and Technology (Mrs. Mugo):** Mr. Deputy Speaker, Sir, that is my opinion! The hon. Member will have his time to give his opinion.

**Mr. Deputy Speaker:** Then you are right. That is a point of argument; it is not a point of order.

Proceed!

**The Assistant Minister for Education, Science and Technology (Mrs. Mugo):** Thank you, Mr. Deputy Speaker, Sir. I would also like to touch briefly on the elderly. Unfortunately in this country we do not have a policy on the elderly and how to take care of them. They are suffering. When a car ages, it needs replacement of certain gadgets and constant service. The same happens to us human beings when we age. Our grandparents and great grandparents are suffering terribly because most of them have no children who are well off enough to fall back on. Even others who have well off children, they are not assisted because of one reason or another. In any case, they are really a responsibility of the nation. They have served this nation in their youth. They have contributed in development and it is only fair that when they are losing their strength after serving the country so well, that the nation should take care of them.

I would like to suggest that we come up with a policy for our elderly. Just as we propose to treat young children who are under five free of charge, we should also do the same for the elderly. Even in some countries like America, the elderly pay half the bus fare. Everything is considered for them. They have reduced their costs because they are not earning. So, it is about time that as we plan for our youth and children, we also do the same for our elderly people.

With those comments, I beg to support.

**Mr. Deputy Speaker:** Hon. Members, we are running out of time. The Minister has to respond but with her indulgence, I will give three minutes each to hon. Maore and Prof. Oniang'o.

**Mr. Maore:** Mr. Deputy Speaker, Sir, very quickly I wish to support this Vote. I am also

one of those Members who are disturbed by the wars between the Office of the President, the Treasury and the Ministry of Health over the control of the HIV/AIDS money. When we talk of the cure for tuberculosis, malaria as well as HIV/AIDS and the money flowing from international organisations, we are aware it is not going to the Government. It is going to the financial management agencies and the way money is disbursed needs streamlining. On that note, I remember last week when the Press published the list of the community based organisations that received money, five out of the eight that were put under my constituency in Ntonyiri are not from there. They sound like names from Meru Central and if you verify them, they are not from there but they are fake companies created by the National Aids Control Council (NACC) to siphon money.

Mr. Deputy Speaker, Sir, another issue that we need to remind the Ministry is that one of quacks who are running clinics. We know that quacks do not run clinics without protection. I remember there is one fellow who is a clinical officer running a nursing home in Lare which is my constituency headquarters. When I tried to inquire about him, he happens to have protection from the Medical Officer of Health (MOH), the Provincial Administration and specifically the headquarters. We want quacks out of this business of killing people. They do not treat people. They are in the business of killing people. They do not have facilities for extending life.

Mr. Deputy Speaker, Sir, the other point is the issue of the Constituency Development Fund (CDF) whereby many hon. Members are doing a lot of work in building health clinics and health centres. They need staff and equipment and we want them supplied as quickly as possible so that the public can realise the benefits.

Lastly before my time ends, we want computerisation of the Kenya Medical Supply Agency (KEMSA). It is through KEMSA's computerisation that we will avoid the British monopoly of the crown agents who collude with the suppliers. There is a lot of stealing going on. It used to go on under KANU and this Government has also inherited that behaviour. So, we want that one streamlined.

Thank you.

**Mr. Deputy Speaker:** Prof. Oniang'o, you have only four minutes.

**Prof. Oniang'o:** Mr. Deputy Speaker, Sir, thank you for giving me this opportunity. I would have liked to have 10 minutes. Let me start by complimenting my good friend, hon. Ngilu, for a job well done. She has managed her health Ministry well. You know health is a soft science affair and it requires a woman to be able to feel what it really means in terms of disease for the human beings. I know she has worked personally with all these Members of Parliament. She goes to each one of them and consults them about their problems and tries to address these issues.

I also want to compliment the Minister for Finance for allocating more money this year for the Ministry of Health and I do not want her to give up. She has to go ahead and put in place reforms, whether we have that health insurance Bill or not. She needs to turn provincial hospitals into referral hospitals because Kenyans coming from the rural areas to Kenyatta National Hospital (KNH) to be diagnosed for cancer and treatment die on the way and it is just a nightmare.

A public health centre and I found it stocked with a lot of medication. My fear is that a lot of it will expire and nobody will even benefit from it. So, one thing you might want to put in place, is to make sure that truly if it is going to expire, then you have a health day in the community and then the drugs are given out for free.

Mr. Deputy Speaker, Sir, I will not sit down without mentioning my own discipline which is nutrition and to compliment the Minister for having hired 100 nutritionists, but I would like her next time she reports to tell us that she has turned nutrition into a fully-fledged department because right now we are concentrating on preventing diseases and that is the only way to go. Since children are in the house also, when I was growing up I used to be told: "Wash your hands with a soap after going to the toilet". Research shows that if you wash your hands without soap, you retain 90 per cent of the

germs. When you wash with soap, you get rid of 90 per cent of the germs. It is a simple message and I hope the Minister can take up this as a campaign.

Mr. Deputy Speaker, Sir, we would also like the Minister to invest more in research and training because we shall open up all these health facilities but we do not have trained people.

I support.

**Mr. Deputy Speaker:** Minister, it is your time to reply.

**The Minister for Health** (Mrs. Ngilu): Mr. Deputy Speaker, Sir, I would like to request you to allow me to donate four minutes to hon. Eng. Okundi, three minutes to hon. Dr. Machage, three minutes to hon. Ms Mbarire and three minutes to hon. Omondi.

**Mr. Deputy Speaker:** Very well. In that order.

**Eng. Okundi:** Thank you, Mr. Deputy Speaker, Sir. I would like to congratulate the Minister for a very good budget for the health sector. We know how the Minister worked so hard to produce health insurance for our people and this is something which is going to come however long it takes.

Mr. Deputy Speaker, Sir, I want to deal with the medical training centres. I would like to request the Minister to introduce extra classes in the medical training centres. This is because Homa Bay Medical Training Centre does not have even two people from my district who are pursuing training there. If the Minister starts a new class, we shall be able to employ local people from the district, so that we give better comfort to our people. Along with that, I would like to request the Minister to introduce parallel classes in the medical training centres because we have an acute shortage of medical personnel in this country. I am sure that people are willing to undergo that training and they just need the opportunity.

On the question of district hospitals, Homa Bay Hospital is big and now it is acting as a referral hospital to five districts. As a result, there is not enough bed space. The hospital is seriously under-funded. I am sure this is also happening elsewhere, but I would like to request the Minister to look into it and allocate more funds to it.

I want to thank the Minister for launching the Malaria Control Fund in Homa Bay District. Malaria control is crucial for the health of all our people. I am glad that the Minister has managed to source for funds from the Global Fund to deal with this problem. I would, however, like to urge her to intensify the campaign throughout the country. The Ministry should also provide treated nets.

At the moment, a net costs about Kshs50 for expectant mothers. But I am sure that it costs even more for those who are not expectant. I would like to request that these be provided throughout the country, because malaria has a new strain. The attack is so serious that if you stay for three days with malaria and you are still alive, you are very lucky, indeed.

Mr. Deputy Speaker, Sir, I know that time is limited. This is a good budget and I strongly support it. I am sure that it will be supported and passed by this august House.

With those few remarks, I beg to support.

**The Assistant Minister, Office of the President** (Dr. Machage): Thank you, Mr. Deputy Speaker, Sir. Indeed, the Ministry of Health is a pivotal Ministry in this country. I thank the Minister for Finance for adding a little bit of finances to this Ministry, although not adequate.

A lot of talk has been directed on the National Aids Control Council (NACC) which falls under my docket. Suggestions have been made that it should be transferred to the Ministry of Health. Indeed, it could be factual. But all national disasters in the whole of Commonwealth countries are managed by the Office of the President. This department is actually managed by qualified people. Just because the money from the NACC is not channelled to the Members of Parliament does not mean that it is not effective in its deliberations and duty to this country.

Ten years ago, the prevalence rate of HIV/AIDS scourge in this country was far much above 35 per cent. Three years down the line, it was about 13 per cent. The prevalence rate of HIV/AIDS

scourge now stands at 7 per cent or below. What else talks louder than statistics? The knowledge, attitude and practice are the main factors that determine the spread of HIV/AIDS scourge in this country. Moreso, the money in the NACC is directed to the change of the knowledge and attitude of communities of this country. Of course, it is very difficult to determine how much education somebody has gained from seminar. Therefore, it appears as if the NACC has done nothing. We should commend it for the work it has done for this country. Corruption is very much rampant everywhere, including in the Ministry of Health itself. I am sure the Minister for Health has been fighting this scourge very much in the last one year. It does not mean that she is incompetent. She has been working very hard to enhance proper medical services to the people of this country. I commend her for attempting to give ambulances to nearly all district hospitals in this country.

Mr. Deputy Speaker, Sir, however, there is unequitable distribution of resources when I look at the papers we have today. We have, for example, Kshs38 million being given to Thika District Hospital *vis-a-vis* Kshs7.4 million given to Kehancha District Hospital. It is, indeed, very funny. If you look at page 47, you will see a library in Kehancha District Hospital has been allocated a sum of Kshs487. That money is not enough even to buy a dictionary for paramedical staff. Even a library in Migori District Hospital has been allocated Kshs700. So, this marginalisation should be looked into.

We all know that the infancy mortality rate in Nyanza Province is about 134 per 1000. It is one of the highest in the world. Therefore, giving Nyanza Provincial General Hospital only Kshs18 million, that is less than a half to what Kitui District Hospital has been given; Kshs26 million, is a bit difficult to understand. But I know there are other factors that govern this kind of distribution.

I commend the Minister for doing what she did. I believe she will a little bit push resources from the areas that were over-endowed with finances to places like Kuria and Mt. Elgon districts, so that they balance distribution of resources in this country.

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

**The Assistant Minister for Regional Development Authorities** (Mr. Odoyo): Thank you, Mr. Deputy Speaker, Sir. The health of a country these days is increasingly being affected by global epidemics. We have SARS, HIV/AIDS, Ebola, Malaria and Tuberculosis (TB). Therefore, these are issues relating to the Global Fund. To date, the Ministry of Health has not been able to utilise the Global Fund. We will not get enough funding under the Global Fund and I urge the Minister to look into that.

Mr. Deputy Speaker, Sir, looking at the Vote, there are no AIEs. They have been completely excluded from the Vote. Why is has the Minister not showing how they will spend cost-sharing money? Where has she shown the projects that will be funded by donors? These have been excluded from the budget. I wish to request the Minister to indicate these AIEs. Where donor projects are involved, they should be part and parcel of the budget.

Mr. Deputy Speaker, Sir, coming to Nyando District, it has a district hospital. But it has no management committee, X-ray equipment or proper laboratory. In other words, it is lacking proper facilities. There are no wards and yet, it is called a district hospital. The drug kit that it is receiving is for a sub-district hospital.

Time has come for us to ask the Minister: Why the discrimination? If I were to take the time to compare it with some other parts of the country, I would point out the discrimination. If the Ministry is receiving Kshs5 billion and there are 70 districts, we should be receiving about Kshs40 million per district. Instead, we are only receiving Kshs7 million for Nyando District.

Mr. Deputy Speaker, Sir, I have been requested to donate two minutes of my time to Prof. Maathai with the permission of the Minister.

**Mr. Deputy Speaker:** It is not your time. It is the Minister's time.

Proceed, Prof. Maathai!

**The Assistant Minister for Environment and Natural Resources** (Prof. Maathai): Thank

you very much, Mr. Deputy Speaker, Sir. I would like to thank the Minister for allowing me to contribute. I also want to thank her very much for the excellent work that she continues to do in this country in the Ministry of Health.

I just want to point out that there are two issues that I have always closely connected to the Ministry of Health, but because they belong to another Ministry, they are usually not mentioned in this Ministry, yet, they actually affect the state of our health. The first one is the building code. I do not understand why it has been so difficult for us, as a Government, to introduce a building code which would require that all windows have a very thin wire to prevent mosquitoes from getting into the houses. This is something that can be done very easily since it is not expensive. Once it becomes part of our building code, every builder should ensure that all our houses have this protective gorge because it is almost like a net. I think this could really prevent mosquitoes from entering houses, especially in urban centres.

Mr. Deputy Speaker, Sir, I know that my Ministry, through NEMA, is working with companies that are advocating for the ban of the production of thin plastics which contribute towards stagnant water points which become breeding places for malaria. As we fight malaria, this Ministry should emphasise to NEMA that we must ban the production of thin plastics.

Thank you, Mr. Deputy Speaker, Sir.

**Ms. Mbarire:** Thank you, Mr. Temporary Deputy Speaker, Sir. Let me start from the outset by congratulating the Ministry of Finance for increasing the budget to the Ministry of Health by 30 per cent. This will go a long way in implementing and realising the Millennium Development Goals and in the reduction of maternal and child mortality rates. With regard to this issue, I wish to propose that all children below five years be treated for free in order for us to realise this Millennium Development Goals.

Mr. Temporary Deputy Speaker, Sir, being a woman, I would like to propose that prenatal and antenatal services should be given free of charge, if we really want to realise the Millennium Development Goals under this Ministry. In the past, donors would give a lot of money to family planning health services. Right now, we know that they have reduced this and, as such, there is a problem within the Department of Family Planning in the Ministry of Health, because most women in the rural areas cannot access contraceptives. I propose that more money be allocated to this important service for the women of this country.

Finally, the Minister should consider bringing the National Social Health Insurance Fund (NSHIF) Bill to this House because that is the only way we can deal with all health problems that we have.

I support the Motion.

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Deputy Speaker, Sir. I wish to thank all hon. Members who had the opportunity to contribute and support this Motion.

I have been sitting here all the time and I listened to most of the concerns that hon. Members raised. I also thank them for the compliments that they have paid to the Ministry. We will continue to try as hard as possible to give better services to all Kenyans.

Mr. Deputy Speaker, Sir, the issue of acute shortage of staff has been emphasised by nearly every hon. Member who made a contribution. One or two of them talked about shortage of drugs. We have got plenty of drugs, especially in the rural facilities at the dispensary and health centre level. Hon. Members have also talked about cost-sharing and funds that were earmarked for KEMRI. They have said that we need to introduce ambulances and radio calls, rehabilitee health facilities, increase staff at KEMRI, Kenyatta National Hospital and KEMSA and also put more emphasis on public health and HIV/AIDS awareness campaign. Some hon. Members said that we need to speed up the passage of National Social Health Insurance Fund Bill, decentralise accounting systems, regulate the private sector and increase support to mission facilities. Somebody also talked about the Embu Provincial Hospital and classification of the physical facilities. One hon. Member talked about the National AIDS



Control Council and reproductive health among others.

With regard to staff, I would like to inform the House that the Ministry will spend Kshs10.1 billion on personal emoluments. The Ministry has an authorised staff establishment of 57,194 persons. However, we have only 36,697. This is due to budgetary constraints. We are making efforts to rationalise deployment of existing staff with emphasis to rural facilities.

Mr. Deputy Speaker, Sir, donors are coming up for the first time to assist in financing employment of critical staff on contract. We will spend Kshs1.7 billion on procurement of drugs. Dispensaries and health centre kits have been revived and will now include three months of stock. This also includes non-pharmaceuticals, which was not the case before. I want to assure hon. Members that there will be no stock-outs of drugs.

Mr. Deputy Speaker, Sir, as I said yesterday we have also introduced a hotline to ensure that members of public can actually get through to us and we have put a senior officer in charge. The name of the senior officer is Mr. Chris Rakuomo and he is a senior nurse. The number that you can contact him on is 0735-984498. The other number you can contact him is on 0725- 733650. This is a line that you will at all times get somebody to assist you at all times. You can call these numbers if you find that there are no drugs.

We have also provided funds for anti-snake venom. It has been procured, and will be distributed to the needy areas. One hon. Member talked about this yesterday. I agree with hon. Members that there has been an abuse of cost-sharing funds. This is because the management teams were not well trained and well selected. We will put in place the right qualifications for these members, so that we have people who know what they will be doing.

Mr. Deputy Speaker, Sir, in the 2004/2005 Financial Year, Kshs544 million was earmarked for completion of KEMRI houses. I wrote to the Minister for Finance and said that this could be used for rural facilities. However, this was not used for rural facilities, instead, it was taken back to the Ministry of Finance after the Supplementary Estimates. So, it was never used in the Ministry of Health.

My Ministry realises that the current ambulances are old and require replacement. We have purchased 31 ambulances this Financial Year with the Kshs70 million that we were given. We will distribute them to the deserving areas. This year, we have been allocated Kshs200 million for the purchase of ambulances. We will purchase them and give them out. We also expect to buy more vehicles using funds from the Global Fund. That will also help our facilities.

Mr. Deputy Speaker, Sir, we will spend Kshs1 billion for rehabilitation of health facilities. I also want to share with hon. Members the information that the Ministry of Roads and Public works has been allocated Kshs3 billion. A half of that amount will be used to complete incomplete health facilities in the Ministry of Health. Mr. Deputy Speaker, Sir, I know that Kenyatta National Hospital has obsolete equipment, but we have ordered the very necessary equipment for the hospital, like MRI CT Scanner, Ultra Sound equipment. We have Kshs280 million set aside for the purchase of that equipment. The Kenya Medical Supplies Agency (KEMSA) has been mandated to procure and distribute drugs. The agency will start doing so from this financial year.

In the public health sector, we have to address the causes of ill health. Towards this end, we have set aside US\$8 million to tackle malaria through public health interventions, like larvae citing, indoor residual spraying and educating members of the public.

Mr. Deputy Speaker, Sir, hon. Members are aware that 93 per cent of Kenyans are HIV negative. We are going to spend the resources that we have to treat 95,000 Kenyans by the end of this year, up from 2,000 people in the year 2003. Ninety-five thousand is a good number of people because, in the year 2003, we treated only 2,000 people. Between 2003 and today, we have treated 45,000 people. I am sure that we will reach our target of treating 95,000 people. An amount of Kshs980 million has been earmarked for HIV/AIDS control activities. We will increase the number of Voluntary Counselling and Testing (VCT) centres.

Mr. Deputy Speaker, Sir, I have not mentioned the National Social Health Insurance Fund (NSHIF), because the Bill is before Parliament. Once it comes to the Floor of this House, hon. Members will deal with it.

We have been supporting mission facilities. As you know, these facilities are part of us. We support them with paramedic personnel. We have also provided some of them with ambulances and drugs, because we know that there are many areas that the Ministry does not reach.

In the last financial year, we earmarked Kshs500 million for Embu Provincial Hospital. This money was to come from UNOBADEA. This was a loan and not a grant. This was never completed and, therefore, was never used. However, this year, we have set aside Kshs100 million for it.

Mr. Deputy Speaker, Sir, on the issue of classification of physical health facilities, as you know, district hospitals should be much more for referral than just providing services similar to those provided at dispensaries and health centres, where we give primary healthcare. At the dispensary level, we have good drugs that can cure particular diseases, but people must get there early.

In most cases, people are referred to the district level because they wait until they become too sick to be handled by a dispensary. So, we have decided to put more resources at the dispensary and health centre levels to ensure that we have fewer referral cases. Even as we talk about shortage of doctors and other health workers, if we were able to control diseases, we would reduce even the number of health workers that we need.

With those comments, I beg to move.

*(Question put and agreed to)*

*[Mr. Deputy Speaker left the Chair]*

#### IN THE COMMITTEE

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

Vote 11 - Ministry of Health

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I beg to move:-

THAT a sum not exceeding Kshs13,365,158,930 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2006, in respect of:-

Vote 11 - Ministry of Health

*(Question proposed)*

#### VOTE R11 - RECURRENT EXPENDITURE

**The Temporary Deputy Chairman** (Mr. Ethuro): Hon. Members, we are now in the Committee of Supply to dispose of the Vote of the Ministry of Health. We will start with the Recurrent Vote.

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*Head 311 - Headquarters Administrative Professional Services*

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, I would like to seek clarification from the Minister on the provision provided on Page 320, under Head 311, Item 2110100, Basic Salaries - Permanent Employees. Why would we pay salaries under provisional services?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, these are the doctors, who are professionals, at the headquarters.

*Head 310 - Headquarters Administrative Technical Services*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, first, I will make a general comment on the provision made under Head 310, on Page 320. Of course, the Ministry has been careful enough as not to provide the details of last year's Estimates. However, you can see that the net approved estimates for this Head in this financial year is about Kshs430 million as compared to last year's figure of about Kshs326 million. Mr. Temporary Deputy Chairman, Sir, could we understand whether this increase of about Kshs100 million is as a result of the salaries awarded to doctors? What has caused this big jump?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this jump has resulted from an increase in salaries and training expenses.

*(Mrs. Ngilu consulted with Mr. Obwocha)*

*Head 312 - Provincial Administration and Planning*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I can see the Minister is consulting. She is in the able hands of Mr. Henry Obwocha from the Treasury. That is good for the House anyway. On page 321, I just want to understand Head 312 - Provincial Administration and Planning, there is a total figure of over Kshs400 million. Which Provincial Administration are we talking about and what are they planning?

**The Minister for Health** (Mrs. Ngilu): We are decentralising our services and we need to prepare those people. In actual fact, we are going to hire accountants to go to every district this month. That is some of the work that we are doing.

**Mr. Omondi:** Mr. Temporary Deputy Chairman, Sir, on page 321, Head 312, they are talking about something that is not very clear to me. It reads: Rentals, 2210---

**The Temporary Deputy Chairman** (Mr. Ethuro): Mr. Omondi, could you assist the House? Which page are you referring to?

**Mr. Omondi:** It is page 321, Head 312, Sub-head 2210600 - Rentals of Produced Assets. I do not follow that. What does that mean exactly?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, these are rents and rates.

**Mr. Omondi:** I beg your pardon; rentals?

**An hon. Member:** Rent and rates!

**Mr. Serut:** Mr. Temporary Deputy Chairman, I want us to agree on the issue of rents. But what about the rates? They are paid to who? Rates are supposed to be paid to councils.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam, Minister, you can help. You are not giving salaries! Justify!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, wherever we rent premises and get invoices, what they write is what we put here. We are not supposed to pay rates. We pay rent.

**Hon. Members:** Ehh? Ehh?

**The Minister for Health** (Mrs. Ngilu): We pay rents.

*(Heads 310, 311, 312, 313, 314,  
348, 349, 454, 456, 550,  
555, 616 and 617 agreed to)*

*(Sub-Vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

*Head 317 - District Health Services*

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, on page 325, Head 317, there are two items. There is Item 2211000 - Specialised Materials and Supplies and Item 3111100 - Purchase of Specialised Plant Equipment and Machinery. Could the Minister explain the difference?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, Specialised Materials and Supplies have been allocated Kshs423,519,263 for the purchase of medical drugs, dressings, library expenses, food and rations for patients, purchase of uniforms, bedding and linen, purchase of oxygen and X-ray supplies.

**Mr. Kipchumba:** What is the other figure of Kshs251 million for?

**The Minister for Health** (Mrs. Ngilu): The figure of Kshs251 million is for the purchase of equipment. One is for materials and the other one is for equipment.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam, Minister, you are not helping us! Materials and equipment are the same. You need to identify the equipment as you did with the materials. Equipment cannot be materials!

**The Minister for Health** (Mrs. Ngilu): I have listed the materials---

**The Temporary Deputy Chairman** (Mr. Ethuro): You have listed the materials and that is fine. It is the equipment bit that is being asked for.

**Mr. Kipchumba:** What are the equipment?

**The Minister for Health** (Mrs. Ngilu): Equipment will include--- If you look at the purchase of X-ray supplies, there will be the purchase of the X-ray equipment itself and not the supplies. Those are machines.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam, Minister, the Chair can always grant you an opportunity to consult to give us a more specific response, if you wish.

Mr. Muturi, proceed!

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, as you will appreciate, the Minister, just as the entire Government has decided to do this financial year, has given us things that you will need a magnifying glass to read. This is not meant for people who are in Parliament. It is meant for the younger people. However, may we know from the Minister why Specialised Materials and Supplies - Kshs196 million is under the Provincial Health Services! The same thing is repeated here; Purchase of Specialised Plant Equipment and Machinery. When we go to the District Health Services, the same language is repeated. May we know from the Minister so that, as the representatives of the people, when we go to our areas, we will know how much we have been allocated to purchase specialised equipment and materials. Buying linen is not the same as buying X-ray machines. Laboratory equipment is not the same as buying slashers and brooms. The Minister could tell us where those things will be brought in the various parts of the country.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this year, we have ensured that every district gets a certain amount of money. But we are going to buy equipment for district hospitals. I am sure most of the district hospitals that you know have no laundry equipment. I am sorry *mheshimiwa* that, if your eyesight is failing you, the Ministry of Health will provide--- I can see you are trying to see. Mr. Billow can help you to read. We are going to buy more equipment for district hospitals. I have already said that. We are also going to buy a lot of equipment for rural facilities.

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, just a clarification because I know we will not come back to this small book. My clarification pertains to the districts. If you add all the items for districts, it does not add up to the figure for the net expenditure. Could the Minister explain that?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I agree with the hon. Member that there is an error in calculation.

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, if there is an error in this print-out, then we should remove it from our records and then we only use the big book. All of them have errors.

**The Minister for Health** (Mrs. Ngilu): That is only appearing in the small book, but the big book is okay.

**The Temporary Deputy Chairman** (Mr. Ethuro): Hon. Members, I think for our purposes, let us use the big book.

**Mr. Omingo:** Mr. Temporary Deputy Chairman, Sir, you realise the very simple reason why we asked for this small book is because we are not quite happy with the cluster and classification of things in the big book. Now, if you tell us to discard this one, then basically, we shall be going back to what we were worried about originally.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, I support what my colleague said, that this book had problems and we asked for those specific ones. If they do not comply with the requirements of the House, then it means the whole budget of the Ministry is faulty. But my concern is that the small book is very important because that is where the allocations for each district are contained. To the extent that it has errors in every district, then it means the allocations to the districts need to be re-done afresh. This House cannot purport to pass the budget for the Ministry when we do not actually have accurate allocations for the districts.

**The Assistant Minister for Finance** (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, the main Budget has all the Heads as outlined. What we requested are those ones in the main book which are not explainable, and that is what has been explained in the small book.

**The Temporary Deputy Chairman** (Mr. Ethuro): Order! Hon. Members, I think the Minister has already conceded. We will just assume the figures may not add up. But since these ones are the ones which have all the Heads, we should proceed on that basis. In any case, other Votes have already been passed on the basis of this one.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the figures are not adding up in the small book but, surely, everything is in this book and what is in this book is correct. As I said, all the funds will be going to the districts. We are decentralising. As a result, we have even employed accountants. Every district has an accountant in the Ministry of Health and not in the District Commissioner's office.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, this is a very serious matter. First of all, out of the total Vote of the Ministry, only Kshs4 billion is included in that small book for the districts. But the reason why we wanted the itemised expenditures is to ensure that we can get explanations. For example, when you say, "specialised materials, Kshs423 million," we want to know where it goes. That is the book that gives us the details. To the extent that, that book is not reliable, then we, as

Members of Parliament, are at a loss. We are not able to approve an expenditure when we do not know how it is going to be spent. We need to be fair to ourselves.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, for the first time, we are equipping all the rural dispensaries with the essential equipment. The hon. Members should look at the list of the equipment which we intend to purchase, which we have already ordered, and they will not ask any more questions as to when there will be microscopes and stethoscopes in the rural health facilities.

**The Temporary Deputy Chairman** (Mr. Ethuro): Order, Madam Minister! I think the Minister is conceding the differences. This is just a matter of additions. Let us proceed on what is in the big book.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I am worried because earlier on, before we even began debate on the Vote of the Office of the President, Mr. Speaker agreed with us when we raised the issue about the way the figures have been put in this big book. Actually, Mr. Speaker delayed debate on the Vote of the Office of the President until the Minister produced detailed and itemised expenditure in the small books.

Mr. Temporary Deputy Chairman, Sir, all Ministries were directed to do so. The Minister for Health has produced the small book, but she concedes that it contains errors. So, we are at a loss as to whether we are going to pass the Vote that we understand, or in terms of the order given earlier on by Mr. Speaker.

**Capt. Nakitare:** Mr. Temporary Deputy Chairman, Sir, I am handicapped in the sense that the Minister has said that she has posted accountants to district and provincial hospitals. If the calculations in the small book are wrong, how will the figures tally with the ones in the bigger book?

**The Assistant Minister for Finance** (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, my colleague has raised a legitimate question, but I think we have not checked closely with the main book. For example, on page 64, Marakwet District, the Minister has explained that specialised materials and supplies include the purchase of drugs and uniforms. The items are all listed there for Marakwet District. At the bottom, there is the Purchase of Specialised Plant and Equipment for Marakwet District. The items are all listed in that manner for all the hospitals. So, if you add up these items in every hospital, it will come to Kshs423 million. I think that is what hon. Billow was asking. Actually, these items are there, but, maybe, they should have been put separately. For every hospital, it has been itemised.

**Mr. Billow:** But the figures are not adding up!

**The Assistant Minister for Finance** (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, hon. Billow is saying that the figures are not adding up and he has not added them in this book.

**The Temporary Deputy Chairman** (Mr. Ethuro): Mr. Kipchumba raised the issue and the Minister conceded. If the Treasury officials did not do their work at the Treasury, they cannot do it here.

Hon. Members, let me defer this particular Sub-Vote 111 for consultations. I will come back to it before we end this session. That is the best we can do in the circumstances.

*(Sub-Vote 111 deferred)*

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, what is not adding up is Head 555. Under Item 2110100 - Basic Salaries - Permanent Employees, on page 323, there is an allocation of Kshs1,630,262. If you remove that amount and add up the rest, it totals up to Kshs36,094,541.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam Minister, are you talking about page 323 of the bigger book?

**The Minister for Health** (Mrs. Ngilu): Yes, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman** (Mr. Ethuro): We passed that one under Sub-Vote 110. We are dealing with pages 324 to 327. Let me proceed on the basis of my recommendation. Let us move on to the next Sub-Vote.

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

##### *Head 323 - Environmental Health Services*

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, I want to seek a clarification on Head 323. If you look at the totals of the last financial year and the current financial year, there is an increment of about Kshs70 million. There is Kshs192 million against Kshs259 million. Where will the extra money go to? This book does not show where the money went to in the last financial year. Why do we have this particular increment?

**An hon. Member:** It is to increase the number of public health officers. *Watu wanakunywa kwona mbee!*

*(Laughter)*

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, yes, there is an increment because we increased salaries this year. If you look at page 328, you will see that under Item 2110200, there is an increment. We will also increase the allocation for chemicals for malaria control and personnel. That is what is making the difference.

##### *Head 322 - Division of Mental Health*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on the point that the Minister has just responded to, I just want to comment that, indeed, this is the area dealing with public health officers and environmental health services. I think, as much as the increment is indicated as Kshs70 million between last year and this year, one does not see whether there is an increase in personnel or if the increase is on salaries only. Under Head 322, page 328, there is the Division of Mental Health. My concern is that the basic amount for salaries for permanent employees is about Kshs1.3 million.

Mr. Temporary Deputy Chairman, Sir, I just want to get a clarification from the Minister about this. This is a clear indication, or an admission by the Ministry, that it does not have sufficient personnel in the Division of Mental Health. Therefore, this is the reason we see very many mad men and women roaming in the streets and villages because there is no provision for them. Madam Minister, could you explain why we cannot have more employees in this division?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, some of the problems are dealt with at the source. The increase, sometimes, is because some of them are sniffing glue but they are not mentally ill. It is just because they sniff glue. However, this has been noted and we will increase the number of staff working in that section.

##### *Head 509 - Control of Malaria*

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, on page 333, Head 509; Control of Malaria, I also want to express the same concern. The Ministry has allocated only Kshs23 million for the control of malaria, which is one of the major epidemics in this country. Could the Minister shed some light in terms of as to priorities why there is such a small allocation?

##### *Head 622 - National Leprosy and Tuberculosis Control*

On page 334, Head 622; National Leprosy and Tuberculosis Control, Kshs100 million has been allocated for specialised materials and supplies. In view of the fact that all capital equipment is provided for under Development Expenditure, could the Minister also explain to the House what these materials are?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, on the issue of control of malaria, we are getting the money from the Global Fund. Therefore, we are not going to use this money for the control of malaria.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam Minister, you need to be clear! There is Kshs23 million, under the control of malaria, that you are not going to use for that purpose.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is not meant for purchase of drugs but for headquarters preparations. However, the bulk of the resources that we are going to use for control of malaria is not Kshs31 million.

On Head 622, the funds are for the purchase of TB drugs.

**Mr. Billow:** This is not clear, Mr. Temporary Deputy Chairman, Sir. We cannot be told that "specialised materials and supplies" are drugs. Earlier we were told they are not drugs but "something else". So, for one department, it is drugs and for another one, it is something else. We have to be consistent! With regard to malaria, the Minister said all those things have nothing to do with control of malaria.

Mr. Temporary Deputy Chairman, Sir, there is Kshs22 million for specialised materials and supplies under control of malaria. She said that, that is just expenditure for the head office. It has nothing to do with control of malaria. However, on the same item, she is saying that specialised materials and supplies are drugs. There has to be consistency in what we are being told.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, on the first issue, I explained what materials we were going to buy. I even said exactly what we are going to buy with the funds previously. This year, I am now talking specifically about TB drugs.

**The Temporary Deputy Chairman** (Mr. Ethuro): Order, Madam Minister! The issue is "specialised materials and supplies". In your earlier response to a similar item, you included drugs and all those other things. Now you are saying that the Kshs23 million under the control of malaria was for headquarters preparation and not for the purchase of drugs and supplies.

You also say that the drugs and other supplies will be purchased with funds from the Global Fund. That is what hon. Members are raising.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this Item of Specialised Materials and Supplies recurs in other Heads.

**Mr. Omingo:** Mr. Temporary Deputy Speaker, Sir, unless a proper explanation is given, Specialised Materials and Supplies should either be put as supply of drugs or under administrative issues. This explains the reason why, perhaps, we have malaria epidemics in some areas.

Mr. Temporary Deputy Chairman, Sir, could the Minister explain to us why she feels this is supposed to be an issue under Head 311, Headquarters Administration Professional Services and not under regions which feel the heat of the malaria epidemics?

**The Temporary Deputy Chairman** (Mr. Ethuro): Mrs. Ngilu, you could even help the House by telling us where the funds for the other supplies from the Global Fund have been put.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, that falls under the Development Vote. However, if you could open page 64 of the Printed Estimates, specifically for the Ministry of Health, Sub-Head 870, Item 2211000 is on Specialised Materials and Supplies.

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, this Sub-Head is on Marakwet District Hospital!

**The Minister for Health** (Mrs. Ngilu): All I am saying is that the Specialised Materials and Supplies Item recurs in other Heads.

**Mr. Billow:** On a point of order, Mr. Temporary Deputy Chairman, Sir. There are classifications and, in fact, in this Budget the accounts have got codes. Each code represents a



particular expenditure item. I can illustrate what I mean. If you look at, for example, Head 509, on Control of Malaria, Item 2210200 is on Communication Supplies and Services. That Item will always have that number and title under any department. It cannot be listed as something else. If you look at Item 2210300, on Domestic Travel and Subsistence and other Transportation Costs, that is the title that will be maintained throughout. So, the Minister cannot say that under Malaria Control, Specialised Materials and Supplies, under Item 2211000, refers to something else. There is a standard classification representing a particular Item. Each Item has its own code, so we cannot mix them up.

**Mr. Kipchumba:** That is why we have a serious problem!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, surely, Specialised Materials and Supplies include drugs.

**Hon. Members:** Drugs are not materials!

**Mr. Billow:** Mrs. Ngilu, look at Head 518 on Food Control and Administrative Services. Drugs are not there. The issue of drugs is also not found under Head 519; on Occupational Health. Please, get details from the experts!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I do not seem to see that.

**The Temporary Deputy Chairman** (Mr. Ethuro): Hon. Members, the substantive argument was actually the amount of the allocation. This matter can be re-visited.

Let us move on!

*Head 518 - Food Control Administration Services*

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, since you are just sweeping this issue under the carpet, let me move on to Head 518 on page 333 of the Printed Estimates. Under this Head, Item 2110200, Basic Salaries - Permanent Employees, has been allocated Kshs1,866,758; Personal Allowances Paid as Part of Salary under Item 2110400, has been allocated Kshs1,586,599.

If you move further down, you will find Domestic Travel and Subsistence and other Transportation Costs with a sum of Kshs5 million. Judging from the salaries, these are not many officers. Why will they spend more money, even more than their salaries, to travel domestically? Where would they be going?

Mr. Temporary Deputy Chairman, Sir, if you look at the total expenditure under that Head, last financial year, this was only Kshs11,267,089, but this year it amounts to Kshs56,634,496. Could the Minister explain this?

**The Minister for Health** (Mrs. Ngilu): The Ministry has hardly been doing its work of checking what is happening on the ground because of lack of resources and funds. Therefore, this increment is going to help public health officers to do their work.

**An hon. Member:** To do what?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, field work has to be done by public health officers because they do not work within the headquarters.

*(Sub-Vote 111 agreed to)*

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

*(Heads 293, 322, 323, 325, 326, 327,  
328, 330, 331, 332, 334, 346, 347,  
509, 510, 518, 519, 520, 622,  
720, and 721 agreed to)*

*(Sub-Vote 112 agreed to)*

SUB-VOTE 113 - RURAL HEALTH SERVICES

*Head 335 Rural Health Centres and Dispensaries*

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, with regard to Item 3110700 on purchase of vehicles and other transportation equipment amounting to Kshs200 million, we would like to know how many vehicles are going to be purchased with this amount of money and for which districts?

**The Minister for Health** (Mrs. Ngilu): I cannot say now but I was proposing that we be given permission so that I can buy cheaper vehicles so that I can get more.

*(Laughter)*

I really mean this, because I know I can buy about 80 vehicles with this money, but on the other hand, I could buy about 120 vehicles.

**Mr. Billow:** But we want to know, for accounting purposes, how many vehicles are to be bought with this money?

**The Minister for Health** (Mrs. Ngilu): All right, if we are buying the formal ambulances, we can get about 80 vehicles.

**Mr. Billow:** For which districts?

**The Minister for Health** (Mrs. Ngilu): We look at the needs.

**Mr. Billow:** No, Mr. Deputy Chairman, Sir, it is important to know what we are passing in this House. If you are purchasing vehicles and you have money budgeted for it, you should know how many vehicles will be purchased and for which districts. You must have already identified the needs and, therefore, submitted your requirements in the Budget. So, I do not think it is something that will be done after this; we want to know as a House, where this money will go.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I agree with what the hon. Member is saying but actually, if I were to mention the needs of the Ministry of Health, in an ideal situation, I would require about 571 vehicles. But, I cannot get the money right now and I have Kshs200 million. This is how I intend to use it: 80 good ambulances can be purchased. But I do hope that I can buy more by ensuring that they are not as expensive.

Mr. Temporary Deputy Chairman, Sir, but as I said earlier, we have already given ambulances to some of the districts and this time, we will give those ambulances to those other districts which we have not given. But certainly, each district will get a vehicle.

**An hon. Member:** Which districts?

*(Applause)*

**Mr. Deputy Chairman** (Mr. Ethuro): Finally, Mr. Angwenyi!

**Mr. Angwenyi:** Mr. Deputy Chairman, Sir, that answer is not satisfactory. In the last two years, ambulances have been bought and we do not know where they have gone to. They should have known which district gets how many ambulances because when working out your budget, you should know that because it is basic information which you must have before you do your budget. So, please, tell us, for example, am I going to get one ambulance?

*(Laughter)*

**Mr. Deputy Chairman** (Mr. Ethuro): Order!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I am not talking about--- I said that each district will get one. Therefore, we will check whether it is Marani Health Centre that needs it more than Gucha Health Centre or the others. So, we cannot pay now, but we will put a---

**Mr. Bahari:** Did you say each district?

**The Minister for Health** (Mrs. Ngilu): Yes, each district will get!

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

**The Temporary Deputy Chairman** (Mr. Ethuro): Order, hon. Muturi! I think this matter has been exhausted and we are running out of time. Let us proceed!

*(Heads 335 and 336 agreed to)*

*(Sub-Vote 113 agreed to)*

#### SUB-VOTE 114: HEALTH TRAINING AND RESEARCH

##### *Head 340 - Kenya Medical Training College*

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, on page 336, Head 340, on Kenya Medical Training College (KMTC), there is a grant of Kshs592 million. In spite of this huge amount of grant, the KMTC charges the highest fees compared to other colleges that offer diploma courses in this country.

We understand that there is a likelihood that the fees will go up again. Could the Minister give us an assurance that, since the Government is giving grants to the KMTC, they will not review the fees in the manner that they intend to do?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the grants shown here are simply the money that comes to the Ministry of Health from the Treasury and is given to the KMTC and Kenyatta National Hospital.

**The Temporary Deputy Chairman** (Mr. Ethuro): Madam Minister, you have [**The Temporary Deputy Chairman**] not answered the question! What you are saying was understood.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, all I am saying is that this is not a grant *per se* because it is money that is given to the KMTC through the Ministry of Health.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, could she give us an assurance with regard to the fees?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, I cannot give an assurance because when the Board sits, it will decide how much the students should pay.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I thought that this Minister was very sympathetic to the youth of this country, especially girls. What we are asking her is whether she can make training affordable. We also want her to assure us here today that she is not likely to increase the fees for KMTC next year. That is all we are asking for.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I cannot guarantee that because it is decided upon by the Board of KMTC.

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, I think this is important. You realise that, under this Head, at the Kenya Medical Training College, there are no Appropriations-in-Aid. They do not show how they are raising money to finance some of their operations. So, it means that the money that is being collected is not there.

*(Loud consultations)*

That money has to be reflected here! There must be money that is raised, for example through fees, which is not indicated here!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, any monies that are raised in colleges are retained in those colleges. The money shown here is that which comes from the Treasury to the Ministry of Health for onward transmission to the KMTC.

**Mr. Bahari:** Mr. Temporary Deputy Chairman, Sir, normally, that kind of collection by the departments of a Ministry is reflected as Appropriations-in-Aid. This includes the money that is paid by students when they apply for college admission. Every student, whether they are admitted or not, pays Kshs1,000 and that should be reflected as Appropriations-in-Aid.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, unless there is an express regulation by the Minister for Finance to exclude a particular Government department, all revenues generated by Government must go to the Consolidated Fund. So, where are the Appropriations-in-Aid from the Kenya Medical Training College? They charge Kshs50,000 for a diploma course and so we want to know where it is reflected here. The Treasury should help you in this matter!

**The Minister for Health** (Mrs. Ngilu): But we have a Board of Management in every institution! They also have their own budget.

**The Assistant Minister for Finance** (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, my colleagues know that there are certain institutions that are allowed to operate a fund. They do not reflect the Appropriations-in-Aid (A-in-A) in their books. When you collect the money, it is retained to run the colleges.

**The Temporary Deputy Chairman** (Mr. Ethuro): Under what regulation?

**The Assistant Minister for Finance** (Mr. Obwocha): Under the fund regulations! That is because they have a fund. They know that!

**An hon. Member:** Which one?

**The Assistant Minister for Finance** (Mr. Obwocha): There are several funds!

**The Temporary Deputy Chairman** (Mr. Ethuro): I will now put the Question!

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

**The Temporary Deputy Chairman** (Mr. Ethuro): In any case, we are not arguing about the Vote. It is just supposed to reflect. Okay! A final one from Mr. Omingo!

**Mr. Omingo:** Mr. Temporary Deputy Chairman, Sir, we cannot bury our heads in the sand. I heard the Assistant Minister state that it has never been shown. You and I sat in the Public Accounts Committee (PAC) and we had a problem dealing with prisons because of parallel accounting systems. We can only have one Treasury.

Could the Assistant Minister, who has just spoken, state the regulation, so that we can know whether those institutions have been exempted, so that we do not misappropriate funds?

**The Temporary Deputy Chairman** (Mr. Ethuro): I agree with you and that is where my dilemma is. According to the rules, it has to be reflected for noting by the Treasury. The money is meant to be spent by the colleges. I think the Minister should just concede that and then we proceed.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, that has not happened in the past. Let me say that it should not happen and, in future, we will reflect it. Is that okay?

**The Temporary Deputy Chairman** (Mr. Ethuro): That is granted.

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

*(Sub-Vote 114 agreed to)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

*(Heads 355 and 356 agreed to)*

*(Sub-Vote 116 agreed to)*

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

*Head 315 - Kenyatta National Hospital*

**Dr. Galgallo:** Mr. Temporary Deputy Chairman, Sir, if you look at the proposed estimates for Kenyatta National Hospital (KNH) for the coming three years, the figure remains the same. We all know that KNH needs a lot work to be brought back to its feet. What is the rationale for repeating the same figure for the next three years? How do we hope to address the problems of KNH?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, first and foremost, these are just projections. But hon. Members will remember that when we increased the salaries for civil servants, KNH staff salaries were also increased. So there is an increment of Kshs200 million over and above what we used to have. The Kshs2,800,000,000 that has remained stagnant for three years is expected to come down. We are currently rationalising KNH and we are going to have fewer employees than we have today. So, next year, the figure may come down.

**Dr. Galgallo:** On a point of order, Mr. Temporary Deputy Chairman, Sir. The Minister has told us that they are allocating more money to Kenyatta National Hospital (KNH) for X-Ray equipment and now she is saying that the money is for salaries. Madam Minister, be clear! What are you spending the money on?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, maybe the hon. Member has forgotten, that last year, we gave KNH money for equipment. So, we have already ordered the equipment. So, this money is not for equipment.

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*

SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

*Head 623 - Moi Referral and Teaching Hospital*

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, we are allocating a huge amount of money to this hospital and the other one before it is KNH. Kshs2.8 billion is allocated to KNH and Kshs714 million to Moi Referral and Teaching Hospital. Could the Minister advise, roughly, how

much these hospitals generated last year in terms of revenue?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, Moi Referral and Teaching Hospital has a capacity of about 500 beds. KNH has a capacity of 1,800 beds and, at any one time, it has some 3,000 patients. This is the difference. Moi Referral and Teaching Hospital has got some substantial amounts of money from donors as opposed to KNH. Moi Referral and Teaching Hospital generated only Kshs400 million last year. KNH generated about Kshs1 billion last year.

*(Head 623 agreed to)*

*(Sub-Vote 118 agreed to)*

#### SUB-VOTE 111 - CURATIVE HEALTH

**The Temporary Deputy Chairman** (Mr. Ethuro): Hon. Members we had deferred Sub-Vote 111 and on the basis of consultation, we go by the bigger book as we had agreed earlier and the district votes will be adjusted accordingly.

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

*(Sub-Vote 111 agreed to)*

*(Vote R11 agreed to)*

**The Temporary Deputy Chairman** (Mr. Ethuro): Hon. Members, we are running short of time and we have to go to the Development Vote.

**Hon. Members:** Report Progress!

#### PROGRESS REPORTED

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I beg to move that the Committee of Supply do report progress and seek leave to sit again today.

**Mr. Angwenyi** seconded.

*(Question put and agreed to)*

*(The House resumed)*

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

#### REPORT

**Mr. Ethuro:** Mr. Temporary Deputy Speaker, Sir, the Committee of Supply is considering Vote 11 - Ministry of Health and has instructed me to report progress and seek leave to sit again today!

**The Temporary Deputy Speaker** (Mr. Angwenyi): What progress?

**Mr. Ethuro:** Mr. Temporary Deputy Speaker, Sir, I wish to report progress and seek leave to sit again today.

*(Question put and agreed to)*

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

IN THE COMMITTEE

*[The Temporary Deputy Chairman  
(Mr. Ethuro) in the Chair]*

DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*Head 310 - Headquarters Administrative and Technical Services*

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, on Head 310, Items 310300 and 2211300 on Refurbishment of Buildings and Other Operating Expenses, could the Minister tell us what work she is going to do on Afya House that will cost Kshs90 million? Last year, this Item was only allocated Kshs6 million.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, it clearly shows "refurbishment of buildings and other operating expenses," which will cost Kshs90 million. We are going to get Kshs45 million from DANIDA and another Kshs45 million for Nairobi Health Board.

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, this is very clear in the book; it says "Refurbishment of Buildings, Kshs45 million," which is a grant from a foreign Government and another Kshs45 million, making it Kshs90 million. So, I am just asking what kind of refurbishment is this that will cost Kshs90 million?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the headquarters needs this money. If you have been to Afya House, you might have seen the rot there is in all the floors. I think this money will be used for refurbishment. We cannot have a headquarters of the Ministry of Health that stinks!

**The Temporary Deputy Chairman** (Mr. Ethuro): Order, Madam Minister! You do not say you "think." What is it for?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, It is going to renovate and refurbish the building!

**Mr. Bahari:** Mr. Temporary Deputy Chairman, Sir, Kshs90 million definitely is quite a substantial amount, and Afya House is not that badly off. That money can build half of Afya House. Could the Minister please give some details?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, you know, first of all, if I request for money and I get support from DANIDA, I would take it, and Afya House needs this money.

*Head 311 - Headquarters Administrative Professional Services*

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, I have two questions on Head 311; Headquarters Administrative Professional Services. The expenditure on these professional services has gone up from Kshs261 million last year to Kshs930 million this year. But you find that the last Item, 3110500, says "Construction and Civil Works; Kshs100 million," and so on.

Mr. Temporary Deputy kChairman, Sir, what are these professional services which will cost almost Kshs1 billion within the Ministry Headquarters, when the total amount allocated to rural health

services is only Kshs1.6 billion?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have got this money from the World Bank; to sink boreholes. We have a list showing where the boreholes will be dug around the country. This will not be done at the headquarters.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, what about the Kshs681 million for specialised materials under the professional services?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we intend to sink 52 boreholes countrywide.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, again, we are stuck with the same thing. The Item reads: "Specialised Materials and Supplies - Kshs681 million". Is the Minister saying that the specialised materials and supplies are boreholes? Why are boreholes being classified as specialised materials?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this money has been given by the World Bank under the Programme KADREP. This is US\$2.5 million which translates to Kshs681 million.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, you cannot call boreholes materials by any stretch of imagination. I thought these could be equipment and some drugs.

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, the cost of 52 boreholes, even at Kshs5 million per borehole, would never come to Kshs681 million. There is no borehole that can cost Kshs5 million except in Mandera. So, could the Minister consult and tell us what this money is for? This is under professional services and materials.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, for the construction of civil works, Kshs106 million is supposed to be used to sink 52 boreholes. The money for the specialised materials and supplies is a loan from the World Bank, to ensure that we have adequate drugs and supplies for the Nairobi health facilities. We have now taken over all the dispensaries in Nairobi.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, we will pass the Vote, but it is important that we understand. If the money is from the World Bank, it is supposed to be for specialised materials and supplies. We have just passed the Recurrent Expenditure. So, could we understand why this was not put in the Recurrent Expenditure?

**An hon. Member:** Mr. Ojode!

**The Assistant Minister for Foreign Affairs** (Mr. Ojode): On a point of order, Mr. Temporary Deputy Chairman, Sir. Is it in order for the hon. Member to call out my name and yet I am in the Ministry of Foreign Affairs? I deal with foreigners!

**The Temporary Deputy Chairman** (Mr. Ethuro): Mr. Assistant Minister, you are the one who is out of order!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, surely, all hon. Members know that all donor funds are for development and donor funds cannot be put in the Recurrent Expenditure.

*(Heads 310 and 311 agreed to)*

*(Sub-Vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

*Head 316 - Provincial Hospitals*



**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I think the Minister could very quickly answer a question on Head 316, Item 3110300, Refurbishment of Buildings, which has an allocation of Kshs225 million. Which buildings will be refurbished under the provincial hospitals?

*(Mr. Obwocha consulted loudly)*

Please, protect me from the rude interruptions by hon. Obwocha!

**The Temporary Deputy Chairman** (Mr. Ethuro): You are protected!

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, we want the Minister to answer that before we pass the Vote. We do not want to just pass it, taking everything for granted.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, all provincial hospitals are in bad shape. This money is for refurbishment of provincial hospitals.

**Hon. Members:** Which ones? This is very little money!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I agree that it is too little money to refurbish all hospitals. But there are some hospitals where we have finished refurbishing.

For example, we have finished work on the Coast General Hospital and the North Eastern Provincial Hospital, which is in Garissa. We are now working on the Embu Provincial Hospital. We will still look at many others which are in very bad shape and distribute resources to them.

*Head 318 - Mental Health Services*

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, if you look at Head 318 on page 178, and compare the amount of money it has been allocated, Kshs1.1 billion, as opposed to what it had been allocated last year, Kshs115 million, you will see that there is an increment of Kshs1 billion. This money is for refurbishment of buildings - Mental Health Services.

Is this referring to Mathare Mental Hospital? How will the extra Kshs1 billion be spent? Will you build a new mental hospital or what will you do with the money?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, that amount is under Sub-Vote 111.

*(Heads 316, 317 and 318 agreed to)*

*(Sub-Vote 111 agreed to)*

SUB-VOTE 112 PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*Head 778 - Special Global Fund*

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, on page 179, Head 778, Special Global Fund, has been allocated Kshs980 million. I just want the Minister to clarify this. The other two Global Funds are well explained. One is for tuberculosis and the other one is for malaria, but what is the Kshs980 million for?

**hon.Members:** It is for UKIMWI!

**Mr. Kipchumba:** Mr. Temporary Deputy Chairman, Sir, please protect me from the loud consultations.

*(Laughter)*

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the money is for Anti-Retroviral drugs.

**Dr. Galgalo:** Mr. Temporary Deputy Chairman, Sir, on page 178, Head 325; Communicable Diseases, in the last financial year, the total allocation was Kshs1.7 billion. However, during this financial year, the allocation is Kshs559 million.

Could the Minister explain to the House why there is a reduced expenditure of Kshs1.2 billion?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, these are grants from donors. They have reduced what they have been giving us.

**Mr. Billow:** Which donors?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this affected all the donors who work with us, including the United States Agency for International Development (USAID), the Danish International Development Agency (DANIDA) and the Swedish International Development Agency (SIDA).

*(Heads 323, 325, 327, 509, 510,  
778, 779 and 780 agreed to)*

*(Sub-Vote 112 agreed to)*

#### SUB-VOTE 113 - RURAL HEALTH SERVICES

*(Heads 335 and 594 agreed to)  
(Sub-Vote 113 agreed to)*

#### SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

*(Heads 340 and 643 agreed to)  
(Sub-Vote 114 agreed to)*

#### SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATION UNITS

**The Assistant Minister for Finance** (Mr. Obwocha): Put the Question!

**The Temporary Deputy Chairman** (Mr. Ethuro): Order, Mr. Assistant Minister! Do your job and I will do mine!

**Mr. Billow:** Mr. Temporary Deputy Chairman, Sir, I want to thank the Ministry for this increased allocation to the Rural Health Services from about Kshs190 million to Kshs2.1 billion. However, I want to find out, because we also have some CDF programmes, whether it is possible for the Ministry to publish or share with hon. Members where they are going to spend the Kshs480 million for refurbishment and construction of buildings worth Kshs780 million, so that we know whether some of our institutions are included. This will enable us to plan our programmes well with the CDF. Is it possible for her to table that list?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, yes, I can do that. I will ensure that all districts are covered.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, there is refurbishment of buildings at the Kenya Medical Research Institute (KEMRI). Are they going to build a new research station when the current one does not do any research?

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on the same Head 643, on the KEMRI, I recall that the Minister explained that the Kshs500 million that is allocated is a grant from the Government of Japan. However, as you would recall, a while ago, the Minister said that in last year's Budget, the Kshs544 million which was meant to complete the staff housing project at KEMRI was never utilised. In view of the fact that the Kshs500 million indicated here is for refurbishment of buildings and not for the completion of the project, could the Minister explain what is the fate of that staff housing project?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, under the Vote of the Ministry of Roads and Public Works, the Government has set aside Kshs3 billion for the completion of all incomplete Government buildings. I believe that, that will be one of them. The Kshs500 million is a grant from the Japanese International Co-operation Agency (JICA) for the administration block and production of HIV/AIDS test kits. They are putting up a new block.

**Mr. Ojamoong:** Mr. Temporary Deputy Chairman, Sir, mine is on Item--

**Mr. Billow:** On a point of order, Mr. Temporary Deputy Chairman, Sir. We need to be serious on this issue. Refurbishment of Buildings falls under a different classification. The one we are looking at here is different from Construction of Buildings. Construction of Buildings falls under Item 3110200 of Head 335. It is a totally different Item. In this case, we are referring to Item 3110300 on Refurbishment of Buildings under Head 643. Is the Minister spending this money to complete those buildings or what is being refurbished? This is not a new construction.

**The Temporary Deputy Chairman** (Mr. Ethuro): Mr. Ojamoong, could you ask your question? Maybe, the Minister can respond to both issues?

**Mr. Ojamoong:** Mr. Temporary Deputy Chairman, Sir, my question is also on Refurbishment of Buildings under Item 310300. In some districts, like mine, some NGOs like the World Vision and AMPAT in Eldoret refurbished the small structures we have. Could the Minister allow the MOH, because of the procurement systems we have, to use the money for construction of buildings?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I am not satisfied with the explanation the Minister has given on this issue of Refurbishment of Buildings. If you look at that Item, that refurbishment will be undertaken this year. The money will be increased next year and, by the end of the Financial Year 2007/2008, the total amount of money which will have been used is close to Kshs2 billion, when we cannot have a loan going to that institution. Why is the Ministry spending so much money on refurbishment of buildings in this institution?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, as I said, sometimes when donors decide on what they want to do, that is what we focus on. Most of the funding we get for KEMRI comes from donors. This is a grant which we just have to accept. It is for the completion of the administration block.

**Mr. Billow:** On a point of order, Mr. Temporary Deputy Chairman, Sir. The Minister for Finance made it very clear that he has not put a penny from the donors in this Budget. Donors do not commit funds unless there is an agreement or a memorandum of understanding specifically stating what activity that money will be spent on. So, the Minister should consult and find out what is the specific activity for which that Kshs500 million is given. Let us not be vague about it. We want to know exactly what this money is for so that we can follow it up later.

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

**The Temporary Deputy Chairman** (Mr. Ethuro): What is it, Dr. Galgalo? Mrs. Ngilu, just wait for one final one from Dr. Galgalo!

**Dr. Gallallo:** Mr. Temporary Deputy Chairman, Sir, as she answers what Mr. Billow has said, the Refurbishment of Buildings is reflected for this year and next year as Kshs600 million for the Financial Year 2006/2007 and Kshs720 million for the Financial Year 2007/2008. So, what buildings will be refurbished for the three consecutive years? Is the Ministry putting up a new building?

**The Minister of Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, from the contributions of hon. Members, they said that we are not allocating enough resources to KEMRI. These works are done by Japan International Co-operation Agency (JICA). The block that they are finishing now is the one that will be used for the production of HIV/AIDS test kits. We have been spending a lot of money buying these kits from outside the country. This can be done in our country. We could actually sell these kits to other countries within the region. So, this is a good initiative.

**The Temporary Deputy Chairman** (Mr. Ethuro): Well done, Mrs. Ngilu! Hon. Members, I must now put the question--

Hon. Members, I have to end this matter. Therefore, I will give Mr. Muturi and Mr. Kipchumba the last two chances.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, it is important that we get to understand what we are doing. I just want to get an understanding from the Minister on Head 340. The Kshs50 million allocated for this purpose is shown as Capital Grants to Government Agencies and Other Levels of Government under Item 2630200. What is this all about?

**The Minister for Health** (Mrs. Ngilu): This is not for the Kenya Medical Research Institute (KEMRI); it is actually for the maintenance of the Kenya Medical Training College (KMTTC).

**Mr. Kipchumba:** We appreciate that it is for the maintenance of the KMTTC, but what are these other levels of Government? If it is going to one training college, then who else is getting the money? Is the Government giving its service.

**The Minister for Health** (Mrs. Ngilu): You know, the KMTTC is not just the headquarters here; we even have a KMT in your constituency and in other places. Those are the levels of Government.

*(Laughter)*

**The Deputy Chairman** (Mr. Ethuro): Order, hon. Members!

*(Heads 335 and 594 agreed to)*

*(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

*(Head 340, 643 and 355 agreed to)*

*(Sub-Vote 114 agreed to)*

*(Vote D11 agreed to)*

*(Question put and agreed to)*

*(Resolution to be reported  
without amendment)*

*(The House resumed)*

*[Mr. Deputy Speaker in the Chair]*

**REPORT**

## VOTE 11 - MINISTRY OF HEALTH

**Mr. Ethuro:** Mr. Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding Kshs13,365,158,930 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2006, in respect to Vote 11 - Ministry of Health, and has approved the same without amendment.

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

**The Assistant Minister for Health** (Mr. Konchella) seconded

*(Question proposed)*

*(Applause)*

**Mr. Billow:** Mr. Deputy Speaker, Sir, I just want to beseech the Minister and her very capable team at the Ministry to ensure that this money which the House has voted for be spent and not returned to the Treasury, because the Ministry has had the tradition in the past of returning money to the Treasury. So, I want to plead with them to spend the money for the purposes for which we have voted it for.

Thank you.

**Mr. Omondi:** Thank you, Mr. Deputy Speaker, Sir. The Minister has said here that she is going to give each district a vehicle. I would like the Minister to consider Nairobi because it does not have districts.

**Dr. Galgalo:** Mr. Deputy Speaker, Sir, I want to ask the Ministry to take note of the fact that they enjoy good support in this House because we believe that the Minister is committed to her work and that she has a good team. We will continue to support the Ministry, and the Treasury has also shown signs of supporting them by increasing the allocation this financial year. We believe the Ministry will continue getting more funds and we just want to urge them not to waste a single penny out of this allocation; they should put it all to good use and we shall support them.

Thank you.

**Mr. Deputy Speaker:** I want to pay hon. Angwenyi back for sitting in for me!

*(Laughter)*

**Mr. Angwenyi:** Mr. Deputy Speaker, Sir, I just want to thank the officials of this Ministry. I would like the Minister for Health to take her courage and spearhead the improvement of that Ministry. I am sure she has a very good team; right from the Permanent Secretary, the Director of Medical Services to those at the lowest level. I believe that they can deliver services to our people.

**Mr. Ethuro:** Mr. Deputy Speaker, Sir, I also want to commend the Minister and her staff for a job well-done. However, I wish to highlight two things in my district. First and foremost, the mortuary is supposed to be functioning always; presently it is not operational.

Secondly, with regard to the Medical Training College in Lodwar, the Minister was generous enough to respond to the Questions I asked her last year. Now we have the nurses' training college in place but we need more of them elsewhere.

Mr. Deputy Speaker, Sir, finally, the Ministry should have a clear policy that will enable victims of accidents to be treated first before payment is demanded from them. The idea of demanding

money before treatment is provided should not arise. I have a case in point, which I am sure the Minister is looking into.

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

**Mr. Deputy Speaker:** I will disappoint all of you who are standing. I am sorry; I have to end this business now, and put the Question!

*(Question put and agreed to)*

### ADJOURNMENT

**Mr. Deputy Speaker:** Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Thursday, 4th August, 2005 at 2.30 p.m.

The House rose at 7.05 p.m.