

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 19th August, 1997

The House met at 2.30 p.m.

[Mr. Speaker in the Chair]

PRAYERS

COMMUNICATION FROM THE CHAIR

SALE OF CONTINENTAL HOUSE

Mr. Speaker: Order! I wish to make the following communication.

Hon. Members, on 5th, August, 1997, the Member for Ntonyiri tabled a Question in this House asking for details on the sale of Continental House. In the ensuing supplementary questions and answers, the House was appraised of the fact that Parliament was an interested party in the purchase of this property. This, indeed, is the correct position. However, I note with deep regret that certain innuendos were made, casting aspersions on the integrity of the Speaker's Committee and the conduct of the Clerk of the National Assembly in handling the negotiations for the acquisition of the building, contrary to the provisions of the Standing Orders that no Member shall impute improper motive to any other Member except upon a specific substantive Motion, calling into question the conduct of that Member. I, therefore, seek your indulgence to give a brief history on this matter.

The quest for Parliament to acquire plots Nos. LR209/9677 and 209/4996 and also plot No.209/4997, adjacent to County Hall, for the purpose of putting a multi-purpose Parliamentary Annex, dates back to early the 1980s. It is worth noting that while negotiations were taking place between the National Assembly and the Commissioner of Lands, a private developer mysteriously acquired plot No.209/9677 and constructed Continental House, which is the subject of my communication.

In April, 1995, the attention of Parliament was drawn to an advertisement in the local Press inviting bids for the purchase of Continental House from the Official Receiver. Due to acute shortage of office space, coupled with the strategic position of the building, Parliament was interested in the property. Consultations were made with the relevant Government authorities, but it was found out that it was not possible for Parliament to bid because no financial provisions had been made for that purpose.

On 16th October, 1996, the matter was brought to the attention of the Speaker's Committee. The Committee considered the matter and reaffirmed its commitment to purchase the property for Parliament. Consequently, it engaged the services of two independent valuers, and the Government Chief Valuer, to advise on a fair market price for the property. The Chief Architect of the Ministry of Public Works and Housing was also requested to give a comprehensive technical report on the condition of the building. After thorough structural investigations, the building was considered and recommended as safe.

On 14th May, 1997, the Speaker's Committee analyzed the three valuation reports given above and, in their considered judgement, recommended an offer of Kshs400 million to Messrs. Archway Holdings Limited. However, on 23rd May, 1997, the owners made a counter offer of Kshs490 million.

On 3rd June, 1997, the Speaker's Committee considered the matter and resolved to increase the offer to Kshs465 million. This decision was communicated to the Attorney-General as instructions. The Attorney-General communicated to Parliament that the owner had accepted the offer of Kshs465 million. The Speaker's Committee considered the final offer and approved it on 2nd July, 1997. It, therefore, directed the Clerk of the National Assembly to instruct the Attorney-General to finalise the sale agreement.

Hon. Members, I have given this long account on the efforts made by Parliament to acquire Continental House in order to put this issue in proper perspective. The decision to purchase Continental House was made by the Speaker's Committee. Upon the Committee making the decision, it was the responsibility of the Clerk of the National Assembly, in his capacity as the Accounting Officer, to implement the decision of the Committee as deemed fit. In view of the foregoing, I take great exception to malicious attempts by some Members to allude that there was something fishy on the part of the National Assembly bidding for the property. I also note with dismay, the deliberate

attempt by one particular Member to smear the character and integrity of the Clerk of the National Assembly, despite the intervention of the Chair that the Speaker's Committee was seized of this matter. The hallmark of our wholesome Parliamentarianism is measured by the manner in which courtesy and humility are given and reciprocated in respect to parliamentary officers. The latter have an advocate-client relationship with other Members.

Hon. Members, in conclusion, I wish to emphasise that the responsibility for the welfare of Members and staff of the National Assembly is a mandate of the Speaker's Committee, and that parliamentary officers execute the decisions of this House, with its Committees, without fear or favour.

Thank you.

Mr. Obwocha: On a point of order, Mr. Speaker, Sir. There are two Order Papers. I do not know which one we are following today.

Mr. Speaker: Until advised otherwise, you should proceed on the basis of the Order Paper, and when it becomes necessary to depart from there, you will be advised by the Chair. So, can we proceed?

ORAL ANSWERS TO QUESTIONS

Question No.519

FLOODING IN MOI NDABI SETTLEMENT SCHEME

Mr. Njenga Mungai is not here? All right, we will come back to his Question later.

Mr. Munyasia: Mr. Speaker, Sir, for the sixth time, I beg to ask this Question.

Mr. Speaker: Today, Mr. Munyasia?

Mr. Munyasia: Mr. Speaker, Sir, I am just registering my concern that this Question has come to this House for the sixth week now.

Question No.452

PROMOTION OF MR. NYONGESA

Mr. Munyasia asked the Minister for Education:-

(a) if he is aware that Mr. Protus Nyongesa Wafula, TSC No.50066, was appointed Senior Graduate/ Approved Teacher, Job Group "M" with effect from 1st September, 1994, following application and subsequent interview;

(b) whether he is further aware that the Government issued a directive during the Secondary Schools Heads Association Conference held at Nakuru on 21st June, 1996, for all secondary school heads to be promoted to the next grade; and,

(c) why the said Protus Nyongesa Wafula was denied this particular promotion.

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

I am not aware that Mr. Protus N. Wafula, TSC No.50068, has been denied any promotion because the same teacher was promoted to Senior/Graduate Approved Teacher, Job Group "M", the next higher grade, with effect from the 15th June, 1994, the date the President made the directive.

Mr. Munyasia: Mr. Speaker, Sir, it is quite likely that we are talking about different persons because the teacher I am talking about is Protus Nyongesa Wafula, TSC No.50066. The Assistant Minister is talking about TSC No.50068. Could he tell us whether we are talking about the same person, first, then I can ask my supplementary question?

Mr. Komora: Mr. Speaker, Sir, I assumed that it must be the same person. How can two people have the same TSC number? According to our records, Mr. Wafula's TSC number is 50068, but I am quite willing to verify this if the hon. Member is willing to give me time to confirm it.

Mr. Munyasia: Mr. Speaker, Sir, assuming that we are talking about the same person who responded to Advertisement No. 26 of 1993, and who subsequently sat for the interview in May, 1994, is the Assistant Minister aware that the same Protus Wafula was communicated to by the TSC, vide letter of 3rd October, 1994, which was signed by Mr. Jackson Kang'ali, who is the Secretary of the TSC? I will quote only the relevant paragraph. It states:

"I am pleased to convey the decision of the Teachers Service Commission that further to your application and subsequent interview, you be appointed Senior Graduate Approved Teacher, Job Group "M" in the Salary Scale..."

So, the teacher's promotion was a result of that particular interview. Since the President, a month after this teacher had sat and passed the interview, promoted every head teacher to the next grade, why was Mr. Wafula not considered for that particular Presidential intervention?

Mr. Komora: Mr. Speaker, Sir, it is unfortunate that the teacher got his promotion just at the same time the President issued the directive. Therefore, it is obvious to every Member of Parliament that you cannot give a person double promotion just because of the Presidential directive because he had just been promoted at the same time.

Mr. Munyasia: Mr. Speaker, Sir, we are not talking about the normal promotional procedure. We are talking about the Presidential intervention. Here is a teacher who has passed an interview and has been promoted to Job Group "M" following an interview which he had sat in May. So, why has this teacher not been given any additional promotion? Why have you ignored the Presidential directive?

Mr. Komora: Mr. Speaker, Sir, we did not ignore the Presidential directive. His promotion came at the same time when the Presidential directive was effected. You cannot promote a teacher for nothing.

Mr. Munyasia: On a point of order, Mr. Speaker, Sir. Here is an Assistant Minister in this Government who is saying that you cannot promote a teacher for nothing when he knows that the President had not interviewed these teachers although he recommended them for promotion. So, is he challenging the Presidential directive?

Mr. Komora: Mr. Speaker, Sir, on the contrary, I am stating that the Government implements the directives of the President. The President was aware, in his own right, that teachers deserved promotion and the teachers got the promotion promptly after his directive.

Question No.559

PLANNING OF *BULLAS* IN GARISSA

Mr. Farah asked the Minister for Local Government:-

(a) whether he is aware that Bulla Iftin, Bulla Madina, Bulla, Iskadeq, Bulla Bura, Bura Masalani, Bulla Riig, Bulla Market and Bulla Gadud in Garissa Municipality have not been planned for the residents;

(b) if he is further aware that community services like schools, health and sanitation facilities for the 40,000 residents cannot be developed in the said bullas because of the Council's failure to plan the areas; and,

(c) if the answers to "a" and "b" above are in the affirmative, what steps is he taking to have these areas properly planned.

Prof. Mzee: On a point of order, Mr. Speaker, Sir. Before Dr. Wameyo answers the Question, am I in order to inform him that we missed him during his absence and we are very happy to see him?

(Applause)

Mr. Speaker: Prof. Mzee, when the House appreciates something, it does not do so by a point of order. The hon. Members have already thumped their feet, and so you are being frivolous.

Proceed, Dr. Wameyo.

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

(a) There is a physical plan for all the *Bullas* in question. However, those residing in these areas at the moment are squatters. They haphazardly settled themselves there without regard to the existing plan for the area.

Mr. Farah: Mr. Speaker, Sir, the hon. Assistant Minister has not replied to parts (b) and (c) of the Question. He has only replied to part (a). I know that he does not have enough energy and I appreciate his efforts, but he should do it again, please.

The Assistant Minister for Local Government (Dr. Wameyo): Thank you very much. I apologise for not having replied to the second part of the Question.

(b) The number of squatters residing in that area are 15,000 and not 40,000 as is stated in the Question. But the community has the following facilities: Bulla Iftin has a school and a health centre; Bulla Medina has a school, health centre and a mosque; Bulla Masalani has a school and a health centre; Bulla Market has a school and a health centre; Bulla Gadud has a school, health centre and a mosque and Bulla Murra has a school and health facilities.

(c) In consultation with the District Plot Allocation Committee, the council intends to allocate the squatters with plots within the *Bulla* areas and other parts of the town so that they can settle in an orderly manner without interfering with the existing town plan.

Mr. Farah: Mr. Speaker, Sir, what has happened over the period is that these people who live in these *Bullas*, have moved from the planned areas. The planned plots have been given to other people. Consequently, you get so many prominent people in that place owning about 10, 15, or 20 plots and yet there are multitudes of people who have no plots there. Since the Assistant Minister has now said that these people have health centres and schools, is he aware these people need water and sanitation? Can he tell this House how he plans to provide these facilities to these people and how soon is the land going to be planned so that they own it and develop their own plots?

Dr. Wameyo: Mr. Speaker, Sir, as I had said earlier, the people settled there on their own accord without regard to the plans. This was as a result of the prolonged drought that affected the rural area. A lot of their livestock perished and they came to settle in Garissa as a result of that problem. Now, as I have said, there are consultations going on within the District Plot Allocation Committee, and the council intends to allocate the squatters with plots within this area according to plan in order for them to settle in an orderly manner without interfering with the existing town plan. After they have been allocated these plots, then the necessary plans will be put into effect. I would appreciate if the hon. Questioner, could furnish me with the names of people who have been allocated some of these plots in order that I look into the matter. This is because I was not aware of such a thing having happened.

Question No.580

ALLOCATION OF PLOTS TO MALINDI MUNICIPALITY

Mr. Badawy asked the Minister for Local Government:-

- (a) how many public utility plots have, so far, been allocated to the Municipal Council of Malindi by the Commissioner of Lands;
- (b) whether he could give a list of all the plots allocated to the Municipal Council of Malindi and indicate the purpose for which the council intends to use them; and,
- (c) how many of those plots, or parts of them, have so far been allocated to individuals.

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

- (a) Malindi Municipal Council has been allocated 12 public utility plots by the Commissioner of Lands.
- (b) The plots allocated are as follows:-

<u>Reference No.</u>	<u>Size</u>	<u>Purpose</u>
1. 30958/V	0.90 ha	Fish Market
2. 30950/V	0.90 "	New Open Market
3. 30958/v	2.20 "	Town Hall Offices
4. 30958/V	0.40 "	Town Clerk's house
5. 30958/V	0.20 "	Municipal Depot
6. 30958/V	2.50 "	Amusement Park
7. 30958/V	0.280 ha	Nursery School
8. 30958/V	5.20 "	New Stadium
9. 30958/V	9.20 "	Malindi Show Ground
10.L.R.No.9704	0.8035 ha	Fire station
11.L.R.No.9705	1.228 "	Municipal Yard
12.185784/11	1.3002 "	EPZ Site.

- (c) None of the plots have been allocated to individuals for allottees' personal use.

Mr. Badawy: Mr. Speaker, Sir, conspicuously missing on the list read by the Assistant Minister, a copy of which I am holding, are very prestigious plots which I am sure have been owned by Municipal Council as part of those plots that were allocated by the Commissioner of Lands. The first one is a beach plot occupied by the curio vendors, whose shops were all razed down by an inferno last night. The second one is a prestigious plot, currently used as a bus park and occupied by *mitumba* and charcoal dealers, where, reliably, some chief officers in the council are trying to carry out a transaction with a developer. A third one is a parking space reserved for the stadium, while a fourth plot should comprise of two fish markets, but only one has been cited here. Can the Assistant Minister declare the status of these four plots that I have cited and also confirm whether the Show Ground is intact? There are speculations that part of the Show Ground has been incised by a former mayor.

Dr. Wameyo: Mr. Speaker, Sir, I am not aware of the allegations made by the hon. Member. I would plead with him to give me that information in writing so that I can investigate and bring him an answer.

Mr. Ndilinge: Mr. Speaker, Sir, arising from what has been said by Mr Badawy, is the Assistant Minister

aware that the plots which were set on fire last night are the plots which belong to the young up-coming businessmen?

An hon. Member: Wakamba!

Mr. Ndilinge: Yes, and Kikuyu also.

Dr. Wameyo: Mr. Speaker, Sir, I am not aware, as I do not have that information. But if the hon. Member can give me that information and the plots involved, I will go and find out and I will bring him an answer next week.

Mr. Badawy: Mr. Speaker, Sir, can the Assistant Minister give an undertaking that no transactions will be allowed by his Ministry, especially when the councils are dissolved, on these four very prestigious plots that have been set aside for local entrepreneurs and for public use? It is a tradition by some councils to carry out transactions after the councils are dissolved before the General Elections. Can the Assistant Minister give an undertaking here?

Dr. Wameyo: Mr. Speaker, Sir, as I said before, if I am given the information in the matters involved, after carrying out my investigation, then I can give information over the matter, as he requires.

Question No. 583

WATER SHORTAGE IN KAJIADO TOWN

Mr. Sankori asked the Minister for Land Reclamation, Regional and Water Development:-

(a) whether he is aware that there is acute shortage of water in Kajiado Town; and,

(b) if the answer to "a" above is in the affirmative, whether the Ministry could facilitate the pumping of water from Isinya Borehole to Kajiado Town to reduce the water shortage.

The Assistant Minister for Land Reclamation, Regional and Water Development (Mr. Ligale): Mr. Speaker, Sir, I beg to reply.

(a) I am aware that Kajiado Town is experiencing water shortage due to the high water demand along the Nol-Turesh Pipeline Water Supply system which also serves Machakos and Athi River Towns, respectively.

(b) My Ministry, through the National Water Conservation and Pipeline Corporation (NWCP) is rehabilitating and developing boreholes in Isinya as an immediate measure to supply Kajiado Town with water. At the moment, three of the six boreholes in Isinya have been equipped with new pumping equipment and the Ministry is rehabilitating the pipeline from these boreholes to the main storage tanks at Cain Hill.

Mr. Sankori: Mr. Speaker, Sir, having heard the reply from the Assistant Minister, is he aware that in spite of Kajiado being a district headquarters with six Government schools and a district hospital, we are now shifting patients to Isinya because of lack of water? Can the Assistant Minister tell us when he is going to make these boreholes ready so that we can get water in Kajiado?

Mr. Ligale: Mr. Speaker, Sir, we hope the first three boreholes that have been equipped will be able to supply water to Kajiado Town in two week's time.

Mr. Farah: Mr. Speaker, Sir, I thought there was a grand water project coming from the slopes of Mount Kilimanjaro. Where have they taken that water?

An hon. Member: It has been diverted to the flower gardens!

Mr. Farah: Mr. Speaker, Sir, we thought that water would go to Kajiado Town, a district headquarters. Where does that water go to?

Mr. Ligale: Mr. Speaker, Sir, the amount of water from that source is only approximately 11,000 cubic metres per day. The demand in the entire area, including Machakos, Athi River, Kajiado and the environs, is more than 25,000 cubic meters of water. So, there is no way we can satisfy that demand.

Mr. Ndilinge: On a point of water, Mr. Speaker, Sir. Is it in order for the hon. Assistant Minister to mislead the House by saying that the water used in Machakos comes from that source, while we know very well that what is happening in Kajiado is what is happening in Machakos? We are aware that the water has been diverted to some gardens of "Eden" somewhere. He knows that.

Mr. Speaker: Next Question!

Mr. Farah: On a point of order, Mr. Speaker, Sir. The hon. Ndilinge has alleged that the water has been diverted to some garden of "Eden", while other hon. Members say it has been taken to flower farms belonging to some individuals. Could the Assistant Minister confirm if any of that water is actually being used in flower farms?

Mr. Speaker: Where is that garden of Eden in this world? That is why the Chair did not take Mr. Ndilinge seriously. The garden of Eden does not exist! That is a hypothetical question!

Next Question, Mr. Gitonga.

Question No.047

DESTRUCTION OF FORESTS IN LARI

Mr. Ndicho, on behalf of **Mr. Gitonga**, asked the Minister for Environment and Natural Resources:-

- (a) if he is aware that Kinale and Kereita forests in Lari Constituency are systematically being destroyed;
- (b) if he is further aware that this is a water catchment area and, as a result of the destruction, streams and wells are drying up; and,
- (c) if the answers to "a" and "b" above are in the affirmative, if he could initiate a crush tree planting programme and have the two forest officers serving in the area removed for inefficiency.

The Assistant Minister for Environment and Natural Resources (Mr. Lengees): Mr. Speaker, Sir, I beg to answer.

[The Assistant Minister for Environment and Natural Resources]

(a) No, I am not aware. Kinale and Kereita are two types of forests, that is industrial plantations and indigenous forests. The clear felling of trees which has been done is normal harvesting of mature industrial plantation. Replanting of the same has commenced and it is in progress.

(b) Yes, I am aware that Kinale and Kereita forests are within the Aberdares and Kikuyu Escarpment water catchment areas. However, I am not aware that streams and wells are drying up because of reduction of trees cover as this could be attributed to many environmental factors including the recent drought.

(c) The Ministry has been actively involved in establishment of industrial plantation in both Kinale and Kereita, where we have a total of 1,877.38 hectares set aside specifically for the purpose. I visited the area and emphasised the need for intensifying replantation and conservation of indigenous forests especially at Gatamaiyu area, and I am continuously reviewing the situation.

Mr. Ndicho: Mr. Speaker, Sir, anybody travelling along the Nairobi-Nakuru road at Kimende, will see that forests have all been razed down; travelling from Thika to Nakuru through Kinale forest, we see that many trees have been cut down leaving a few along the road. Can the Assistant Minister agree with me that the purpose of cutting down all the forests in Central Province has been a wider programme of a war that has been prepared by the Government because they are fearing that Kikuyu will wage another Mau Mau war?

Mr. Lengees: Mr. Speaker, Sir, I am not aware of what the hon. Member is alleging.

Mr. J.N. Mungai: Mr. Speaker, Sir, the Assistant Minister appears to be evading this Question while it is very clear. This is not the only problem that we have; we have such problems all over the country. Forests are being turned into settlement schemes. As a matter of fact, if we continue cutting trees down there is a possibility that countryside will dry up because those are water catchment areas and nothing is being done to stop it. Can the Assistant Minister tell us why and whether, the Government has changed its policy of protecting forests? Why is the excising of forests and turning them into settlement schemes going on in the country?

Mr. Lengees: Mr. Speaker, Sir, the Government has not changed its policy of protecting forests in this country. As I said earlier, there are two types of forests in Kinale and Kereita, but the felling of trees is on the industrial plantations and not on indigenous forests. So, in that case, whenever there is felling of trees, we make sure that there is replanting of other trees.

Mr. Ndicho: Mr. Speaker, Sir, it is very disturbing to hear the Assistant Minister denying the obvious in this House. Can the Assistant Minister deny now that the purpose of felling trees and clearing the forests, other than fear of war, is also to allocate forest land to KANU people who have been elected in the last KANU election in both Kiambu and Thika districts? All of them have been given two to ten acres of land. The sub-locational chairman got two acres; locational chairman five acres, and the chairman of the district ten acres of land. Can the Assistant Minister deny this because I have a list of those who were allocated land in Kinale and Kereita forest areas?

Mr. Lengees: Mr. Speaker, Sir, I am not aware of any re-allocation of plots within the forest areas in the mentioned areas.

Mr. Speaker: Next Question, Mr. Ojode.

*Question No.287*PAYMENT OF BENEFITS TO FORMER
EMPLOYEES OF EARS

Mr. Ojode asked the Minister for Labour and Manpower Development what action he is he taking to ensure that the ex-employees of East African Road Services Limited (EARS) are paid their terminal benefits.

The Assistant Minister for Labour and Manpower Development (Mr. Ali): Mr. Speaker, Sir, I beg to reply.

All the 280 ex-employees of East African Road Services were paid their secured benefits (wages) totalling Kshs587,429.20 through the Ministry when the company was placed under receivership in 1990.

Mr. Speaker, Sir, terminal benefits which constitute part of unsecured credit will only be paid from surplus funds after the receiver/manager has settled the claims of secured creditors and civil suit No.6868 of 1992 resolved.

Mr. Ojode: Mr. Speaker, Sir, a similar Question was asked in this House on 18th July 1996 where the same Assistant Minister promised to investigate and then report to this House why 471 ex-employees, not 280 employees, have not been paid their terminal benefits and he did not comply to his promise. Can the Assistant Minister tell this House how much money was paid by United Touring Company (UTC) which was the mother company of EARS to the receivers and what happened to it?

Mr. Ali: Mr. Speaker, Sir, the hon. Member's Question concerns EARS Limited and I

[**Mr. Ali**]

am not in a position to answer any question on UTC because it was not asked earlier.

Mr. Ojode: Mr. Speaker, Sir, the total amount paid by the mother company of EARS was totalling Kshs14 million for the payment of terminal benefits for those who had already been laid out. Could the Assistant Minister confirm to this House because even last time he promised to bring a satisfactory answer to this House which he has not done? Could he explain to this House what happened to the Kshs14 million which was paid to EARS employees?

Mr. Ali: Mr. Speaker, Sir, as for the terminal benefits, under provision of the Employment Act, Cap.226, Section 4(vi) stipulates that only the secured benefits, outstanding wages/salaries up to a maximum of four months or Kshs4,000 are given priority when companies are placed under receivership.

Dr. Lwali-Oyondi: Mr. Speaker, Sir, the Assistant Minister, in his written answer, stated that a total of Kshs587,492.20 was given out. Suppose there were 1,000 employees, each would be getting about Kshs587 only. Is the Assistant Minister satisfied that, that is good compensation?

Mr. Ali: Mr. Speaker, Sir, as I said earlier, and I quoted the provision of the Employment Act, it is very sad. Although much could have been done, it appears that the paying of creditors became slim under this condition.

Mr. Speaker: Next Question, Mr. Katana Ndzai.

Question No.554

POSTING OF A MAGISTRATE TO MAGARINI DIVISION

Mr. Ndilinge, on behalf of **Mr. Ndzai**, asked the Attorney-General whether he could arrange for one magistrate to sort out cases in Magarini Division at least twice a month, as the population has increased due to pineapple growing, settlement schemes and saltworks.

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

There is no need at the present time to have a visiting magistrate in Magarini Division due to insufficient workload. Besides, the judicial needs of the area are adequately covered by the Malindi Law Courts.

Mr. Ndilinge: Mr. Speaker, Sir, the hon. Member for Magarini is only requesting the Attorney-General to make sure that a visiting magistrate goes there twice a month. Can the hon. Attorney-General kindly consider sending a magistrate there once a month instead of twice a month?

Mr. Wako: Mr. Speaker, Sir, I can assure the hon. Member that the Judicial Service Commission is keeping the matter under review all the time and as soon as we have some sufficient work to be attended to by a magistrate even once a month, that shall be done.

Mr. Maundu: Mr. Speaker, Sir, the nearest magistrate's court to this division is more than 60 kilometres away. It is not only the accused who is affected by the dispute, but there are other interested parties. A distance of 60 kilometres is a long way. Can the Attorney-General review his decision once again and take into account the affected population and provide a magistrate to the affected area at least once a month, like he is doing in other parts of the country?

Mr. Wako: Mr. Speaker, Sir, the distance is not 60 but 30 kilometres. As I have said, the Senior Principal

Magistrate at Malindi, together with the District Magistrate at Malindi who are servicing these areas are reviewing the whole matter. As soon as that is justified, they will definitely do so.

Mr. Ndilinge: Mr. Speaker, Sir, while the review is on, can the Attorney-General use his powers and instruct the magistrate not to cancel bonds of the accused who arrive at the court late due to the distance they cover?

Mr. Wako: Mr. Speaker, Sir, I wish I had such powers; I do not have such powers.

Mr. Speaker: Question No.519 for the second time!

Mr. J.N. Mungai: Mr. Speaker, Sir, I apologise for coming late. However, I beg to ask Question No.519.

Question No.519

FLOODING IN MOI NDABI SETTLEMENT SCHEME

Mr. J.N. Mungai asked the Minister of State, Office of the President:-

(a) whether he is aware that persons who were evicted from Enosopukia and moved to Moi Ndabi Settlement Scheme in Naivasha were resettled in a swampy area;

(b) whether he is further aware that they frequently suffer from serious floods which submerge their homes, forcing them to move to the neighbourhood for safety; and,

(c) whether he could consider shifting them to safer land

[**Mr. J.N. Mungai**]

on the same Moi Ndabi Settlement Scheme.

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

(a) It is not correct to state that the persons who were evicted from Enosopukia and moved to Moi Ndabi Settlement Scheme in Naivasha were settled in a swampy area.

(b) I am aware that the people there are getting problems because of floods but these floods are not because the area was swampy, but because there was a road construction there which diverted the natural course of water and, as such, it affected the drainage of the area. Therefore, people are suffering. There was also cutting of trees on the upper side of the hill which blocked the drainage which goes through the settlement scheme, resulting in floods.

However, the Managing Director of the Agricultural Development Corporation (ADC) and the Provincial, Commissioner, Rift Valley Province, have made attempts to ensure that the Kongoni Farm Limited, who had opened the new road, revert to the old road and that, soil conservation measures are undertaken to curb further environmental problems.

Mr. J.N. Mungai: Mr. Speaker, Sir, the answer given by the Assistant Minister is very outrageous and abusive to the poor families, who were very disastrously evicted from Enosopukia. Why did the Government decide to settle these people there and yet, they knew that such catastrophes were bound to occur?

Mr. Manga: Mr. Speaker, Sir, I have just said that these people were not settled in a swampy area. They were settled in a good area but they were affected because of the road construction through the settlement scheme and that is the position.

Mr. J.N. Mungai: The answer I have here states that the Assistant Minister was aware of those natural calamities in that area and the Government went ahead and settled those people there. My passionate appeal is: Can the Assistant Minister consider moving those people to safer sites on that same settlement scheme? Two and a half years have elapsed and yet, the Government has done nothing to assist those people.

Mr. Manga: Mr. Speaker, Sir, I have just said that the Government is taking steps to curb this and make sure that the floods do not disturb those people any more. That is what the Government is doing right now.

QUESTIONS BY PRIVATE NOTICE

HARASSMENT OF BUURI RESIDENTS BY BANDITS

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

(a) Is the Minister aware that many residents of Buuri Division, Meru District, from Rwarera and Nkando Sub-locations of Ruiri and Kiirua locations, respectively, are presently abandoning their homes following constant harassment and theft of their livestock, goods and money by armed bandits?

(b) Since the Government has failed to provide adequate security in the area, could the Minister, as a matter

of urgency, authorise the establishment of armed homeguards to supplement the work of security forces?

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

(a) I am aware that due to increasing cattle rustling in the Sub-locations in question, the residents of the affected areas have herded their animals into a central place for security reasons. However, I am not aware of anybody leaving the area as alleged.

(b) The Government has not failed to provide adequate security as alleged. There are enough regular, administration and the Anti-stock Theft Unit policemen who have intensified patrols in the area.

Mr. Mwiraria: Mr. Speaker, Sir, I am very disappointed by the answer given by the Assistant Minister because we have in North Imenti refugees because people have ran away from their homes. Two weeks ago, I visited the area and I counted at least, 16 homes which had been abandoned by then. I am prepared to give the Minister the list of the people concerned. My concern is that the issue has not ended on cattle rustling. People have had their cattle and household goods taken away. On top of that, they have had their wives and daughters taken and raped at night. That is why they are running away from their homes. Could the Assistant Minister check and get his facts correct before he replies to this Question? If people in Nyambene have got armed homeguards, why can people in North Imenti not be allowed to do the same, to protect themselves?

Mr. Awori: Mr. Speaker, Sir, as for the first question, if the hon. Member can give me the information that he has, I most certainly would oblige him. As to the second question, again, regarding arming of homeguards, consideration will be given.

Mr. Maore: Mr. Speaker, Sir, could the Assistant Minister tell the House what efforts the security committee, whether for Meru or Nyambene, have made to counter the incidents that have been

[**Mr. Maore**]

quite rampant about cattle rustling in the two areas and the abnormal behaviour of the raids, and the fact that people are abandoning their farms, especially in parts of Lari Division? Where are the cattle being taken to?

Mr. Awori: Mr. Speaker, Sir, I really hope that hon. Members could listen to answers given to their colleagues. I have stated quite clearly that the hon. Mwiraria gives me the details about the incidents of raids, I will look into the matter. As to where the country is going, it is going straight and the country is quite safe, irrespective of some of the hiccups.

Mr. Mwiraria: Mr. Speaker, Sir, I find the reply from the Assistant Minister totally unpalatable because his Minister, hon. Kalweo, has no difficulties in arming residents in Nyambene, like a Mr. Nganatha who is living in this area. Why is it difficult to arm the people of North Imenti? Could the Assistant Minister, if he cannot arm these people, authorise them to sell their cattle and buy arms to protect themselves?

Mr. Awori: Mr. Speaker, Sir, I am on the hon. Member's side. I am not against his requirement, but I have simply said: "Ask and consideration will be given".

Mr. Mwiraria: On a point of order, Mr. Speaker, Sir. The Assistant Minister is speaking as though the death of these people is something that we can joke about across the Table here. We have lost not less than 13 people who have been killed in this area through attacks by armed bandits and the rest have been made refugees in their homeland. But when he is replying, it is as if nothing is happening. Could the Government take the matter seriously, or is this a way of forcing the people of North Imenti to have armed guerrillas?

Mr. Awori: Mr. Speaker, Sir, I do not know whether I have to change my demeanour and be really serious so that the hon. Member can know that I take the matter seriously. I am a happy man always, irrespective of the way I answer the question. I am a moody person! If the hon. Member simply makes a request, we will satisfy him. What else does he expect to be done?

Mr. Speaker: Order! Order! For lack of time, we will have to proceed to the Committee of Supply at 3.30 p.m. Therefore, the Questions by Private Notice by hon. Owino-Achola and hon. Nthenge will be deferred to tomorrow afternoon.

REMOVAL OF COMMISSIONER OF CUSTOMS
AND EXCISE FROM OFFICE

(**Mr. Achola**) to ask the Minister for Finance:-

Under what circumstances was the Commissioner for Customs and Excise, Mr. Samuel Chebii, removed from his post?

(Question deferred)

(Mr. Nthenge) to ask the Minister for Lands and Settlement:-

(a) Is the Minister aware that Plot No.LR.209/12623, which is used as a playing ground by Kamukunji Secondary School, has been irregularly allocated to Messrs Intercountries Exporters and Importers Limited?

(b) Could the Minister revoke the allocation and instead allocate and register the land under Kamukunji Secondary School?

(Question deferred)

Mr. Speaker: That ends Question Time and we will now proceed on with the business on the Supplementary Order Paper.

**NOTICE OF MOTION FOR THE ADJOURNMENT UNDER STANDING
ORDER NO.20**

VIOLENCE AT THE COAST PROVINCE

Prof. Mzee: Mr. Speaker, Sir, I rise on a point of order under Standing Order No.20 to request, "That, this House do now adjourn", to discuss a matter of national importance namely, the on-going clashes in Mombasa and Malindi Town.

(Applause)

Mr. Speaker: Order! Order! Hon. Prof. Mzee knows very well and has been to see me. Today being a Committee of Supply, obviously, the rules bar me from interrupting business. In any case, I have given him an undertaking that tomorrow morning, I will allow his Motion at 11.30 a.m.

Order! Order! Can we proceed?

**MOTION FOR THE ADJOURNMENT
UNDER STANDING ORDER NO.45(B)**

DEFERMENT OF FIRST READINGS OF BILLS

Mr. Orengo: On a point of order, Mr. Speaker, Sir. I have only one minute before we go to the Committee of Supply. In the Supplementary Order Paper, there are two Bills which are for the First Reading, and I was going to move a Motion

[Mr. Orengo]

under Standing Order No.45(b), "That, the House do now adjourn", specifically for three reasons so that these two Bills are not read.

The reason why I am saying that they should not be read is because, already, there has been an undertaking from both the Opposition and the Government that we are going to dialogue on the issue of reforms, and these two Bills form a very important part of the negotiations that will go on. If they are read, hon. Members would not have an opportunity to talk about these Bills because the Standing Orders require that we do not talk on any matter or a Bill which is before the House. That is the first point.

The second point is, we have said that we are all committed to the issue of reforms and if these Bills are read today, it would be a signal of very bad taste on the part of the Government. The process is going to be launched to talk about issues of reforms which involve these two Bills. At the same time, there is a mechanism which is going on and if these two Bills are read today, there is nothing that would stop the Government from moving the two Bills tomorrow or the day after. So, on that basis, I pray that this House do now adjourn under Standing Order No.45(b).

Mr. Speaker, Sir, if you can remember this Standing Order, I quoted it the last time---

Mr. Speaker: Actually, it is two months to date. I have not forgotten.

Mr. Orengo: Mr. Speaker, Sir, you dealt with Standing Orders Nos.20 and 23. They had no relevance at all and, right now, I would plead with you that these two Bills should not be read if we really want Kenya to be in peace. If you really want peace to prevail in Kenya, do not let these two Bills be read out. I can assure you that if they

are read today, we will cease to use Parliament as the basis for carrying on with dialogue. We are going to the streets again and have mass action if these two Bills are read today.

Mr. Speaker: Order! Order! It is quite clear, Mr. Orengo, that you are not addressing the Chair. You are addressing the Government. You are passing a political message. Now, my job is not taking political messages, but ensuring that procedures are followed. On whether or not the issue before the House is rightly before the House, I have not seen anything that you have addressed to the Chair, procedurally, that these Bills cannot be read a first time. Mr. Orengo, you have again raised the same issue you raised on 19th, in fact, two months to today's date; a matter on when a House can adjourn. I do not need to go over the same issue again. I have already made a ruling as to when a House can adjourn. The House cannot adjourn because some hon. Members do not like the business before the House. I am not addressing myself at all to the political aspects of your address because I have nothing to do with that but, maybe, the Attorney-General, if he so chooses, may do so. As far as I am concerned, the Bills can be read.

When we come to the Second Reading of the Bills and you feel that you want to kill the debate on them, you can do that. Mr. Attorney-General, do you want to answer the political message?

The Attorney-General (Mr. Wako): I do not wish to answer it.

Mr. Speaker: Well, he does not want to answer it.

Next Order!

Dr. Otieno-Kopiyo: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Order! There is really no point for Members to make an issue of a matter that is political and not procedural.

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

Mr. Speaker: Order! Order! My business is to preside over the House and not to draw the agenda.

Dr. Otieno-Kopiyo: This is a political Parliament.

(Dr. Otieno-Kopiyo pointed a finger at the Speaker)

Mr. Speaker: Order! Dr. Otieno-Kopiyo, do not point at the Chair, otherwise, you will get out. You have the right on all political issues. The Chair has no business in entangling itself in inter-party politics. That is all I have said.

What is it, Dr. Kituyi?

Dr. Kituyi: Mr. Speaker, Sir, I rise on a point of order on two critical issues. The first one is a technical matter which has been raised by hon. Orengo, that once a paper, which is part of a negotiation process, is read the first time in the House, we are bound not to discuss it outside Parliament. Therefore, it is in bad faith for the other side, if they are genuinely interested in negotiations, to bring those Bills here for the First Reading. You have not responded to that aspect.

The second point and more important to me; I am a member of the Sessional Committee and the Sessional Committee of Parliament met on Tuesday, last week. There were 17 items of Government business in the pipeline. Item No.17 was Peaceful Assemblies Bill and I raised the matter. If the Government has published the Miscellaneous Amendment Bill which overtakes the Peaceful Assemblies Bill, how can this be in the pipeline? The position of the Government, and which was given to the Sessional Committee, was that the other matter is not coming before the House until that

[Dr. Kituyi]

other one has been dropped and it is our understanding that priority business is already full for the next one month. It is a part of dishonesty and deception on the part of the Government that just because of the interest of a few hawks, it is derailing a process that is important to this country. And this House cannot legitimize a threat to return to violence and mass action while we are on the brink of reasoned dialogue.

Mr. Speaker, Sir, you cannot pretend that this is outside the docket of the House. This is a political House and if it is a matter which you think is too political for you to resolve, the House can resolve itself into a committee and deal with it politically.

Mr. Speaker: Order! Order! Dr. Kituyi, I think you got it all wrong. I did not say that the House is not entitled to discuss politics. That is the reason why you are here. The first reason why the House sits is to deal with matters, including politics. What I said is that matters that have nothing to do with procedure, will not need to be dragged to the Chair. If it is a political problem, it is up to the parties to sort out the political intrigues. Dr. Kituyi, you have asked of me what you decided in the Sessional Committee and I am not a member of the Sessional Committee. The right persons to address your questions to are the gentlemen opposite, not the Chair.

Hon. Members: We want the Attorney-General to say something.

The Attorney-General (Mr. Wako): Mr. Speaker, Sir, I am not a member of the Sessional Committee.

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

The Attorney-General (Mr. Wako): I am on a point of order.

Mr. Speaker: Order! Order, Mr. Murungi. The Attorney-General is also on a point of order. He shall be heard in silence.

Proceed.

The Attorney-General (Mr. Wako): Mr. Speaker, Sir, I am not a member of the Sessional Committee, but as the Attorney-General I can say that, technically, these two Bills are properly before the House because the Statute Law (Repeals and Miscellaneous Amendments) Bill was published on 1st August, 1997, and the Constitution of Kenya Review Commission Bill was published on 4th August, 1997. So far, 14 days have elapsed and, therefore, technically, it is correct that they are properly on the Order Paper.

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

Mr. Speaker: Order! Order, Mr. Mbui! Today, the housing is going into the Committee of Supply---

Mr. Orengo: We cannot accept---

Mr. Speaker: Order! Order! Hon. Members! I think the right thing for me to do, in the circumstances, and taking into account that the Leader of Government Business is not here to answer on behalf of the Government, is to order that we proceed with the Committee of Supply and further direct that the issues appearing today in the Supplementary Order Paper be taken to the Sessional Committee this week.

(Applause)

Order! And then they can make an entry into this Houses under Standing Order No.33, any time.

Hon. Members: No! No!

Mr. Speaker: Order! Next Order!

(The Statute Law (Repeals and Miscellaneous Amendments) Bill and the Constitution of Kenya Review Commission Bill were deferred)

COMMITTEE OF SUPPLY

*(Order for Committee read being
14th Allotted Day)*

MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

(The Minister for Health on 14.8.97)

(Resumption of Debate interrupted on 14.8.97)

The Assistant Minister for Commerce and Industry (Mr. Galgalo): Mr. Speaker, Sir, last week as the House adjourned---

*(Opposition Members consulted loudly as
they walked out of the Chamber)*

Mr. Speaker: Order! All those Members who are not interested in the debate may take their leave if they choose.

Proceed, hon. Galgalo.

The Assistant Minister for Commerce and Industry (Mr. Galgalo): Mr. Speaker, Sir, before the House adjourned on Thursday, I was talking about the issue of admission in our medical training centres. The boy that I had

mentioned had done interviews for three different diploma courses, offered by the Ministry of Health. But, unfortunately, although he qualified and had good

[The Assistant Minister for Commerce and Industry]

grades in the subjects required, he was not taken for any of the courses for which he had been interviewed.

I would like to turn to the circumstances concerning solar panels at Uran(?) Dispensary. In 1995, I asked a Question on this matter. The Minister promised that action will be taken to solve the matter. In 1994, the said solar panels were removed by the then Nursing Officer, Marsabit, from Uran(?) Dispensary and taken to Sololo Police Station.

(Several hon. Members stoop up in their places)

Dr. Lwali-Oyondi: On a point of order, Mr. Speaker, Sir. I think this is a very important debate. Why are some hon. Members standing while the debate is going on?

Mr. Speaker: Order, hon. Mbeo! Hon. Mbeo, when you are in this House, you should either be seated or go away. You cannot stand there as if you are addressing a public rally!

An hon. Member: At Mathare!

Mr. Speaker: Or wherever! Proceed, hon. Galgalo!

The Assistant Minister for Commerce and Industry (Mr. Galgalo): Mr. Speaker, Sir, these panels were removed from Uran(?) Dispensary and taken to Sololo Police Station under the disguise of taking them there for safe keeping. Unfortunately, the solar panels were not really kept at Sololo Police Station. After they were removed from Ulani Dispensary, they were taken to the home of the then Marsabit District Nursing Officer at Meru. I am informed unofficially that the same panels are being used in the house of this particular nursing officer. It is very unfortunate that the Minister has not taken any action on these items, which were looted from the public. As a result, the public lost the drugs which were kept in the refrigerators because the panels were removed and could not supply power to the refrigerators to keep the drugs cool. It looks like the Ministry is condoning the looting of public property. I request the Minister to take immediate action, follow up this particular issue, and make sure that either the panels are returned, or other panels are provided for Uran(?) Dispensary for the safekeeping of drugs so that they can be used before they expire.

Mr. Speaker, Sir, at Moyale Hospital, I am reliably informed by the authorities that, at the moment, bed sheets and other beddings are not enough. The patients at the hospital do not get adequate beddings. In some cases, they are just laid on the springs. This is very uncomfortable and it is not a situation which promotes convalescence. Therefore, I am appealing to the Minister to provide this hospital with enough beddings. The hospital is supposed to be an example, not only to the community, but to the patients who are there, by being clean so that the people who visit there can learn something. When they go back to their homes, they can maintain cleanliness. It is very unfortunate that cleanliness is not maintained in this hospital because the hospital staff who retired as far back as 1980 have not been replaced. I am aware that there are about 13 vacancies in the subordinate section of this hospital, which have not been filled. Therefore, I am appealing to the Minister to ensure that something is done to enable this hospital to have adequate manpower to provide cleanliness, so that it can be an example to the people.

Mr. Speaker, Sir, the people of Moyale and Sololo are faced with a very big predicament. The only other hospital in Moyale district is Sololo General Hospital, which is run by the Italian Medical Missionary Union (IMMU). Unfortunately, the hospital is on the verge of being closed. Right now, the poor people in Sololo who depend on famine relief are planning a harambee, which is not going to produce much, to run the hospital. The people who used to fund the hospital stopped providing the funds. It used to run on charity, and the IMMU has indicated that it can no longer afford to run the hospital. I am appealing to the Minister to take urgent steps to ensure that Sololo General Hospital does not close down. At the moment, Sololo is the best hospital that we have. This is because Moyale Hospital does not have all the facilities that Sololo Hospital has. Therefore, if Sololo Hospital is closed down, the people of Sololo, Moyale and Marsabit will be faced with a very ugly situation. I appeal to the Minister to ensure that this hospital is not closed down. He should look for funds to ensure that the hospital continues to run.

With those few remarks, I beg to support.

Mr. Kiliku: Ahsante sana, Bw. Spika. Kabla sijazungumza juu ya Wizara hii ya Afya, ni vizuri niwaeleze kwamba kuna watu wengi huko Mombasa ambao wameumizwa, na wengi wako katika vyumba vya kuhifadhi maiti. Hakuna hata mfanyakizi yeyote wa Wizara ya Afya ambaye ameonekana huko. Ni Red Cross peke yake! Mimi nasikitika sana Wabunge wa Upinzani wanapozungumzia mambo ya Katiba badala ya kuzungumza juu ya maisha ya watu. Tungeshurutisha Bunge hili litupatie nafasi tuzungumze juu ya maisha ya watu wetu. Tunazungumza juu ya Katiba na watu kutoka nje. Tutazungumza mambo ya ukubwa mpaka lini katika nchi hii mpaka tukose kuzungumzia

juu ya mambo ya watu? Leo, Serikali imemshika Bw. Maitha. Ingemshika mhe. Sajjad! Mhe. Sajjad ndiye anayehusika.

Bw. Spika, mhe. Sajjad ndiye anayetoa pesa [Mr. Kiliku] na hatuwezi kukubali Mhindi kuwasababisha Wafrika kuuana. We have given him a yellow card.

An hon. Member: Give him a red card!

Mr. Kiliku: Tutakuwaje na Waziri mteule katika Serikali hii ambaye anapeana pesa ili Wafrika wauawe na hawezi kufutwa kazi wala kutiwa nguvuni? Hayo ni makosa makubwa sana. Yale mambo yanayotendeka Mombasa ni mabaya sana na hakuna haja ya kuzungumza juu ya mambo mengine kwa wakati huu, kwa sababu hii inahusu maisha ya watu. Watu wa Pwani wameuawa sana. Wengine wametoroka na hawajulikani waliko. Hivi sasa, majambazi hao wanachoma mali kule Malindi na kuwaua watu, huku Wabunge wengine wakienda kunywa chai na kuzungumza kuhusu Katiba. Mimi ninaunga mkono mabadiliko ya Katiba, lakini kwa wakati huu, inafaa tuzungumze juu ya usalama wa watu wetu. Who are you going to lead?

Bw. Spika, mimi ninaomba Serikali hii imtie nguvuni mhe. Sajjad na Bw. Omar Masumbuko.

Mr. Achola: On a point of order, Mr. Speaker, Sir. Hon. Kiliku has made a categorical statement, that hon. Sajjad is involved in the mess that is going on at the Coast. Could he substantiate that because it is a very serious issue?

Mr. Speaker: Order! Order! My ruling, Mr. Kiliku is simple. You are talking about the guilt of a colleague and you know the rules of the House. If you want to talk about hon. Sajjad or any other Member of this House, you should bring a substantive Motion.

Secondly, you have just heard that I have allowed Prof. Mzee to move a Motion of Adjournment tomorrow, at 11.00 a.m. about those incidents in Mombasa. You are pre-empting this issue. Thirdly, we are now talking about the Vote of the Ministry of Health. So, can you be relevant to that?

On those three grounds, I give you the Floor. Take into account those three rulings.

Mr. Kiliku: Bw. Spika, mimi siwezi kuzungumza juu ya jambo lingine kwa wakati huu. Ni lazima nizungumze juu ya usalama wa watu. Ningependa kusema kwamba, Bw. Omar Masumbuko, ambaye alikuwa commandant wa firing squad katika Serikali ya Amin, ndiye anawaua watu.

Mr. Speaker: Order! Order, hon. Kiliku! If you do not want to take the ruling of the Chair, I now give you a formal warning that you are becoming irrelevant, and I may have to cut your speech short, unless you become relevant to the issue at hand.

Mr. Kiliku: Bw. Spika, madawa yatapelekewa nani ikiwa watu wote watakuwa wamekufa?

Mr. Falana: Jambo la nidhamu, Bw. Spika. Bila shaka, nafikiri sisi sote tumeshtuka. Haya mambo yanayosemwa na mhe. Kiliku, hata ingawa hayaambatani na Kanuni za Bunge kwa sababu haziruhusu mazungumzo juu ya mheshimiwa mwingine bila Hoja maalum, ni wazi kwamba haya matukio ya kule Mombasa na kwengineko nchini ni ya kutisha zaidi. Nilishtuka sana nilipoambiwa kwamba kuna mheshimiwa ambaye ni Waziri wa Serikali anayelipa pesa ili watu wauawe. Jambo hili linatisha sana. Kwa sababu Kamishna wa Polisi na maofisa wengine wote wako kule Pwani kutafuta wahalifu hawa, inafaa ushahidi huu upelekeke polisi ambao wanafanya upelelezi ili wanaohusika watiwe nguvuni.

Mr. Speaker: Order! I have already made a ruling. Hon. Kiliku, I think you had better go by the ruling of the Chair. There is no doubt of course, I am, like every other Kenyan, disturbed with what recently happened in Mombasa and that is why I was very sympathetic to Prof. Mzee. However, rules must be obeyed, so, you either be relevant or I cut you short!

Mr. Kiliku: Bw. Spika, sheria gani itaniruhusu kuzungumza juu ya mambo mengine, huku watu wanaendelea kuawa hadi saa tano za mchana siku ifuatayo? Inafaa uniulize nithibitisha kwa nini nimentaja mhe. Sajjad.

Mr. Speaker: Mhe. Kiliku, kwa wakati huu tunahusika na Hoja ya Wizara ya Afya. Kama kweli una huo ushahidi, uje hapa saa tano unusu, asubuhi, ili uthibitisha na pia upige ripoti kwa polisi. Lakini, tafadhali, inafaa uzingatie nidhamu ya Bunge na uzungumze juu ya Wizara ya Afya. Hata hivyo, tayari umesikika!

Mr. Kiliku: Bw. Spika, siwezi kuzungumza juu ya jambo lingine.

Mr. Speaker: Order! If you cannot talk about the Vote of the Ministry of Health and insist on talking about something that is not before the House, I will, therefore, not allow you the opportunity.

Proceed, Mr. Nyagah!

Mr. Nyagah: Mr. Speaker, Sir, whereas I attempted to speak on the same line that hon. Kiliku has taken, I fear that I will also be cut short, and I have no choice but to contribute to the Vote of the Ministry of Health.

I would like to dwell on three major handicaps to this Ministry. I will give them in order of priority. The first one is corruption; second, inadequate funding and thirdly, low morale in the Civil Service. Despite the fact that I brought a Motion on the Floor of this House which was approved, the Government has not found it fitting to

implement it, so that civil servants divide their eight-day work into two; self and Government. Mr. Speaker, Sir, I would like to ask the Government to learn and appreciate condemnation, so that whatever we say here will be noted and taken into great consideration. Time is of essence for

[Mr. Nyagah]

positive action to be taken by this Ministry. When my good friend, the Director of Medical Services, took over a couple of years ago, I had the opportunity to contribute on the Ministry of Health Vote and I said the following: "It is unfortunate that you have inherited a Ministry that you will not be able to control, because it is a problematic Ministry". I am sure today, as he sits there, he is in agreement with me.

Mr. Speaker, Sir, at the outset of Independence in 1963, I still remember, as a young man, being told that among the three most important things the Government was going to do, was to eradicate diseases. Over 30 years later, we are faced with a worse situation than we were, in 1963. I would like to say that today, there are fewer Kenyans who have access to medical health than what we had in 1963, when Kenya had a population of seven million people. I would like to put to the attention of the Government that, when hon. Osogo was contributing, he said: "We must take into consideration the fact that Kenya is growing". Of course, we expect it to grow, but the Government must take into consideration that we are growing, and also grow with the times.

Mr. Speaker, Sir, since I am not looking for the Presidential seat, but a constituency seat, let me talk about the local politics involving medical facilities.

The Minister for Culture and Social Services (Mrs. Mwendwa): Your brother will take it!

Mr. Nyagah: Hon. Mwendwa, if you do not interrupt me, I would appreciate it.

When cost-sharing was brought into play by the Government, it was intended not to be used as a form of funding capital investments. Today, that is the pre-occupation of this money which poor Kenyans are taxed as opposed to meeting emergency requirements like purchase of drugs. I would like to urge the Ministry of Health, that irrespective of inadequate funding, they should not utilise the money collected from the poor Kenyans for capital investments. That should be the work of the Government. Let that be the work of the Government, which has the machinery to do it through taxation and other ways. The common man should not be allowed to implement this.

Mr. Speaker, Sir, the other issue that I would like to touch on pertains to the supply of ambulances throughout the country. On several occasions, we have been told by the Minister for Health that the supply of ambulances to the various health institutions is not a Government priority. But I would like the Ministry to bear in mind that we have poor road communication network. For this reason, we need ambulances to transport patients from remote rural areas to health centres. I am sure that hon. Mwendwa will be very happy to hear what I have to say: We have a lot of complications in maternity cases. We need to move pregnant women to health institutions for attention. I know, particularly in my place, of a number of cases where pregnant women have died before getting to hospitals due to complications.

The other issue that I would like the Minister to address when he stands up to reply to this debate, concerns some ambulances that were donated to the Ministry through State House. We do not know who have benefited from these ambulances. I pleaded with the Minister on the Floor of this House to allow my area to benefit from these ambulances. One-and-half months ago I had the misfortune of following the only ambulance in Gachoka Constituency on a day when it had an accident in which three people died on the spot--- Right now, as I speak, we do not have a single ambulance in my constituency. I would request the Minister to tell us what happened to the ambulance for Gategi in Mwea Division. The Minister told us three years ago that this ambulance had been repaired, but up to now we have not seen it. I wrote to the former Permanent Secretary for Health about this issue but got no answer. I would like to repeat that we still need the ambulance that was repaired by the Government and sent back to Gategi, but which went missing in-between Nairobi and Gachoka Constituency.

The other issue that I would like to take up with the Ministry concerns hospital management boards. I made an accusation here against these boards and I am about to make another one. The Ministry should not be allowed to decide who sits on the hospital management boards. Kenyans are enlightened and have good leadership from the locational level to the provincial level. It is high time the Minister allowed these boards to be appointed at the local level. We even have an illegal body called the "District Development Committee (DDC)". DDCs should be allowed to decide who is to sit on the hospital management boards. In that way we will be able to have boards that understand how to manage health institutions.

The former chairman of Embu Provincial Hospital Management Board is a university graduate and an ex-school headmaster. Although he is a KANU man, I am fighting for him because he was a capable man. He is Mr. Cosmas Kathungu. One day he woke up and found that he did not have a job because he did not toe the line of a senior politician from Embu District. What a shame! The man we got in his place is an illiterate bishop. When he goes to board meetings he tells the board members: "When you are through with whatever you are discussing, I shall

append my signature to your minutes". Why do we have such people in positions after more than 30 years of Independence? Are we

[Mr. Nyagah]

going to continue being led by the Mulu Mutisyas of this world when Embu and Mbeere people can produce capable people to look after their affairs? I urge the Ministry to look into this practice because it has offended many Kenyans.

Mr. Speaker, Sir, the other issue that I would like to touch on has appeared in newspapers on many occasions.

This is the issue of two consultant doctors in Embu. They are Dr. Mbithi and Dr. Ndambuki. They run their own private clinics and do not treat anybody unless they are paid Kshs30,000. I want the Minister to listen to this. We have lost many lives in Embu District. We have been to the Provincial Commissioner and the District Commissioner to have these people removed from the Government hospital.

With those few words, I support and kindly ask the Ministry to remove these doctors from our hospital.

Mr. Badawy: Ahsante sana, Bw. Spika, kwa kunipatia nafasi hii ili niongee juu ya Voti ya Wizara ya Afya, ambayo tuna matumaini makubwa nayo. Naunga mkono kwamba pesa zinazoombwa zitolewe. Matumaini yangu ni kwamba pesa hizo zitatumwa kuitekeleza miradi ambayo imeonyeshwa na hata ile ambayo bado haijaonyeshwa katika vitabu vya Makisio na Matumizi ya pesa za Serikali. Kwa kuwa sasa tuna wilaya mpya ya Malindi, hospitali yetu ya Malindi pia inafaa ipandishwe hadi kiwango cha hospitali ya wilaya. Naipongee Wizara kwa kutupatia District Health Management Board na kutuchagua wanachama wazuri ambao wameanza kuonyesha bidii na kujitolea. Lakini wanachama hawa na madaktari sita wazuri tulio nao wanahitaji usaidizi wa vifaa, magari, madawa na wafanyakazi zaidi. Kama nilivyosema katika Bunge hili wakati mwingine, hospitali ya Malindi inawahudumia watu wengi zaidi kuliko hospitali ya Kilifi. Kwa sababu hiyo, inafaa hospital ya Malindi iwekwe katika kiwango sawa na kile cha hospitali ya Kilifi. Hii ni kwa sababu Wilaya ya Malindi ni kubwa sana. Eneo lake linafika hadi Chakama, Galana Range, Adu na Marafa.

Pia kuna haja ya kufufuliwa kwa huduma za mobile clinics kwa sababu kuna watu ambao hawapati huduma za matibabu kabisa. Ingawa Agricultural Development Corporation imeweka zahanati katika Galana na Kulalu Ranches, kuna haja ya kuzipatia zahanati hizo dawa na wauguzi. Kwa kuwa sehemu hizo zina shida nyingi, inafaa maofisa wa afya watakaopeleka huko wapewe vishawishi vya kuwawezesha kuifanya kazi yao vizuri.

Pia Wizara inahitaji kufanya marekebisho muhimu katika makao yake makuu. Nawajua wafanyakazi wawili wa zamani wa Wizara hii ambao walifariki, lakini jamii zao hawakulipwa pesa za uzeeni na death gratuity. Tatizo hili linatokana na sababu kwamba Idara ya Malipo ya Uzeeni haina wafanyakazi wa kutosha. Kuna watu katika Idara ya Malipo ya Uzeeni wanaoyafanya malipo ya uzeeni katika Wizara ya Afya kuchukua muda mrefu sana kuwafikia wenyewe. Jambo kama hili ni lazima lirekebishwe. Hata uelewano kati ya Wizara ya Afya na Treasury kuhusu malipo ya uzeeni si mzuri kwa sababu mara nyingi, hata wale wachache wanaofanya kazi kwa bidii katika Idara ya Malipo ya Uzeeni wanamaliza kazi yao lakini faili zinakaa zikiongojea kuchukuliwa na maofisa wa Treasury. Hii inaleta tatizo kubwa sana. Tungewaomba wale wanaotusaidia katika Wizara hiyo katika Idara ya Malipo ya Uzeeni wasichoke kutusaidia kwa sababu wafanyakazi wanaostaafu, inawabidi wafanye safari mara mbili au tatu, na mapato yao machache yanaharibika katika gharama za safari. Niko tayari kumpatia Waziri majina ya watu ambao, tangu niingie Bunge, hawajapatiwa malipo yao ya uzeeni. Hiyo si haki kamwe. Kama kuna tatizo kuhusu malipo ya uzeeni, basi Wizara ya Afya pekee ndiyo ina tatizo kubwa sana kuwalipa waliostaafu pesa zao. Hili jambo ni lazima Waziri wa Afya alitatie kwa makini.

Bw. Spika, nimeleza kwamba kuna sehemu ambazo ni za shida katika Wilaya ya Malindi. Katika sehemu zilizo karibu na mji, kuna matatizo ya uhaba wa wauguzi. Wakati huu ninavyoongea, zahanati ya Kakoneni ina muuguzi mmoja peke yake. Tena yeye ni muuguzi wa kiwango cha chini hata ilimbidi public health Technician katika Wizara ya Afya ashike hatamu za kuwatibu wagonjwa na kuwapa dawa, kitu ambacho ni dhara kubwa sana na cha hatari kabisa kwake kuingia katika zahanati na kuanza kuhudumia wagonjwa. Hii ni kwa sababu sisi watu wa Malindi hatupatiwi nafasi za kutosha ili watoto wetu wasome. Nina tarakimu zinazoonyesha kwamba sisi watu wa Malindi tunanyimwa haki zetu. Watoto wetu hawapatiwi nafasi katika medical training colleges (MTCs). Hatujui vile hizi nafasi zinavyotolewa. Kama kuna mambo ambayo ni lazima watu watekeleze, basi sisi tuko tayari kuyatekeleza kwa kupiga magoti ili watoto wetu wapatiwe nafasi. Tunanyanyaswa kuhusiana na vyuo vya matibabu. Watoto wetu hawapatiwi nafasi. Jambo hili linafanyika katika Mkoa wa Pwani wote. Quota ambayo tunapatiwa ili watoto wetu wapate mafunzo ya uuguzi na maofisa wa afya haitoshi. Nafasi hizi ni chache na jambo hili limezungumziwa mara nyingi katika Bunge hili. Ni kwa nini watu wa Pwani tunaonewa namna hii?

Bw. Spika, kuhusu hospitali ya Wilaya ya Malindi, ingawa ninajua kwamba kuna tatizo kuhusiana na anaesthesia kote nchini, nafikiri kwamba tatizo hili limezidi katika hospitali ya Malindi, kiasi kwamba anaesthetist mmoja anayefanya kazi pale anapatiwa ruhusa ya kupumzika wiki nzima kwa sababu anakuwa kazini

[Mr. Badawy]

wiki nzima. Basi anaesthetist huyu akiitwa kufanya kazi ya dharura, ni lazima mgonjwa alipe kiasi cha Kshs4,000. Kama ni kiwango ambacho mgonjwa anastahili kulipishwa, basi ni lazima Serikali ilipe. Hii ni kwa sababu kuna mpango wa kugawanya gharama katika hospitali za Serikali. Lakini si haki kwa mgonjwa kutozwa Kshs4,000 kumlipa anaesthetist eti kwa sababu ameitwa kutoka likizoni. Ingefaa Serikali iajiri maofisa wa kutosha ili kutoa huduma za dharura. Tunao madaktari sita na wale wa kushauri katika hospitali ya Wilaya ya Malindi; tuna paediatricians, gynaecologists na daktari wa upasuaji. Lakini iwapo hakutakuwa na usaidizi wa paramedics--- Kuna upungufu wa paramedics katika hospitali ya Wilaya ya Malindi, na iwapo hali hiyo itaendelea, wale madaktari wakubwa mnaotuletea wa kushauri watakuwa hawana faida yoyote kabisa.

Bw. Spika, ningependa kumwambia Waziri wa Afya kwamba mara nyingi tunapata usaidizi wa dawa kutoka nga'mbo. Hata watalii wanatuletea dawa. Lakini imekuwa ni shida kupatiwa idhini hasa katika upande wa Treasury kwa sababu hakuna uelewano mzuri baina ya Wizara ya Afya na Treasury, kiasi kwamba wakati mwingine dawa zinatupwa baada ya kuharibika.

Tunamuomba Waziri afanye kila juhudi ili kuweza kuwasaidia wale wafadhili ambao wako tayari kutusaidia kwa kutuletea dawa na vifaa ili mambo yenyewe yawe rahisi. Yafaa utaratibu wa forodhani urahisishwe. Ushuru unaotowza dawa unaumiza sana. Leo dawa za maradhi kama vile ugonjwa wa sukari na hypertension na mengine hazipatikani kwa urahisi. Watu maskini wakipatwa na magonjwa haya wanaenda kwa waganga wa mitishamba. Lakini kununua dawa, hata zile ambazo zinatolewa katika hospitali za Serikali, kwa sababu ya gharama, inakuwa shida kabisa. Kama Mbunge mmoja alivyosema hapa, matibabu ni kwa matajiri na watu wanaopata malipo ya matibabu katika mashirika na idara wanazofanyia kazi. Lakini maskini anayeugua high blood pressure na maradhi ya moyo na vidonda vya tumbo ni lazima akimbie kwa waganga wa kienyeji kwa sababu hawezi kununua dawa. Ni lazima Wizara ya Afya iangalie vile itakavyofanya ili kugharamia dawa, ili mwananchi wa kawaida aweze kunufaika.

Tumesema mara nyingi kwamba hospitali za watu binafsi sasa zimekuwa mahali pa biashara, si mahali pa kuwahudumia watu kwa matibabu na kuwanufaisha. Ni lazima Wizara ya Afya iangalie ni namna gani inaweza kufanya malipo ya hospitali yawe nafuu katika hospitali za kibinafsi; hospitali hizi zinafanya kazi nzuri. Lakini utaona kwamba mgonjwa akilazwa katika hospitali ya kibinafsi, hata iwe ndogo namna gani, anatakatana alipe takribani Kshs100,000. Hii ndio sababu Harambee zimezidi sasa. Sisi Wabunge tunafanya Harambee kila siku kuchangia malipo ambayo si ya dharura kulipa, lakini ni kwa sababu hakuna regulation ya malipo ya huduma katika hospitali za kibinafsi. Gharama zimekuwa nyingi kabisa kwa mwananchi wa kawaida, na hospitali zinazotoa huduma kama Aga Khan, Nairobi Hospital na Pandya Hospital katika Mombasa--- Hizi ni hospitali za watu wanaojiweza; matajiri. Maskini atakufa akiwa nyumbani au aende katika hospital ya Serikali na kuondoka bila dawa nzuri za kuponyesha. Maskini anaenda kutafuta daktari katika kiliniki za kibinafsi ambapo huwa wameambiwa waende katika kiliniki hizo. Wakati mwingine tunawalaumu madaktari, hasa wale wa kushauri kwamba wanaendesha kazi katika kiliniki zao. Hii ni kwa sababu katika hospitali za Serikali, hakuna vifaa vya kutosha vya kumwezesha daktari atekeleze kazi yake ya ushauri na utaalamu kama inavyotakikana.

Kwa hayo, Bw. Spika, ninaunga mkono.

Mr. Anyona: Thank you, Mr. Speaker, Sir. The Ministry of Health is one of the most important Ministries of this Government and yet, it is one of the most ineffective and most disgraceful Ministries of this Government. I am very glad that the Benches on that side are full of officers from the Ministry of Health. But I believe, and we do not want to be discourteous to our guests--- But the point must be made that this Ministry has let Kenyans down. Those officials sitting there, I believe the Permanent Secretary is here, I have not met him--- Also, I believe that the Director of Medical Services is here because I can see that the whole team and the Minister are here. This Ministry must be told clearly that Kenyans are extremely unhappy about the manner in which they are providing their services in the country.

Mr. Speaker, Sir, health care is a fundamental right of every Kenyan. In fact, it is the most fundamental because life is the most fundamental right. Constitutional reforms and others are just but luxuries. That right of every Kenyan is placed under the Ministry of Health of the Kenya Government. It is its responsibility. But Kenyans have been denied this fundamental right. The Ministry of Health has failed in its mandate from the Kenyans. Health care has become a privilege of a few in society. If you are not rich and if you are not among the privileged, you have no health care in this country. What programme of health care has this Government, through the Ministry, prepared since Independence? Hon. Nyagah talked about the war against diseases, what happened to that war? Why do we lose the war? We have more doctors and nurses and the society is more enlightened and yet, all we talk about in the Ministry of Health, is AIDS, AIDS, AIDS, and Prof. Obel, as if there was nothing else. It is not AIDS that is killing Kenyans; it is

[Mr. Anyona]

ordinary diseases like diarrhoea, typhoid and malaria.

Mr. Speaker, Sir, we want this Ministry totally overhauled. We fought for five years in order to strengthen the hand of the previous Minister because we knew that there were problems in this Ministry. There were officers in this Ministry whose main aim was to sabotage the Ministry and Parliament. Now, when hon. Angatia went, we said: "Good riddance". This is because we thought that we had got a man with military discipline. I have heard people saying that hon. Mulinge is not a medical man. We do not want a medical man. We need a man with an iron will and military discipline like hon. Mulinge so that this Ministry can be strengthened. I am getting the impression that the Minister is already giving in because the forces in that Ministry are too powerful.

Mr. Speaker, Sir, the failure of this Ministry, first of all, is corruption. I can bring 1,000 cases here of corruption. I do not have the time now since I have only ten minutes to speak. I will be doing that in due course. I can give you an example of irregularities in procurement of drugs at Kenyatta National Hospital. We obtained a loan from the World Bank to rehabilitate the hospital, but nothing has happened due to corruption. Moi University was supposed to acquire equipment for teaching purposes. The plan went haywire due to corruption, irregularities and mismanagement. We were told of an anti-malaria control programme that would cost this country Kshs7.2 billion. That programme was yet another red herring. There was no such thing. It was merely being used to siphon money into people's private pockets.

Mr. Speaker, Sir, I do not want to make accusations against this Ministry without justification, and I want to give one illustration. Malaria which is a well-known disease, unfortunately affects only people in certain parts of this country and not others. So, people do not care. But those of us who come from those malaria-infested areas, year-in-year-out have seen our people are dying although we have senior Government Ministers. We in Kisii District have senior Ministers in the Government. Hon. Nyachae is here. He is a very senior man. He served in the late Jomo Kenyatta's Government until he retired honourably and he is now a Minister. People die at his doorstep, but there is nothing that he can do. He tries to supply medicine using money from his own pocket, but that is not enough. What is this Ministry itself doing? I said the other day that it appears that malaria and other diseases are being used as a political weapon against certain societies in this country.

Mr. Speaker, Sir, even the Chair is being undermined by this Ministry. Why? This is because we go to the Chair when we are in trouble. We seek through the Chair to be told what is happening about malaria. We also raise questions which relate to this menace, like the other question that I put forward the other day, and which you approved quickly and it came here. However, the answers that we got were all lies. Then we demanded a Ministerial Statement to clarify those lies. The statement that we got was also full of lies.

Mr. Speaker: Mr. Anyona, you mean you cannot use another word other than "lies"?

Mr. Anyona: Mr. Speaker, Sir, Kenyans are so desperate. I know that we apply the rules of decorum here, but when Kenyans are dying and are helpless, no language is too crude to use, but I get your point.

Mr. Speaker, Sir, I want to illustrate something. For instance, when the Question came here seeking how many beds there are, this is the answer that we were given: Uasin Gishu 29 deaths, Nandi 31 deaths, Kisii 39 deaths, Nyamira 40 deaths and Trans Mara 39 deaths. Those are the figures that we got to the Question. When we demanded a Ministerial Statement this is what we got and you will see what I am saying: Uasin Gishu has 87 deaths which is a different answer from what we were given here. Nandi has 130 deaths which is a different answer from what we were given here. Gucha District has 103 beds which is a different answer from what we were given here. Nyamira has 74 deaths which is a different answer from what we were given here earlier. Trans Mara district has 41 beds which is again different from what we were given here. I did go with the Minister to Nyamira and Kisii districts on the 24th of July to verify this matter. Even the figures that we were given here in the Ministerial Statement after that were again wrong. The Minister is here and is aware of that. In Kisii Hospital, during the month of July alone, the deaths were more by 46 over what we were given for three months. Even after that, we get this kind of statement.

Mr. Speaker, Sir, I know that the Minister resisted to make the Ministerial Statement three consecutive times. Hon. Criticos refused to read the statement. I talked to the Minister and he admitted that he had said that this statement was not correct. What we got was still wrong. What is the Permanent Secretary in this Ministry doing? Who does he think this country belongs to; to him, his friend or to whom? If they can mislead a Minister of Government like this or if they can mislead Parliament, then I do not know what is happening.

Mr. Speaker, Sir, the other example is this: We were given figures for the number of beds. They are as follows: Uasin Gishu, 990; Nandi, 447; Kisii and Gucha 520; Kuria, 92; Migori, 90; Homa Bay 550, Nyamira, 441. In the Ministerial Statement that

[Mr. Anyona]

was supposed to clarify and tell this Government the truth, the figures are again different. The Minister, the Permanent Secretary and the Director of Medical Services must explain why they are sabotaging Parliament. Gucha and Kisii

districts were put together. We were told that Gucha has 32 beds while Kisii has 343 beds. That is far from the 520 beds that we were given earlier. In any case, when we went to Kisii District Hospital, we were told that the number of beds were 240. The Minister was told this and yet they continued misleading us. In the case of Nyamira District Hospital, we were told that there were 441 beds and here is a Ministerial Statement in which they are talking about 275 beds. Where have the other beds gone to? Was this an answer? What game is going on in this Ministry, country and Parliament?

Mr. Speaker, Sir, in Trans Mara District where my friend the hon. Sunkuli comes from and he happens to be a very top Member of the Government, you will find that there are only 60 beds although we were told that there were 250 beds.

Mr. Speaker, Sir, I would like to support the Motion but something must be done and I would urge the Minister to act fast.

The Assistant Minister for Finance (Mr. Keah): Thank you, Mr. Speaker, Sir, for giving me the opportunity to contribute to this Motion that seeks a sum not exceeding K£259,420,010 to be issued from the Consolidated Fund to the Ministry of Health.

Mr. Speaker, Sir, I support this Motion. The Ministry should be given the sum that is herein stated. In supporting the Ministry, I would like to echo certain sentiments that my colleagues have voiced here. We are merely trying to tell the Ministry that although we have constraints in the financial provisions that have been made in the finances that have been allocated to the Ministry, my plea is that the little sums should be utilised effectively.

Mr. Speaker, Sir, I would like to pose a question here to the Minister, the Permanent Secretary, the Director of Medical Services and all the senior officers gathered here. Is the Ministry's management satisfied that every penny that we are voting in this Parliament is being effectively utilised? This is a question of conscience that I am putting across to them, and it is up to them to answer. I would like to call for a more effective management in our hospitals, and indeed, the finances that we are voting here today. I say so because even when we have little funds available, you go to certain hospitals and the little that there is, evidence shows that it is not properly utilised. In some hospitals, cleanliness leaves a lot to be desired.

I would now like to turn to the old question of availability of drugs, which touches on Sub-Vote 110 - General Administration and Planning. I would like the Ministry to even do its own evaluation. I think the Ministry ought to have an Evaluation Unit to see whether they are being effective with the finances allocated to them. Having said that, I would like to go to the second aspect, which is the Curative Health Care. I want to thank the Ministry that at long last, we are going to see the Coast General Hospital in Mombasa being rehabilitated. We are looking forward, once the finances have been released, to seeing a shining Coast General Hospital. We will be there to monitor, and I would like the officers to take notes and to take notice of the fact that we will be looking forward to seeing the Kshs40 million that has been voted for that purpose utilised. I know Kshs40 million can do a lot of work and we will be there to watch. I hope my friend, hon. Kiliku, and other hon. Members for Parliament from Mombasa will also assist in even auditing the accounts and also making physical verification to ensure that work is being done. We will be there and I would like to give them notice that we will be on the look out.

While still on the curative health, I would like to ask the Ministry to find it possible to aid the private hospitals that are non-profit making, particularly, the Mission hospitals. In this regard, I want to thank the Ministry for whatever assistance that has been given to St. Luke's Hospital, Kaloleni. The other day, I saw a letter withdrawing an X-ray Unit that had been taken to that hospital. I am glad to have been informed by the Director of Medical Services that, that X-ray Unit will not be removed. I went and told the Doctor in charge: "Unless you see a letter signed by the Permanent Secretary or the Director, do not release this X-ray unit that has been brought here." That is the kind of monitoring that I would like my colleagues to assist in. Sometimes, equipment is taken to hospitals and some junior managers within the hospital management, tend to issue their own counter instructions. That is why I have said that we need to strengthen the management wing of the Ministry of Health.

Still on the curative aspect, I would like to draw the attention of the Minister, the Permanent Secretary and the Director of Medical Services that we have dispensaries that have been constructed with the knowledge of the Government, but for which we have not so far received nurses or medical staff to man them. Notable among these is Kinarani Dispensary. I would like to mention here that we were asked to construct a house on self-help basis for the medical staff, which we have done, but until now, after two years, we still do not have any nurse posted there. I have already appealed through the District Medical Officer as well as the Provincial Medical Officer. But I am now appealing here so that the Kaloleni people can hear that I am talking

[The Assistant Minister for Finance]

about Kinarani Dispensary, that the nurses have not yet been posted at Kinarani Dispensary, where we have put up a house on self-help basis. We would like to see nurses posted as well as medicine sent there.

Mr. Speaker, Sir, with regard to the rural health services, we had a five-year Programme launched by GOK/DANIDA/AMREF, which ended last year or sometime this year, when the people have just understood what the programme is all about. I would like to ask the Ministry to find it possible to reinstate this programme. The programme did excellently, but the people have only just realised the importance of the programme when it has ended. In other words, we have not provided for the sustainability of that programme. I would like to recommend that whenever there is any programme in place, right from the word "go", we should provide and emphasise for the sustainability of that programme. Otherwise, it is really wasting money because we have not entirely grasped or benefited from the programme when it is terminated because it is not sustainable.

Mr. Speaker, Sir, on the issue of health training, I, like my colleagues, would like to complain that we have not had our fair share of training places at the Medical Training Centres (MTCs). I am saying this specifically because I have many people who have been interviewed at Kilifi and we do not even get a feedback as to how many have been taken. This is part of the administrative machinery that I am talking about. We should get a feedback and a response in so far as those who have been taken and those who have not been taken. We have asked through the District Medical Officer of Health that the district development committee (DDC) get this information. But, he too, did not get any information to this effect. Once again, I am asking that the administrative and the management aspect is strengthened so that we get a feedback.

Mr. Speaker, Sir, with regard to the hospital boards, we, the elected representatives ought to have a voice on these boards because we represent the people. Whereas I appreciate and recognise the fact that the Ministry should be the head, but at least we, the elected representatives, ought to make a contribution as to who should be on that board, in addition to the people the Ministry would like to have.

With those few remarks, I beg to support.

Dr. Lwali-Oyondi: Thank you, very much, Mr. Speaker, Sir. I would like to say a few things on this very important Ministry, which concerns life. I hope that those who are concerned with the Ministry beginning from the Minister himself, the Permanent Secretary, Director of Medical Services, Provincial directors, doctors and so on, will take these things seriously. I think it is sad if our people can die and we are there, very educated people, trained to save lives and we cannot do it.

Mr. Speaker, Sir, before I say anything, I would like to say something about the dead; those who have already died, who have no problem now with health. But we normally try to honour them by preserving their bodies for sometimes before arrangements are finalised to bury them.

Mr. Speaker, Sir, the mortuary in Nakuru Provincial General Hospital is in a pathetic situation. This is a place where you see black bloated bodies, some turning greenish and so on. When you go there, your clothes will stink and the smell lasts for more than a week and sometimes, you are forced to throw them outside. If you get into your house, you will be in a problem. In the mortuary within Nakuru Provincial General Hospital, we have drunkards who are supposed to be mortuary attendants. That place is supposed to be clean. Floors are supposed to be meticulously clean; almost as clean as surgical theatres. But there you come out stepping on blood. I think it is a shame to most health authorities who are trained doctors. Doctors and other health officers should take note of this and rectify the situation.

Mr. Speaker, Sir, I would like to talk about the cost-sharing programme in hospitals. This is a substantive amount of money collected from the patients. This money is not well accounted for and, as my colleagues have said, we ought to be involved in the boards and committees that look after this fund. Most of it is stolen or misappropriated in various hospitals.

[Mr. Speaker left the Chair]

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

Mr. Temporary Deputy Speaker, Sir, elected hon. Members of Parliament should be in those boards. I have requested to be included in the Nakuru Provincial General Hospital board because I have a lot of medical knowledge and I know about everything that happens in the hospital, but I have never been called upon to attend any one of those board meetings. The board meetings consist of various people of doubtful origins and who go there to "eat" at the expense of the sick people. As I have said, you have to bribe in order to put your dead person into the cold storage. If you do not, your person will be dumped on the ground, get bloated and so on. It is a very awkward figure to look at.

Mr. Temporary Deputy Speaker, Sir, we have to blame the Government for refusing to pay our doctors well. Doctors are supposed to be the cleverest people in the country, but today, there is a

[Dr. Lwali-Oyondi]

bit of manoeuvre for students to be admitted into medical schools. Some of them get there who are not even fit to be in medical schools. Doctors have been under paid and a decision to look after their remuneration has been taken by people who are not doctors themselves. Probably they might have been taking revenge on what used to happen when they were in school. They probably say: "Here is a bugger who used to boast of being a very clever man. Now, I am on top and I will make sure that he earns only Kshs6,000 a month when I am earning a little more". We have to honour our doctors and pay them what they deserve, failure to which they will go into private practice and charge their patients over Kshs30,000 or Kshs60,000. This is what is happening. We should remunerate our doctors well. But of course, the Government not wanting to back down, it refused. But the doctors won because they can service both private and public practices and there is nothing we can do about it. So, it is high time we paid our doctors well and let them also feel like some politicians when they give Kshs1 million or Kshs500,000 every week in Harambees. If not, they will be thieves like other thieves in the political world.

Mr. Temporary Deputy Speaker, Sir, I would also like to refer to students being admitted into the paramedical training centres as nurses, laboratory assistants and so on. There is injustice in this admission. If you go to any medical school from Mombasa to Busia, you will find only students from certain ethnic groups are the majority and their qualifications are often doubtful. If we cannot put qualified people to look after our health then we are demeaning ourselves. We should have the best people to look after our health. After all, our life is the most valuable thing. We can do without clothing, but not health.

Mr. Temporary Deputy Speaker, Sir, we need public health inspectors to inspect various industries to protect our people from being polluted by various chemicals. There is no protection whatsoever in the industries. People who work in tobacco industries or in any other chemical industries, for example, are suffering because there are no masks provided for them. Eventually, they die of cancer and other diseases that damage their liver and nobody compensates them. The health inspectors should inspect industries and make sure that industrialists provide masks to their workers. Even mechanically, in some industries where they are moving blades which usually cut our people's hands or kill them, people should be protected. In the sugar industries, for example, workers have been dropping into boiling sugar. So, preventive medicine should be stressed particularly in industrial areas. People who are working in pyrethrum plants do complain of impotence. Whether that is true, I do not know, but research should be done. People working in asbestos plants without proper masks suffer from cancer.

Mr. Temporary Deputy Speaker, Sir, I would like to talk about water supply in hospitals. Many hospitals do not have enough water and in some cases there is no water at all. If a hospital has no water, how will it operate? The Ministry of Health has allocated a lot of money for AIDS. This money should be channelled to provide water to our hospitals or to areas where our people have no access to water. A research should be done on this, because people are likely to be prone to AIDS because they cannot maintain their personal hygiene.

Mr. Temporary Deputy Speaker, Sir, I would like also talk about houses for doctors. Doctors' houses are being grabbed and given out to some individuals. Why can the Ministry of Health not protect the doctors? Doctors can perform their duties well if they live in better houses.

Mr. Temporary Deputy Speaker, Sir, thank you very much, I beg to support.

Farah: Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute on this Vote. It is not very often that I stand on the Floor of this House and say good things about civil servants. But I must admit that the record and performance of the people in that profession for the last two years in my district has been splendid. They have done a good job. I do understand that Rome was not built in a day but there is a lot of difference and I only attribute that to the staff who are there now, the Director of Medical Services, the Permanent Secretary and the rest of the staff.

Mr. Temporary Deputy Speaker, Sir, we had a situation in Garissa Provincial Hospital where the hospital was stinking. Whenever one passed near the Provincial Hospital, the stench was so much that one could get sick by going to the place. But today, it is quite different. Health Services in the Provincial Hospital in Garissa are much better than what they used to be. But I do understand that there is room for more improvement.

Mr. Temporary Deputy Speaker, Sir, the medical profession is a very demanding one. We have to look at this from two aspects. We have to look at it from the conditions and predicament of the staff who are in that profession and the roles and performances that they are supposed to accomplish. The Government, over a long period has not appreciated the difficult conditions under which these officers work under. It is only when you probably have somebody who works in that Ministry that you can understand. They work under very pathetic conditions. There is no sufficient Appropriation for that Ministry to enable them to

[Mr. Farah]

give the service that is required. Although there is a lot of corruption, I do not see the sense and the logic of giving a net expenditure from the Government, of K£92 million to this Ministry and give K£83 million to the Ministry of Finance. We seem to have our priorities wrong when it comes to expenditure on development. We have to give tools to these people in order for them to perform very well. You cannot expect them to perform miracles when we do not give them the money. It is this House which Appropriates money. The Government, through the Minister for Health and the other Ministers under the doctrine of collective responsibility do not make sufficient and adequate Appropriations to this Ministry. There are very many other Ministries which do nothing. The Ministry for Public Works and Housing for example, is the den of corruption. Hardly 5 per cent of what is Appropriated for that Ministry ever reaches Kenyans. But I think the Ministry of Health deserves a lot more than what it gets now.

Mr. Temporary Deputy Speaker, Sir, on the issue of training manpower in the Ministry, I would suggest to the Minister that the traditional inequalities in the mode of selection for those who are supposed to undergo professional training has to be done now. Quite often, hon. Members of Parliament complain here that they do not get sufficient students from their own areas being admitted to the Medical Training Colleges (MTCs). I would suggest that the Minister should go and compile the intake into these colleges for the last 30 years and do justice to Kenyans by giving a fair chance to those ones who have had a raw deal throughout. Do not look at only two years of admission. In my constituency two years ago, we could not boast of anybody who had been trained in the medical profession. But I am happy that for the last couple of years, a few of them have been taken in there. I commend the Ministry for that. I can see them addressing this problem now in a more pragmatic and a fair way.

Mr. Temporary Deputy Speaker, Sir, I also need to commend the Ministry on the allocation of Rural Health Services. Under Rural Health Services, I have seen a few allocations for marginal areas from northern Kenya for example, Liboi, Harar, Ijara and many others. This has been the only time that we have had a fairly good Appropriation for that. We still have got many more areas falling under the marginal districts that need to be addressed. The same goes for Wajir District Hospital. It has been in that condition since the colonial time. This is the only time that I have seen a proper allocation of funds being made for that hospital.

Mr. Temporary Deputy Speaker, Sir, the Medical Training Colleges that we have in the country should be fully-fledged medical training colleges, particularly in the provincial headquarters. In Garissa, we have a medical training college that trains nurses only. These trainees help the hospital staff in a big way. If we can also have the other courses like laboratory technicians, public health and all the others, we will have many students who will also be helping in the running of the hospital. Some hospitals have consultants but we have never seen one in North Eastern Province. Last year, I did bring into the attention of this Ministry the fact that in Garissa Provincial Hospital, there was only one doctor who doubled up as the MOH and that, the provincial hospital was being attended by registered clinical officers. But now, we have a few doctors. We need consultants in Garissa because it is a provincial referral hospital. There is no gynaecologist, ear, nose and throat (ENT) specialist or paediatrician. There are only general practitioners. We need some consultants in those hospitals.

Mr. Temporary Deputy Speaker, Sir, we also need a process through which this Ministry can liaise with the Ministry of Education to have more locals from certain marginal areas trained as doctors. As it is right now, for the last six years, there has never been one young man from schools in North Eastern Province who qualified to go into the School of Medicine in either the University of Nairobi or Moi University. Experience has shown that whenever doctors from those communities are sent to their home areas, they are dedicated to their work. In a place like North Eastern Province which is a hardship area, it is only somebody who is accustomed to that environment who can deliver the services to the people. When you take somebody from another province there, in most cases, he is only there for a short time. So, if we can have a quota in the training of doctors--- I am not saying that we entirely overhaul the current system but we can have two students admitted from Turkana, five from North Eastern Province, certain parts of Maasailand, Mandera, Marsabit, Moyale and a small percentage from---

The Temporary Deputy Speaker (Mr. Wetangula): Order, Mr. Farah! It is now time for the Minister to reply.

The Minister for Health (Gen. Mulinge): Mr. Temporary Deputy Speaker, Sir, I want to take this opportunity to thank all hon. Members who have contributed to this Motion. I know that hon. Members have raised a good number of points and they are looking forward to seeing something being done about them. I can assure them that all that they have said has been noted and we will try to improve.

Mr. Temporary Deputy Speaker, Sir, the issues raised by hon. Members are very many and I

[The Minister for Health]

cannot go through all of them, but I would try to answer some of them. First of all, I would like to start with Pearl Omega drug. This drug has been banned not because it is a bad drug, but because Prof. Obel refused to comply with

the laid down procedures which he knows better as a medical doctor. The procedure is that before any drug is registered or rejected, it has to go through the Pharmacy and Poisons Board. Prof. Obel refused to follow that procedure. There is no way that drug could be registered without following the laid down procedures. If he wants his drug to be registered, he still has a chance to appear before the Pharmacy and Poisons Board to answer questions put to him. If it is a good drug, everybody in Kenya and everywhere in the world would like to see a cure for AIDS, and if it is proved that Pearl Omega can cure AIDS, then it is welcome by everybody. But we can only know the truth about this drug if it goes through that procedure. So, that is the message for Prof. Obel.

Secondly, Mr. Temporary Deputy Speaker, Sir, is the issue of eradication of malaria and highland malaria. Malaria is a killer disease and we all know that. We are trying our best to prevent it, but it is not easy. What the Ministry has done so far is that it has developed a five-year programme of action which looks at all aspects of preventing malaria through mosquito control and drug treatment. There are so many ways of preventing malaria from attacking people. For example, if the members of the public can co-operate with the Ministry officials, then it is possible to prevent malaria either by clearing bushes around their homesteads and cleaning the compound. The Ministry also offers treatment to patients who have been attacked by malaria. There are some areas where chloroquine has received stiff resistance, and, therefore, the Ministry is replacing that kind of drug with drugs which are more effective than chloroquine.

Thirdly, Mr. Temporary Deputy Speaker, Sir, control of smoking in public places. There are many people who smoke, but we know that smoking can cause diseases to either the smokers or non-smokers. The Ministry has prepared a draft legislation to control smoking in public places which is currently with the Attorney-General and it is being studied before it is brought before the House for debate. That is one of the ways of limiting the habit of smoking by our people.

The fourth one, Mr. Temporary Deputy Speaker, Sir, is the position of mobile outreach clinics. The Ministry supports that programme very much only that we do not have sufficient funds, but the programme is there to support mobile clinics in the arid and semi-arid areas. Currently, we have 28 mobile units operating and we shall increase them depending on the availability of funds.

Fifth, Mr. Temporary Deputy Speaker, Sir, is the issue of negligence and corruption in the Ministry. I wish to state here that the Ministry does not encourage or condone corruption. A number of hon. Members have mentioned here that the Ministry is corrupt, but we do not encourage that habit. If you come across a corrupt and negligent officer, please, write to us giving all the details of all the parties concerned, and we will deal with them because we have ways and means of punishing them. Negligence is not also allowed and we do not encourage it. I am not saying that there is no corruption, but I said: "If you know any officer who has been corrupt, report him to me, do not keep quiet".

Mr. Nyagah: On a point of order, Mr. Temporary Deputy Speaker, Sir. First of all, I would like to thank the Minister for what he has just asked us to do. Now in my contribution, I did say that we have two consultants who are extremely corrupt because they demand Kshs30,000 before admitting any patient into a theatre. Am I in order, therefore, to ask the Minister and his team, to take action and remove these consultants from Embu Provincial General Hospital who have been there for the last 15 years?

The Minister for Health (Gen. Mulinge): Mr. Temporary Deputy Speaker, Sir, that is not what I said. I said that if you know that these officers are corrupt, you put it in writing because they would also want to have a chance to defend themselves. We cannot just take the word of the hon. Member and punish these officers because they ought to defend themselves. So, he should put in writing what they have done and forward it to the Ministry and we will check if those allegations are true. If it is true, we will punish them.

Mr. Muluya: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Minister in order to say that if we have information about any corrupt officer, we should forward it to him? Now, an hon. Member of this House has given him information, but he is now insisting that it must be in writing. Where does the Minister come from to demand that it must be in writing? The HANSARD will be out tomorrow in the morning. Can he take that?

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

[Mr. Deputy Speaker took the Chair]

The Minister for Health (Gen. Mulinge): Mr. Deputy Speaker, Sir, such allegation must be in writing. The Ministry is embarking on health

[The Minister for Health]

education campaign. We have a problem with HIV-AIDS control. That is very well known and the people need to be educated that there is no cure to that disease. They must behave well.

(Mr. Members applauded as hon. Sajjad walked into the Chambers)

Mr. Deputy Speaker, Sir, the other issue is the mushrooming of private clinics. I agree with hon. Members that there are a good number of private clinics, but I believe they are all registered. But if they are---

Mr. Munyasia: On a point of order, Mr. Deputy Speaker, Sir. Did you realise that as Mr. Sajjad moved between hon. Gen. Mulinge and the Chair, he did not bow at all? He just walked "majestically" like the way he does in Mombasa!

(Mr. Sajjad stood up and bowed to the Chair)

Mr. Deputy Speaker: Order! Order!

The Minister for Health (Gen. Mulinge): Mr. Deputy Speaker, Sir, I have said that there are quite a number of private clinics which are registered, but for those which are not registered, the Ministry has taken up legal measures against them. My Ministry has appointed a team of medical staff to go throughout the country checking whether the existing private clinics are registered. In fact, some of the owners of these clinics have been prosecuted for being in possession of expired drugs while others have been prosecuted for operating without licences. So, in the near future, we will be able to control the practice of selling expired drugs in the country.

On the issue of home-based care for HIV-AIDS patients, the Ministry will continue to intensify efforts of taking care of these patients in line with the sentiments expressed by the hon. Members. AIDS is a disease that cannot be cured. Some of the patients suffering from this disease are admitted in hospitals and they are well looked after for the remainder of their days on earth. There is not much one can do about them, but I need to say that the public needs to be educated on the need to change their sexual behaviour. They should learn to stick to their partners. If one is careful, he will definitely avoid contracting the disease.

An hon. Member wanted to know the progress of Pumwani Maternity Hospital. It is true that this hospital was allocated some funds from World Bank estimated at Kshs.130-150 million. However, when the Bill of Quantities was prepared by the Ministry of Public Works, the estimated cost rose to Kshs280 million and this could not be accommodated within the level of funding available under the World Bank Credit. Therefore, the funds were reallocated to upgrade Mbagathi District Hospital and to rehabilitate 14 Nairobi City Council clinics. That is how that money was utilized.

Mr. Mulusya: On a point of order, Mr. Deputy Speaker, Sir. The Minister is attempting to explain how the Kshs7.2 billion was used. Can he tell us what the Ministry of Public Works and Housing did with the Kshs7.2 billion---

Mr. Deputy Speaker: Order! Order, hon. Mulusya! Unfortunately, that is not a point of order, but a question or a point of argument.

Mr. Mulusya: Is that in order, unless the Chair wants to participate in the debate?

Mr. Deputy Speaker: Order! You are out of order.

The Minister for Health (Gen. Mulinge): Mr. Deputy Speaker, Sir, the other point is on the poor state of buildings and equipment in hospitals. This is due to lack of funds. When we get funds, we will repair some of these buildings. So far, we have done something about repairing and rehabilitating some of these hospitals as follows:- We have renovated Kenyatta National Hospital through funds provided by the World Bank. Also, modern equipment has been installed through a grant from the Government of Japan. Two, the Kenya Medical Training College headquarters is currently under renovation and expansion through funds from the Government of Japan. Three, a survey has been completed in all hospitals to determine their rehabilitation needs and costs. From this study, prioritized needs for rehabilitation have been drawn. Top in the priority is Coast General Hospital of which Kshs40 million is to be spent in the current financial year on its rehabilitation programme. Four, there is a rehabilitation programme to cover 19 district hospitals including health centres and dispensaries which will be funded by DANIDA and the Government of the Republic of Kenya. Other district hospitals will be covered after the completion of this first phase.

The Government has set aside K£2,600,000 for the maintenance of X-ray machines in the country. Two, the Government of Kenya and the Federal Republic of Germany programme for procuring spare parts and equipment is currently operational and provides specialized hospital equipment and spares for maintenance and repairs. Three, in the current financial year, the Spanish Government has provided over K£5 million to purchase new equipment for

distribution in the provincial and district hospitals. Among the hospitals to benefit from this purchase are the Eldoret Teaching and Referral Hospital, Machakos Provincial Hospital, which is situated in an accident prone region, and the new Vihiga District Hospital. **Mr. Ndicho:** Why does Thika District Hospital not benefit from the new equipment?

Mr. Deputy Speaker: Order, Mr. Ndicho!

The Minister for Health (Gen. Mulinge): The Ministry recognizes the need for having ambulances in hospitals, but it has been unable to purchase any new vehicle for more than ten years due to lack of funds. However, we are in the process of acquiring 15 ambulances through assistance from the Government of Japan and these will be distributed on a priority basis. The priority basis here means that they will be distributed in hospitals along Nairobi-Busia Highway and Nairobi-Mombasa Highway.

It is true that mortuaries are in a pathetic state, but this is due to lack of funds. It has not been possible to expand mortuaries in most hospitals due to lack of funds. However, the Government has been providing funds for maintenance against constant electrical faults. In this current year, there is a provision of K£5 million for repairs and maintenance.

I wish to acknowledge that a number of hospitals and nursing homes were suspended from making direct claims to the National Hospital Insurance Fund (NHIF) while others were deregistered thus losing their accreditation with the Fund. However, the contributors were not barred from filing their personal reimbursement claims with the Fund after treatment from the hospitals. I wish to emphasise to the hon. Members that the Fund has never closed any hospital because the licensing and closure of any hospital is under the Medical Practitioners and Dentist Board. The closed hospitals did so on their own accord, when they lost their accreditation with the National Hospital Insurance Fund (NHIF), as most of these so-called hospitals had been created to reap funds from the NHIF. I have issued guidelines upon which the registered hospitals can be re-admitted, through my press release of 13th August, 1997. Recently, 13 hospitals complied with the conditions and they are in the process of being re-accredited.

With those few remarks, I beg to move.

(Question put and agreed to)

[Mr. Deputy Speaker left the Chair]

IN THE COMMITTEE

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

Vote 11 - The Ministry of Health

The Minister for Health (Gen. Mulinge): Mr. Temporary Deputy Chairman, Sir, I beg to move:- THAT, a sum not exceeding K£259,420,010 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 1998, in respect of:-

Vote 11 - The Ministry of Health

(Question proposed)

VOTE R11 - RECURRENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Head 311 - Headquarters Administrative Professional Services

Mr. Ojode: Mr. Temporary Deputy Chairman, Sir, under Head 311, Item 060 - Personal Allowances, they had K£153,000 last year. This year, it is only K£11,000. Could the Minister explain what these allowances are?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the Assistant Minister who is supposed to assist the Minister is not in the country, and I have been requested to assist.

The Temporary Deputy Chairman (Mr. Wetangula): Just carry on!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, what the hon. Member is saying is true for other personal emoluments. That Item has been decentralised and if he goes through the districts, he will find that amount of K£153,000, which was given last year has already been sent to the districts. So, the districts will be paying the people concerned. That is the difference.

Head 310 - Headquarters Administrative Services

Mr. Achola: On page 414, Head 310, Item 198 - Compensation and Ex-gratia Payments, it is shown that last year, you spent K£3.6 million, and this year, it is only K£400,000. Were these compensations and ex-gratia payments misused or what happened?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, these are legal fees for doctors and others. Last year, we had to clear all the pending bills. So, we paid the K£3 million to clear all the pending bills.

[The Assistant Minister for Livestock Development and Marketing]

The provision now is for the actual cost that might occur this year.

Dr. Lwali-Oyondi: I would like to draw your attention on the same page. That is page 414, Head 310, Item 040 - Gratuity and Pensions Contributions. I would like to know why the Minister has decreased the gratuity and pensions contributions from K£300,000 to K£100,000.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the hon. Member will notice that even the personal emoluments have decreased. This is due to the fact that there are some people who retired voluntarily.

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

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 317 - District Hospitals

Mr. Munyasia: Mr. Temporary Deputy Chairman, Sir, on Head 317, Item 151, could the Assistant Minister tell us which criterion he has used to distribute money for the purchase of drugs? I do not know whether he has used the population of that particular district or whether he has used the prevalence of certain diseases. If you compare, for instance, either Taita-Taveta with a total of K£490,000 or Nyandarua with K£420,000 with Bungoma which has more population than any of these two you will see only K£350,000 has been set aside for the purchase of drugs.

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, these hospitals have been existing for a long time and the pattern of illness or patients that are admitted is known by the Ministry. Now, some increases are because of disease outbreaks. For example, recently we had the Highland Malaria in some districts. So, they are bound to have more allocation than usual. But, in comparison to Bungoma, Taita-Taveta had a pattern of some bilharzia diseases which Bungoma did not have. I am only giving an example.

Mr. Munyasia: Bungoma has typhoid!

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, we agree that Bungoma has typhoid, but Taita-Taveta has other diseases for which the allocation has to be made.

Mr. Temporary Deputy Chairman, Sir, the hon. Member must again bear in mind that in Bungoma, despite the population, people might not be falling sick.

Mr. Munyasia: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is the Assistant Minister in order to mislead this House that we have prevalence of bilharzia in the semi-arid Taita-Taveta and that, that was the reason why Taita-Taveta got K£490,000 as against K£350,000 for Bungoma?

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I only gave an example. An epidemic in a place like Taita-Taveta has to be taken

care of, just like an epidemic in Bungoma which the hon. Member is talking about.

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo, you said that there is bilharzia in Taita-Taveta. That is what he is putting you to task for.

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, immediately after that I said that it was just an example. In any case, where there are streams and snails, there is bound to be bilharzia. There are streams also in Taita-Taveta.

The Temporary Deputy Chairman (Mr. Wetangula): Yes, Mr. Achola!

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, on Head 316 - Provincial Hospitals, could the Assistant Minister explain why personal emoluments for Nairobi have trebled this year as opposed to last year and yet, the other provincial hospitals have had theirs remaining constant?

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, previously, doctors who were taking post-graduate courses at Kenyatta National Hospital were being paid by the stations they came from. That has been cumbersome and that has been centralised, so that they will now be paid by the Provincial Medical Officer's Office in Nairobi.

Mr. Nyagah: Mr. Temporary Deputy Chairman, Sir, as a follow-up to what hon. Munyasia has asked the Minister, I would like to find out the criteria for distributing drugs to various district hospitals. How do you then treat the politically created districts where you have no records with regard to patients? Looking through the Printed Estimates, I noticed that in my District, the only provision that is made is K£50,000 as far as construction of non-residential buildings is concerned, out of the whole budget. How do you

[Mr. Nyagah]

then assess the number of cases in those many districts that have recently been created?

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, there are basic provisions in the districts that are new. As the hon. Member may notice, there is no provision for the previous years, but only for this year. It is that provision that we are providing now that will determine the provision for the following year. Something must be provided to those districts. Usually, the number of doctors in the district is taken into consideration when discussing with Treasury.

Mr. Munyasia: On a point of order, Mr. Temporary Deputy Chairman, Sir. It is a long time since hon. Osogo was in the Ministry of Health. He is now posing here as the know-it-all on the Ministry of Health matters and yet, he is guessing. While the Minister who is dealing with these matters everyday is here with his predecessor hon. Angatia around, who might be fairly familiar with the matter, is it in order for hon. Osogo who is not even consulting the officers from the Ministry who are here, to be answering through guesswork?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Munyasia, the Chair has no capacity to determine who handles Government business. Mr. Osogo, will you desist from guesswork? Proceed, Mr. Achola!

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, on page 475 Head 317, items 151 and 178 on purchase of drugs for Migori Hospital and purchase of hospital linen. Nearly all the districts have been allocated about K£200,000 for drugs and about K£22,000 for purchase of linen. And yet, Eldoret District Hospital has on the same item 151 - Purchase of Drugs K£500,000. Why should this hospital be allocated five times more than all the others? On purchase of linen, year-in-year-out, they have been getting ten times more than what the other districts are getting. Could the Assistant Minister give a possible explanation for the discrimination?

The Temporary Deputy Chairman: What do you say, Mr. Osogo?

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the hon. Member will appreciate that Eldoret Hospital unlike Suba District Hospital or Migori District Hospital, is a teaching hospital.

Mr. Achola: It is a referral hospital!

Mr. The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): When it is a teaching hospital and a referral hospital, it has to get more drugs.

Mr. Achola: Mr. Temporary Deputy Chairman, Sir, could the Assistant Minister answer properly? The Eldoret Hospital is getting five times more in everything. Why?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the hon. Member for Migori was not listening to me. I said that Migori District does not have teaching facilities and is not a referral hospital like Eldoret District Hospital. After Kenyatta National Hospital became a parastatal Eldoret District Hospital became a referral hospital. Many patients are referred there from other hospitals, including Migori District Hospital.

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, I am told that we are referring to pages 432 to 475 in

the Estimates books. I want to raise issues under pages 468 and 469 regarding Kisii District Hospital. We have been expressing our dissatisfaction over the manner in which our two districts are handled by this Ministry. When I look at the figures on these pages it appears as if the estimates figures have been reduced. The amounts for personal emoluments, house allowance and medical allowance have been reduced. What is going on there? In page 469 there is an Item for purchase of uniforms for patients. I was there with the Minister the other day and we saw that no patient had any uniform. So, what uniform are we talking about? There is also an Item for purchase of hospital linen. Again, we saw that there was no linen at all. What are we talking about? Where is this money going to? There is also an Item for purchase of plant and equipment, but there is no ambulance in that hospital and the Minister confirmed it. Can we have an explanation as far as Kisii District Hospital is concerned and then I will come to Nyamira District Hospital?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the hon. Member has raised quite a number of questions. However, in the case of personal emoluments and house allowance the reduction is normal because some people have retired voluntarily or on attaining the retirement age. Due to the Civil Service retrenchment agreement between the World Bank and the Government when Government officers retire they are not replaced. Naturally then, the amounts for personal emoluments and House allowance will be reduced.

Mr. Anyona: On a point of order, Mr. Temporary Deputy Chairman, Sir. First of all, I would assume that when somebody retires or dies there is a replacement because his job needs to be

[**Mr. Anyona**]

done. Two, can the Assistant Minister give us figures of people who retired and have been replaced or not replaced and the reason for not replacing them? Let us not have very intelligent guess. Hon. Osogo is one Assistant Minister I have a lot of respect for. I worked with him in this House when he was in charge of the Ministry of Health. He would give us very intelligent guesses, but now he should give us figures.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, indeed, I thought that hon. Anyona knew that there was retirement of civil servants under the "Golden Handshake Scheme", and that people who retired from every Department, not only from the Ministry of Health, were not to be replaced. That is what has happened and it is not only Kisii District Hospital where retired officers were not replaced. If he looks at provisions for other hospitals he will see that there is reduction in the amounts for personal emoluments and house allowance. As for linen, it has already been purchased. We are approving this money to enable the Ministry to pay for it.

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, at page 609, Item 317, I want to raise an issue concerning the provision of doctors at Siaya District Hospital. The authorised number of doctors is nine, but the hospital is supposed to have 10 doctors, one more than the authorised number. Can the Minister explain this to the House? As far as I am concerned - this is a matter of public record - Siaya District Hospital has one medical officer of health and one doctor. How come that nine doctors are authorised and then at the same time 10 doctors are shown to be in place, and yet as a matter of fact, the hospital has only one doctor apart from the medical officer of health? Besides that, I would also want the Minister to look at Item 630 - Registered Nursing Officers. The authorised number for Siaya District Hospital is 40, but the officers in place are 24. If you look at Item 810 you will see that 21 nurses are authorised, but 42 are in place. How does the Minister explain this? In other words, in Siaya District Hospital there is serious understaffing while elsewhere many more than the authorised number of nurses have been given.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, what the hon. Member is saying about Siaya District Hospital is not true. The point is that some of the nurses provided for this hospital are attending post graduate training and will be posted back when they complete their courses. Again, nurses are posted to hospitals as they pass out from training colleges. Furthermore, they are not enough to serve the whole country since they continue to resign.

Mr. Munyasia: On a point of order, Mr. Temporary Deputy Chairman, Sir. The Assistant Minister has not answered the question about comparison. I remember that hon. Mak'onyango asked why, under Item 810, 21 registered nursing officers are authorised but 42 are in place, and yet in Siaya District Hospital, where 40 nursing officers are authorised, only 24 are in place. Let him make that comparison regarding Kabarnet District Hospital and Siaya District Hospital and satisfy us as to why there is this disparity.

The Temporary Deputy Chairman (Mr. Wetangula): Dr. Lwali-Oyondi, ask your question so that the Assistant Minister can answer the two questions together.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, I am not sure whether the Assistant Minister will pay attention to the two questions. But I would like to draw his attention---

(Mr. Anyona stood up in his place)

The Temporary Deputy Chairman (Mr. Wetangula): Order Mr. Anyona! It is out of order for you to be on your feet when another hon. Member is on his feet.

Head 296 - Primary Health Care Unit

Dr. Lwali-Oyondi: Thank you very much, Mr. Temporary Deputy Chairman, Sir. I would like to draw the attention of the Minister to page 424. I am referring to Head 550 and Head 296. Could the Minister explain why there is that expenditure this year, when it was not there last year, at all. This is an expenditure on nursing services, occupational therapy, curative health. Last year, there was nothing but today there is expenditure being incurred.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the provisions that the hon. Member is referring to had been covered previously under Heads 310 and 311. The two Heads covered this but because the Treasury and the Ministry have agreed that, that caused a lot of under-funding when the Heads were together like that. So, it was advisable the we separate them to get funds for these ones. That is why the provision for last year is not appearing but, they had been covered under Heads 310 and 311.

The Temporary Deputy Chairman (Mr. Wetangula): I will now put the Question---

(Several hon. Members stood up in their places)

Dr. Kituyi: On a point of order, Mr.

[Dr. Kituyi]

Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Wetangula): Order! You all had the opportunity to debate this Ministry. The only issue that has not been answered is hon. Mak'Onyango's question. Order, Mr. Assistant Minister, you have not been fair to hon. Mak'Onyango's question on Page 636, I think that is what they were asking.

Mr. Mak'Onyango: It goes down to 609!

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Assistant Minister, can you respond to hon. Mak'Onyango's question, then we put the Question and carry on?

Mr. Nyagah: On a point of order, Mr. Temporary Deputy Chairman, Sir. I am perturbed because I notice that the Chair is rushing us and, of course, we do agree because we are supposed to adjourn at 6.30 pm. but would it not be in order for us to extend the Sitting by another 15 minutes because we lost 15 minutes? We did not begin at 3.30 p.m. as specified by the rules of this House?

The Temporary Deputy Chairman (Mr. Wetangula): We shall deal with that when we reach it. Order! The Assistant Minister is consulting with the officers.

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

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Anyona! Let him deal with hon. Mak'Onyango's question. The question was so simple, Mr. Osogo.

Mr. Mak'Onyango: While understanding---

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Mak'Onyango!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo) Mr. Temporary Deputy Chairman, Sir, if the hon. Member for Alego/Usonga looks at the Baringo Hospital that he is talking about, he will find that the Kenya Enrolled Nurses II are missing in this year, so they were lumped together under the figures he is talking.

Mr. Mak'Onyango: Why were they lumped together?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): It is the printers who did that.

Mr. Munyasia: No!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, let me explain.

Mr. Munyasia: On a point of order, Mr. Temporary Deputy Chair, Sir.

The Temporary Deputy Chairman (Mr. Wetangula): Let him explain.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): As for the Kenya Enrolled Nurses, the authorised provision is 26 and it says: "In position, Nil, which is not possible."

Mr. Munyasia: There are no Kenya Enrolled Nurses!

The Temporary Deputy Chairman (Mr. Wetangula): Order! Mr. Osogo, you are answering a question that was not asked. The issue was: Why do you have an authorization for 21 and in position you have 42? I think that is what was asked. It is so simple.

Mr. Mak'Onyango: Let me ask it again.

The Assistant Minister for Health (Mr. Osogo): Let him ask it again; I am sorry, I am not getting it.

Mr. Anyona: On a point of order, Mr. Temporary Deputy Chairman, Sir. An impression must not be given that this House has to be rushed because of 6.30 p.m. the usual time for the House to rise. The rules require---

The Temporary Deputy Chairman (Mr. Wetangula): Order, Mr. Anyona! Who has rushed you?

Mr. Anyona: Hon. Nyagah raised a question which I wanted to clarify---

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Anyona! I have spent 20 minutes on this Sub-Vote.

Mr. Anyona: But we have questions that we want to raise.

The Temporary Deputy Chairman (Mr. Wetangula): Where is the rush? I have given you an opportunity already, Mr. Anyona.

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, we have two districts; Kisii and Nyamira. I asked a question about Kisii and now I want to ask about Nyamira.

Mr. Anyona: Mr. Anyona, I think you are shadow-boxing.

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, I am asking the Minister a very simple question. With regard to Siaya District, the authorised number of registered nurses is 40. Instead of having these 40, you have 24 in place as compared to the same provision of the number of registered nursing officers in Kabarnet District Hospital where the provision is for 21, but instead you have 42. Why is this the case?

The Temporary Deputy Chairman (Mr. Wetangula): Minister, what have you got to say?

Mr. Anyona: On a point of order, Mr. Temporary Deputy Chairman, Sir. This is very bad. These people just come here and take us for a ride.

The Temporary Deputy Chairman (Mr. Wetangula): Order, Mr. Anyona! The pain of death

[The Temporary Deputy Chairman]

is not for you alone. We all lose people. Mr. Minister, can you answer the question? If I may repeat the issue at hand, you have an establishment for 21 registered nursing officers and yet you have 42 nursing officers in place and yet in another place you have the reverse. Why is that so? That is all that we are asking about. If there is no answer, then carry on.

Mr. Anyona: On a point of order, Mr. Temporary Deputy Chairman, Sir. What do we do in such a situation where the Minister is unable to answer a question and the whole Ministry is here, then what should we do?. You should tell us because Parliament cannot be held up because of people who are sleeping? What can we do?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I am sorry and I do apologise for the delay in getting the correct information. The correct information is that the provision for Baringo is 42 registered nursing officers plus a provision of 21 extra nursing registered officers for the new district of Koibatek which was provided for in the Printed Estimates. So, these registered nurses are for the two district hospitals.

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

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 325 - Communicable and Vector-borne Diseases

Mr. Munyasia: Mr. Temporary Deputy Chairman, Sir, I wish to thank the Minister for having taken special care to include malaria and bilharzia control. Those are Items 156 and 157. But now I wish to ask, because I know that typhoid is one of the most serious diseases that we have in the country now under what item the is Minister

going to deal with the problem of typhoid?

(Mr. Osogo consulted with the Ministry of Health Officials)

The Temporary Deputy Chairman (Mr. Wetangula): I am not going to entertain a situation where I have to wait inordinately for the Ministerial response.

An hon. Member: Warn them!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, Item 179 - Epidemic Control Expenses and also Item 152, will cover the disease that the hon. Member is asking about.

Head 335 - Rural Health Centres and Dispensaries

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Chairman, Sir, I wish to raise a question regarding Head 335, appearing on page 518. I have looked carefully at the Recurrent Expenditure and also at similar items in the Development Expenditure which we are coming to. In Kisumu District, there is absolutely no catering for expenses for rural health services. I know for certain that Kombewa and Chulaimbo Health Centres were up-graded to sub-district hospitals. Can the Minister tell me, under Rural Health Services, how Kombewa and Chulaimbo Health Centres will be catered for in these items since they do not appear anywhere in the Estimates?

The Temporary Deputy Chairman (Mr. Wetangula): Prof. Anyang'-Nyong'o is saying that you have omitted to provide for Kombewa and Chulaimbo Rural Health Centres, which you have up-graded to sub-district hospitals. Why?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, if they were upgraded to sub-district hospitals, they moved out of rural health. But if they have been up-graded and left here, as I understand they are, then they are still covered under Rural Health Services. Kombewa and Chulaimbo are covered under this Item.

(Prof. Anyang'-Nyong'o stood up in his place)

The Temporary Deputy Chairman (Mr. Wetangula): I have not given you the opportunity; I have given it to Mr. Anyona.

Mr. Anyona: Mr. Temporary Deputy Chairman, under Head 325, Item 156, I want further information. We are talking about malaria control---

Mr. Temporary Deputy Chairman (Mr. Wetangula): Hon. Anyona, on which page is it?

Mr. Anyona: Mr. Temporary Deputy Chairman, this is on page 510. In case the Ministry is not aware, what now happens is that, every case of malaria, at least in Kisii, is also a case of typhoid. So, what they do is that, they treat one but do not treat the other. They are not even aware that it is present. So, people die. First, I want to know under what provision you are going to deal with typhoid which has engulfed the whole of Gusii land because water is polluted throughout. But then, I want the Minister to explain what he means by

[Mr. Anyona]

malaria control. We have seen the provisions given here, when we were told in this Parliament that because of the corruption involving the Malaria Control Programme, the Programme was cancelled by the Government and investigations were instituted, and a report of a task force was supposed to be available by October last year. Can he explain whether they are talking about the same Programme that was cancelled or whether this is a different one? In any case, what can this amount of money do? How many districts does it cover and what is involved? Is it net or what is it? Can he explain those two points?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo, Malaria Control is under Head 325, Item 156. I think the gist of hon. Anyona's question is that you have provided for too little money.

(Mr. Anyona stood up in his place)

Order, Mr. Anyona! It is quite clear. You said malaria is prevalent and the money provided is too little. What is it going to do? Mr. Minister, can you tell him?

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, if you may allow me because this is very crucial, I said that in every case of malaria now, at least in Kisii, you have typhoid.

The Temporary Deputy Chairman (Mr. Wetangula): The typhoid one was dealt with when---

Mr. Anyona: No, I am talking about Kisii. Where is he going to deal with it in Kisii? Then it does not exist elsewhere. So, I want him to answer, because every case of malaria in Kisii is also a case of typhoid. One, where is this covered in the Estimates. Two, the Anti-Malaria Programme that was supposed to cost Kshs7.2 billion was cancelled because of corruption. Then a Task Force was set up---

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Anyona, you do not need to repeat yourself. Carry on, Minister.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I am not able to explain what is not provided for in the Printed Estimates. Like the Kshs3 billion he is talking about, it is not here so I am unable to explain it. But regarding the inadequacies of malaria control and typhoid, Item 179 is also a provision for epidemic control expenditure and that covers the other disease which is a vector-borne disease. If you look at the Estimates, there is provision for malaria on Item 156, Bilharzia - Item 157 and Item 159 is Epidemic Control Expenses. Then there is vector-borne diseases - Item 178. All those provisions go to the diseases he is talking about.

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Mr. Nyagah: Mr. Temporary Deputy Chairman, Sir, Head 335, on rural health centres and dispensaries, Item 151, purchase of drugs. We notice in Mbeere District there are two areas where little money has been given; one is Mbeere District Hospital, I suppose that is Siakago District Hospital, and Ishiara sub-district hospital. But there is no funding on any other rural health centre. For those of us who know the geography of Mbeere District well, Ishiara sub-district hospital is located on the extreme end of Mbeere District and so is Siakago. So, if anything, if a district hospital had to be set up in a place called Kiritiri which is more central and there is a bigger institution now. How come that there is no funding on Kiritiri and who took liberty to make Siakago in Siakago as a district hospital and Ishiara as a sub-district hospital in Siakago constituency without the authority of the DDC in Mbeere?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, you will agree with me that, that question does not concern the provisions shown here.

The Temporary Deputy Chairman (Mr. Wetangula): That is correct!

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 325 - Communicable and Vector Borne Diseases

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, Head 325, item 151 on purchase of drugs. Could the Assistant Minister explain because part of problem at this juncture has been lack of drugs and it is shown here that the Ministry spent over K£500 million for the purchase of drugs? However, the figure has been reduced drastically to K£942,000. What is the explanation here?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Assistant Minister, are you with him? Last year, you provided K£500 million, but this year you have provided K£942,000. Why? Mr. Assistant Minister, I do not want these inordinate delays in responding.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the

[The Assistant Minister for Livestock Development and Marketing]

explanation that we have is that, last year, there were pending bills which were in arrears and had to be repaid. That is what is bringing about the difference.

Dr. Lwali-Oyondi: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is the Assistant Minister in order to mislead us that there were pending bills to the tune of K£5 million? It means that from the Estimates, they must have stayed for four or five years without paying. There must be something wrong!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I apologise for that error. The K£5 million was money set aside as a revolving fund for the purchase of drugs. That revolving fund is not required this year and that is why a small figure is being reflected in the Estimates.

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

The Temporary Deputy Chairman (Mr. Wetangula): Order, Dr. Lwali-Oyondi! He gave you an answer earlier on and in retracting it, he has apologised to the House. So, we take it that he was wrong.

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

(Sub-Vote 112 agreed to)

SUB-VOTE 114 - HEALTH TRAINING

Head 340 - Grants to Kenya Medical Training Colleges

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, I would like to seek clarification on the issue of grants to Kenya Medical Training Colleges. Is that one grant from the Government or are they grants from other sources? If so, can we be told which those other sources are? Then, under page 320---

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Anyona, one question at a time! Mr. Osogo, the question is so simple. It is about grants to Kenya Medical Training Colleges. Is it a grant from the Government or elsewhere? Is the answer yes or no?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): This is a grant from the Government of Kenya.

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

Head 355 - Medical Supplies Co-ordinating Units

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, when he says it is GoK, normally they indicate that these are grants from GoK. But nevertheless, let me go to another question, Head 355---

Mr. Nyagah: On a point of order, Mr. Temporary Deputy Chairman, Sir. Is it in order for the Assistant Minister to say that the grants are from GoK whereas when the Minister was on the Floor, he told us that this grant was from Japan? Which is which?

The Assistant Minister for Agriculture, Livestock Development (Mr. Osogo): The Japanese funds are in the Development Expenditure which is coming next. We are dealing with Recurrent Expenditure. That is not what the Minister said.

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, the Assistant Minister is begging the question. He says it is the GoK, but I happen to know that there are grants from Japan which are being misused. He has not answered that question. But be that as it may, I want to ask another one---

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Anyona, the Assistant Minister said that the Japanese grants are in the Development Expenditure and not in the Recurrent Expenditure.

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, let me ask the next question on Head 355 - Medical Supplies Co-ordinating Units, page 521, Item 100 - Transport Operating Expenses, and also Item 186 - Hire of Transport, Plant and Machinery. There are enormous amounts indicated there. What are these operating expenses for? What are they hiring and from whom and for what purposes?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, this is in medical stores. We hire transport because we do not have lorries to take drugs to medical schools in various districts. So, we hire transport.

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

Head 350 - National Hospital Insurance Fund

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Chairman, Sir, I wish to draw your attention to page 520,

Head 350, Item 340 - Grants to National Hospital Insurance Fund (NHIF). As far as I know, the NHIF is a net money earner. What is the purpose of the Government giving grants to the NHIF over K£10 million, when the NHIF, should actually be a source for domestic savings and borrowing for the same Government?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the NHIF rents premises in various places where they

[The Assistant Minister for Agriculture, Livestock Development and Marketing]

are and the Government gives them grants to rent premises and so on. We do not use the contribution they receive from contributors to do that.

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Chairman, Sir, that is exactly what I mean. The Government should not be subsidizing the National Insurance Fund (NHIF) because for a very long time, it has been self-supporting as a parastatal and not as a part of the Ministry of Health. In fact, recommendations have been made to the effect that from last year, the NHIF should have been independent. It is surprising that now we are here giving it a grant of K£10 million. We cannot approve this kind of thing.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I am told that it is a refundable grant that is given to the NHIF.

Prof. Anyang'-Nyong'o: Mr. Temporary Deputy Chairman, Sir, the Assistant Minister cannot keep on shifting the goal-post. Every time a question is asked, he gives a wrong answer. What is the situation in this Government? Do they have answers to these questions or do they not? Do they need to give a grant which is reimbursable? Again, if it is reimbursable, why is it given in the first place if they have the money?

The Temporary Deputy Chairman (Mr. Wetangula): You have given two different answers, Mr. Assistant Minister.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I have now got the answer. I will require the hon. Member to look at the same page, Item 690 - Reimbursement within Central Government. Under this Item, he will see that there is reimbursement within Central Government in form of Appropriations-in-Aid. So, it comes back to the Government. This allocation must be passed by Parliament before it is given to the NHIF. So, that money is already reflected as Appropriations-in-Aid which is reimbursed to the Government.

Mr. Anyona: On a point of order, Mr. Temporary Deputy Chairman, Sir. The Assistant Minister said that, that is a grant to the NHIF and now he is saying that it has been recovered in form of Appropriations-in-Aid. That does not make sense. Why did they give this money as a grant in the first place?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Anyona, the Assistant Minister may have given a contradictory answer, but what he has said last appears---

Mr. Anyona: He said that it was a grant and then said that it was recovered in form of Appropriations-in-Aid. Something is being covered up! That is what I am saying.

(Heads 335 and 336 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING

(Head 340 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

(Head 350 agreed to)

(Sub-Vote 115 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

(Vote R11 agreed to)

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 111 - CURATIVE HEALTH

Head 316 - Provincial Hospitals

Mr. Nyagah: I have about four questions that I would like the Minister to answer. The first one is on Head 316 - Provincial Hospitals, Item 221 - Supply of Medical Equipment on page 538. I notice that last year, there was no provision at all for this Item. We would like the Minister to tell us which provincial hospitals are beneficiaries of the K£5.3 million, and under what specific items in those hospitals.

The other one is on---

The Temporary Deputy Chairman (Mr. Wetangula): Ask one question at a time, hon. Nyagah.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, this money is a grant from Spain for all the provincial hospitals. If he looks at the breakdown of this

[The Assistant Minister for Agriculture, Livestock Development and Marketing]

money, he will find out how it is distributed to all the provincial hospitals.

Mr. Anyona: On the same item, that is Sub-Vote 111, Head 316, Item 952, I want the Minister to explain the nature of this grant from Spain. This is because my information is that this is yet another one of those grants which are riddled with irregularities and corruption. Could he give us the details of when this grant was given, when the tenders came out and who got the tenders? This is another one which cannot move because of corruption.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I did not get what the hon. Member is asking.

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Anyona! I do not think you are being fair. In any event, you just made a speech about corruption. What do you want the Minister to say?

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 325 - Communicable and Vector-Borne Diseases

Mr. Achola: On page 540, Head 325, Items 197 and 198, could the Minister explain why he is reducing effort on AIDS control, when we know that AIDS is killing millions of Kenyans?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, the hon. Member will notice that under Item 197 there is a programme called AIDS Prevention, Control and Community Care No.1 which has been wound up. Then AIDS, Prevention Control and Community Care Programme No.2 is the one which has little money. But it is being provided for by Items 207 and 211, which are listed below there. Those are new items. They were not provided for last year. It is a new agreement with UNICEF, who are going to fund these items.

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Head 310 - Headquarters Administrative Services

Mr. Ojode: On page 538, Head 310, Item 412; could the Assistant Minister explain why he has reduced the amount of K£950,000, which was provided in the last Financial Year, to K£14,000 this Financial Year? The Minister should also explain why he requires K£14 million under Item 413, and yet he required K£1,000 last year. Could he explain the circumstances which made him to increase this figure from K£1,000 to K£14 million?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, there were negotiations going on with the USAID who were funding the project. We had to put a provisional amount of K£1,000. The agreement has been completed and agreed for USAID to fund that project. That is why K£14 million is being shown.

Mr. Munyasia: Mr. Temporary Deputy Chairman, Sir, on page 540, Head 325 - Communicable and Vector-bone Diseases, Item 191 -Miscellaneous Operating Expenses, STD and AIDS, I have been looking through the details and I do not see where Bungoma is covered. Could the Assistant Minister explain to this House why he thinks Bungoma does not need this kind of service?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, this is a World Bank loan for creating awareness on those diseases; STD's and AIDS. I am sure that Bungoma is included, because the programme covers the whole country.

Mr. Munyasia: On a point of order, Mr. Temporary Deputy Chairman, Sir. Could the Assistant Minister look at the details of that particular item on page 563 and stop guessing? There are officers from the Ministry of Health who can give him the explanation. Could he tell us why Bungoma is excluded from this particular programme? It is not there.

The Assistant Minister for Local Government (Dr. Wameyo): It is not there, because they are circumcised!

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo, could you deal with that simple question?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, on Item 191, only Kakamega is covered. I am assured by the officers that Bungoma is covered, despite the fact that this is an on-going pilot project.

Dr. Lwali-Oyondi: Mr. Temporary Deputy Chairman, Sir, is the Assistant Minister in order to mislead the House? We have eyes and even spectacles to look at these Estimates. Nakuru in my constituency and other districts have it, but Bungoma does not have it. Is he in order to mislead the House?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo!

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I have said that Bungoma is covered. The ones that are shown in the Printed Estimates are pilot projects, but all other districts that are remaining are lumped together.

(Head 310 agreed to)

Sub-Vote 110 agreed to)

(Heads 316, 317 and 318 agreed to)

(Sub-Vote 111 agreed to)

(Heads 323 and 325 agreed to)

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Mr. Mak'Onyango: Mr. Temporary Deputy Chairman, Sir, I want to take the Minister to page 541, Head 335, Item 192 - Population and Reproductive Health. Could the Minister tell the House what this is, which he has given K£4.7 million?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Minister, he is asking: What is "Population and Reproductive Health", to which you have given K£4.7 million?

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Chairman, this is meant to control the hon. Member and others in the area of reproduction health. The amount involved is aid from---

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo, he has not asked you where you are getting the money from! He has asked you to tell him what "Population and Reproductive Health" is.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, I said this is meant to control the hon. Member in his reproduction! It is family planning.

Mr. Anyona: Mr. Temporary Deputy Chairman, Sir, on page 541 I want the Minister to refer to Head 335, Items 195 and 244. Under Item 195 there is reference to "Continuing Education, AMREF" for which some K£337,500 is allocated. Then under Item 244 we have "Kilifi AMREF Project", for which some K£10,195,460 is allocated. I do not understand this. I thought AMREF was a private organisation! Is it now being funded through Parliament?

The Temporary Deputy Chairman (Mr. Wetangula): Mr. Osogo, he is asking why you are funding AMREF projects. Or, are they joint projects? This is on page 541, Items 195, Continuing Education, AMREF, and Item 244, Kilifi AMREF Project.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, as a Government we contribute to AMREF. AMREF does some of the Government functions. This is the Government contribution to AMREF for what it does for the Government.

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

The Temporary Deputy Chairman (Mr. Wetangula): Order, hon. Ojode!

(Heads 335 and 337 agreed to)

(Sub-Vote 113 agreed to)

(Heads 340, 342 and 344 agreed to)

(Sub-Vote 114 agreed to)

(Head 315 agreed to)

(Sub-Vote 117 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. Wetangula: Mr. Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding K£259,420,010 be issued from the consolidated fund to complete the sum necessary to meet expenditure during the year ending 30th June, 1998, in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

The Minister for Health (Gen. Mulinge): Mr. Deputy Speaker, Sir, I beg to move that the

[The Minister for Health]

House doth agree with the Committee in the said Resolution.

The Assistant Minister for Agriculture, Livestock Development and Marketing (Mr. Osogo) Seconded.

(Question proposed)

Prof. Anyang'-Nyong'o: Mr. Deputy Speaker, Sir, during the Committee Stage, I raised the issue of two health centres in my constituency and under one Item, there is provision for electricity expenses for rural health centres.

Mr. Deputy Speaker, Sir, in Kombewa Health Centre there is no electricity. If, in deed, we are asking to have proper rural health care, I would urge this Government during this Financial Year to ensure that Kombewa Health Centre which has been upgraded to a sub-district hospital, to be provided with electricity as contained in Head 335, Item 140, page 540 of the Development Estimates.

Mr. Anyona: Mr. Deputy Speaker, Sir, the matter of debate here is not a ritual. I think it is something that is made to appear like a ritual and that is why people come to witness, watch and enjoy this ritual. I think from this time on, and I hope, of course, when we will be back here next time, it will be a different Government. It is very important that we give the right signals to our people, that Parliament takes the matter of this nation seriously. We have said time and again that maybe it is the fault of Parliament because maybe Parliament has not exercised over its authority properly. It is quite clear now and particularly with regard to the Ministry of Health, that the Civil Service is totally lax. I am very sorry. I am not against anybody, but it was evident in the Committee Stage.

Mr. Deputy Speaker, Sir, having said that, I would like to say two other things. One is that those of us who come from malaria-prone areas would not want to have another ritual of year-in-year-out cries that our

people are dying. We do want proper measures put in place from this moment on so that next year we do not have the same cries.

Mr. Deputy Speaker, Sir, I would wish to ask a question---

Mr. Deputy Speaker: Order, Mr. Anyona! Frankly, I offered you a chance to make a comment, but that was not an opportunity for debate and I think this is a point which was laboured efficiently by various speakers in the course of debate.

Mr. Anyona: Mr. Deputy Speaker, Sir, I would like to make a very brief comment.

Mr. Deputy Speaker: Yes, you are taking a little longer. This is not an opportunity for you to open debate and I want Members to understand that.

Mr. Anyona: Mr. Deputy Speaker, Sir, I am pointing out the various items which should have come up since we did not have enough time. For instance, Nyamira is a sub-district hospital and yet it is marked in the book as a district hospital. In that case, we want to know when the status of that hospital is going to be lifted. Finally, as I had said we want this story of malaria to be a story of the past. There is a district called Gesusu Hospital which was constructed about ten years ago---

Mr. Deputy Speaker: I will stop you there now. I think you can wind up your speech in half-a-minute.

Mr. Anyona: Can we have that district hospital opened as soon as possible?

(Question put and agreed to)

ADJOURNMENT

Mr. Deputy Speaker: Hon. Members, it is now time for interruption of Business and the House is therefore adjourned until tomorrow, Wednesday the 20th of August, 1997, at 9.00. a.m.

The House rose at 6.50 pm.