

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Tuesday, 9th July, 1996

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

PRAYERS

## PAPERS LAID

The following papers were laid on the Table:-

Insurance Annual Report, 1988.

Insurance Annual Report, 1989.

Insurance Annual Report, 1990.

Accounts of Kenya-Re Properties Limited, for the year ended 31st December, 1993 and the certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Finance (Mr. Koech)  
on behalf of the Minister for Finance)*

## ORAL ANSWERS TO QUESTIONS

*Question No. 562*

### PAYMENT OF POLICE CASH BONDS

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

(a) whether he is aware that cash bond holders, who pay the required amount at the Kangema Police Station, are required to collect their cash after they are freed from the bond, from Murang'a District Headquarters which is 17 miles away;

(b) whether he is further aware that these frequent travels involve expenditure on bus fares plus subsistence; and,

(c) whether he would arrange for these refunds to be made at the point of payment, namely, Kangema Police Station.

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

(a) Cash bond holders who pay at Kangema Police Station collect their cash at Murang'a Courts only when the Kangema Magistrate is on leave and cases are referred to Murang'a.

(b) The resulting expenses are unavoidable because the situation is caused by the shortage of magistrates.

(c) It is more convenient to refund the money in Murang'a for somebody who has already travelled there, than to have the person go back to Kangema Police Station to have the bail money refunded.

**Mr. Michuki:** Mr. Speaker, Sir, this is a problem of economics; a problem of finance, which need not really occur. Can the Minister clarify this matter? When the money is paid, it is kept somewhere in Kangema before it is taken to Murang'a. Why does it happen like that when we know, for instance, that the magistrate who has been at Kangema has been there for the last three and a half years? As far as I know, he has never gone on leave. Could the Minister clarify that fact?

**Mr. Kalweo:** As I said earlier, it is a matter of inconveniences because of lack of enough magistrates. Otherwise, when there is money in Kangema, and the magistrate is there, then money should be paid in Kangema. But they are referred to Murang'a---

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! We can hardly follow what hon. Michuki is saying. Can you please consult silently. Mr. Michuki, proceed.

**Mr. Michuki:** Despite my explanation about this problem, where the person who had been bonded had to spend a maximum of Kshs250 to go to Murang'a and another Kshs100 on *matatus* for a return journey and Kshs150 for subsistence, is this a matter of convenience or high inconvenience? Is the Minister in order to suggest that it is a staffing inconvenience, when it is financially inconvenient to the bonded person?

**Mr. Kalweo:** Yes, it amounts to an inconvenience due to the lack of enough magistrates. In fact, I am requesting the Attorney-General to look for more so that we can avoid this economical embarrassments.

**Mr. Nthenge:** Does the Minister realise that where one pays his money is where he should be refunded from? In fact, if there is an expenditure involved in the refund of the money, it should be incurred by the person who is causing the inconveniences. In other words, the Government should pay the expenses if people have to travel from Kangema to Murang'a for the refund.

**Mr. Kalweo:** I do not think that is possible.

**Mr. Wetangula:** Mr. Speaker, Sir, the Minister is grossly misleading the House. When a person pays money as bond to the Police Treasury, it has absolutely nothing to do with a magistrate. The money has to be collected from the same Police Treasury. What does the Minister mean by saying that when the magistrate is on leave, they have to go to Murang'a? This is grossly misleading. Can he clarify?

**Mr. Kalweo:** Mr. Speaker, Sir, could the hon. Member repeat his Question?

*(Loud consultations)*

**Mr. Speaker:** Order! Order! Order, hon. Members! We can see the problem that arises if we do not give the Members on the Floor the chance to put their Questions and the Ministers replying an opportunity to hear so that they can reply. Mr. Wetangula, would you like to repeat your Question?

**Mr. Wetangula:** Mr. Speaker, Sir, I would like to repeat my Question. This Minister is knowingly and grossly misleading the House in that when a person deposits money as bond in a Police Station, it has absolutely nothing to do with magistrates. For him to say that they go to Murang'a when the Magistrate is on leave is very misleading because police bonds have absolutely no relevance to court bonds. Can he explain to the House why people have to travel?

**Mr. Kalweo:** Mr. Speaker, Sir, the position is as I answered this Question before. I am not trying to mislead the House. It has happened in that manner and this is why I said that we have thought of finding a solution on this issues because of the economic embarrassment.

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

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

**Mr. Speaker:** No, Mr. Mulusya, please. Next Question, Mr. Leshore.

*Question No. 419*

#### GERMAN FUNDED PROJECTS IN SAMBURU

**Mr. Shidie**, on behalf of **Mr. Leshore** asked the Minister of State, Office of the President:-

(a) whether the Minister was aware that the German funded Samburu District Development Programme (SDDP) had not initiated any tangible project in Samburu East Constituency since 1993;

(b) whether he was further aware that the programme had closed down the offices at Wamba because of administrative bias; and,

(c) whether the Minister could outline how the German Technical Co-operation (GTC) funds channelled to SDDP had been utilised in the various projects in Samburu East to date.

**Mr. Speaker:** Anybody from the Office of the President who wishes to answer? Mr. Manga.

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. You can see that the House is being treated to a very unfair situation whereby a hon. Member has asked a Question to the Office of the President and the Minister and his Assistant Minister are *mangamangaring* without answering the Question. Is it in order for the Question not to

be answered?

**The Assistant Minister, Office of the President** (Mr. Manga): Mr. Speaker, Sir, can I answer that Question?

**Mr. Speaker:** Well, I think I will defer this Question to next week. Next Question, Mr. Munyasia.

*(Question deferred)*

**Mr. Shidie:** On a point of order, Mr. Speaker, Sir. The Minister is here and he has not given us any explanation as to why he will not answer the Question now.

**Mr. Speaker:** Order! Order! Well, as you can see, I think they were trying to sort it out between themselves as to who should answer the Question. Next Question, Mr. Munyasia.

*Question No. 227*

SUGARCANE CESS TO BUNGOMA COUNTY COUNCIL

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

(a) how much money had the Bungoma County Council received as cess from sugarcane in 1992, 1993 and 1994; and,

(b) How this money was spent.

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

(a) The Bungoma County Council collected cess from sugarcane in 1992, 1993 and 1994 as follows:-

(i) Collection from Mumias Sugar Company during the year 1992 was Kshs1,213,979.10. In 1993, they collected Kshs1,652,399.80. In 1994, they collected Kshs2,218,015.70. The total amount collected was Kshs5,484,394.60.

(ii) Collection from Nzoia Sugar Company is as follows:-

In 1992, collection was Kshs770,374.85. In 1983 it was Kshs1,744,848.25. In 1994, it was Kshs700,000 was collected. That brought the total to Kshs3,215,223.10.

Mr. Speaker, Sir, the income for the period 1992/1993 for both Mumias and Nzoia Sugar Companies brought a total of Kshs8,699,617.70 in form of cess. This Question was the first to be answered today is because of the following reasons:

Nzoia Sugar Company is reflecting Kshs700,000 with eight locations because of arrears which is the case right now. The arrears are up to the tune of Kshs20 million. Mumias Sugar Company has paid its dues up to date. That is the reason why that figure went down and that is the answer to the Question which has taken long to be answered since last week.

Thank you Mr. Speaker, Sir.

**Mr. Munyasia:** Mr. Speaker, Sir, while we appreciate the answer that the Assistant Minister has given, he has only been able to address himself to Question "a" while part (b) of the Question asks about how this money was spent and he has not said anything about this.

**Mr. Kamuren:** Mr. Speaker, Sir, the monies appearing in this answer was utilised as follows for the period of the three years 1992, 1993 and 1994:

(i) Salaries for three years was Kshs1,077,780.00.

(iii) Repairs and maintenance of a grader for 3 years was Kshs2, 283, 096.85

(iii) Fuel for 3 years was Kshs867, 509.80.

(iv) Allowances for grader operating staff for 3 years was Kshs23, 968.00.

Mr. Speaker, Sir, this money was also used by staff when they went out of Bungoma Municipality or County Council to perform specific duties.

So, 80 per cent of cess income further went towards deficit financing on recurrent expenditure for 1991/92, 1992/93, 1993/94 Financial Years.

**Mr. Munyasia:** Mr. Speaker, Sir, the Assistant Minister says that Nzoia Sugar Company still has to pay Kshs20 million cess to Bungoma County Council. What is the Assistant Minister doing to ensure that Nzoia Sugar Company pays this money soonest?

**Mr. Kamuren:** Mr. Speaker, Sir, the Ministry is right now requesting Nzoia Sugar Company to make sure that cess is paid immediately.

**Mr. Achola:** Mr. Speaker, Sir, in view of the fact that Nzoia Sugar Company is unable to pay the

Bungoma County Council cess collected from farmers, could the Assistant Minister advise the Nzoia Sugar Company to stop deducting this money from farmers and remit it directly to Bungoma County Council without it going to Nzoia Sugar Company because they will never remit it and it will just increase?

**Mr. Kamuren:** Mr. Speaker, Sir, as a result of that Question, the Ministry will always make sure that the payment is made by this particular sugar company without touching any other person within its area of jurisdiction.

**Mr. Speaker:** Mr. Ogeka. Sorry it is Mr. Busolo.

**Mr. Busolo:** It is Mr. Busolo. Thank you for getting my name correctly. It is Mr. Saulo Wanambisi Busolo.

Mr. Speaker, Sir, I would like the Assistant Minister to tell us the expenditure regarding roads. Webuye Constituency constitutes 70 per cent of the out-growers of the Nzoia Sugar Company and we are told that the cess is supposed to repair roads but when you come across the roads in Webuye, Sirisia and Kanduyi constituencies you find that they are in very bad state. How is this money utilised when it comes to roads?

**Mr. Kamuren:** Mr. Speaker, Sir, the money which was spent on repairing roads in the particular areas mentioned by the hon. Member has come from this particular sugar companies. But we will make sure that when we get the arrears paid by Nzoia Sugar Company, all the roads will be done the way the public would want to see them done.

**Mr. Speaker:** Mr. Ruhiu's Question.

#### *Question No 249*

#### COMMISSIONING OF KAYOLE HEALTH FACILITIES

**Mr. Ruhiu** asked the Minister for Local Government since two Kayole Health Centres incorporating Maternity and Dispensaries are not yet operational, whether he will direct that these health centres be handed over to a donor who is willing to make them operational in every respect.

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

The Kayole I Health Centre is already operational and rendering services to the residents of the area. Plans are at an advanced stage to open the Kayole II Health Centre and will soon be able to supplement the services offered at Kayole I Health Centre.

**Mr. Ruhiu:** Mr. Speaker, Sir, arising from the answer given by the Assistant Minister, it is very disturbing because I asked this same Question in April, 1993. The Ministry did tell this House that these two Health Centres were going to be made operational by the end of 1993, and now we are in 1996. These two Health Centres affect the welfare of my poor constituents in Soweto, Kayole and other areas. Can the Assistant Minister tell this House whether this is another story or is it true that by Ist December, 1996, these Health Centres will be operational because you are taking this House for an endless ride?

**Mr. Kamuren:** Mr. Speaker, Sir, the information I am giving the House is quite true and right now, there are officers who are on the field following the project to make sure that Mheshimiwa will soon see that this particular Health Centre will be operational according to the programme.

**Mr. Nyagah:** Mr. Speaker, Sir, we would like to go by what the Assistant Minister has said, but the MP for the area is rather disturbed with that answer. Can the Assistant Minister tell the House how this money was voted for because it was not voted for last year neither is it in the 1996/97 Budget? Where do you get this money from? Why do you not respect this Parliament that when we pass money for a particular Vote, it should go there? Where was the money got from? Was it got through a Harambee done by KANU MPs or how?

**Mr. Kamuren:** Mr. Speaker, Sir, my hon. friend, hon. Ruhiu, wanted to know whether the information I am giving the House is true, and I am saying it is absolutely true.

**Mr. Nyagah:** On a point of order, Mr. Speaker, Sir. My supplementary question was very specific. I asked the Assistant Minister, how this money was voted for, which year and how much because we have the Printed Estimates here? Why do we not respect this Parliament? That is the Question which has not been answered. When was money for Kayole Health Centre voted for and how much was it?

**Mr. Kamuren:** Mr. Speaker, Sir, I do not bring an answer to this House which is not well vetted. The money has been voted by the local authority concerned and this Health Centre is going to be commissioned on time.

**Mr. Speaker:** Next Question, Mr. J.N. Mungai.

*Question No 663*

## VIOLATION OF PROPERTY OWNERSHIP RIGHTS

**Bishop Kimani**, on behalf of **Mr. J.N. Mungai**, asked the Minister for Lands and Settlement:-

(a) whether he was aware that the property ownership rights are being violated in Rift Valley Province as the title deeds of the tribal clashes victims continue to be fraudulently transferred to new owners; and,

(b) since this exercise is illegal, what action he intends to take to stop it.

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

(a) I am not aware that the property ownership rights are being violated in Rift Valley Province by fraudulently transferring the title deeds of the tribal clashes victims to new owners. If the hon. Member has any evidence of fraudulent cases of transfer of title deeds, he should present it to the law enforcement officers for investigation and prosecution as, indeed, fraud is a criminal offence punishable in law.

(b) My Ministry has no record of illegal land transfers in Rift Valley Province. I, therefore, do not intend to take any action as I have no evidence.

**Bishop Kimani:** Mr. Speaker, Sir, the answer given by the hon. Assistant Minister is completely misleading this House. There are known cases of people who had land in Olenguruone and were evicted and now their land has been transferred to very influential Kalenjin leaders. Could the Assistant Minister go back and investigate these allegations because even one of the victims is a wife of the late Macharia, who was a police officer. If a police officer's wife can be robbed of her land and she has nothing, which other office would she report to? Could the Assistant Minister investigate these cases of fraudulently transfers of title deeds?

**Mr. Sumbeiywo:** Mr. Speaker, Sir, the land owned by tribal clashes victims are registered under the Registration Land Act, Cap 300, which invests absolute ownership, rights and privileges over the land plus any development made on it. Any transaction on the registered land, including transfer of title deed must conform with the provisions of the Act namely:-

(a) The transfer document is duly executed by the transferor and the transferee and attested by an advocate, a magistrate, a land registrar, or some other authorised persons by law.

(b) The consent of the relevant land control board is obtained after application is made to it by the parties under the provision of the Land Control Act.

(c) The old title deed is surrendered to the Land Registrar before the new title deed is issued and released to the transferee; and,

(d) If the transfer and issuance of the title deed is reflected in the Land Register, the green card, any other transactions not complying with the above provisions is illegal. The hon. Member should give specific cases, names of the parties and the parcel numbers of the land involved in the alleged fraudulent transfers. Forging a title deed or any other land document is a criminal offence that calls for police investigation and action. If the hon. Member can avail the evidence, we shall, indeed, comply. Thank you, Mr. Speaker, Sir.

**Dr. Lwali-Oyondi:** Mr. Speaker, Sir, I wish to ask the Assistant Minister whether he is aware that many of those farms which were deserted by those victims of the tribal clashes are now being utilised either for herding cattle or they are being ploughed by some other people? Can the Assistant Minister ensure that the owners of these parcels of land, if what he has told this House is true, go back to them and are protected so that they can utilise these plots and reduce this situation of unemployment in our country?

**Mr. Sumbeiywo:** Mr. Speaker, Sir, presently there is peace in Molo and the owners of the land that has been left unoccupied at the moment can go back and till their land. There should be no problem because we have already assured them that there would be maximum security.

**Mr. Mathenge:** Is the Minister aware that people were given plots in Settlement Schemes and up to now they have not been issued with title deeds? Is he further aware that, settlement officers are dispossessing those people of their properties and allocating those plots to other people?

**Mr. Sumbeiywo:** Mr. Speaker, Sir, I am happy that the hon. Member for Nyeri is asking that question because when these settlement plots were being dished out he was a PC. The regulations at that particular time stated that a person was to pay for the land for 30 years, and they were given a grace period of two years. So, those who have not fully paid for the land cannot be issued with the title deed. But those who have already completed their payment, will be issued with title deeds.

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. I am rising on a point of order because the

Assistant Minister has said that if the hon. Njenga Mungai has any evidence, he should bring it here. The officers of the Ministry of Lands and Settlement are the ones who are doing this. I have got documents from Thika DP Chairman, Mr. Dick Githaiga, whose five plots, which he owns and he has got title deeds, are now here in the name of Pauline Mbaire Kuria, who is an officer in that Ministry and who has got the title deeds for herself and her husband. So, what the hon. Questioner has said is exactly happening. These are title deeds for a woman from the Ministry of Lands and Settlement, she is processing title deeds. Is he in order to say that this is not happening? These are title deeds!

**Mr. Sumbeiywo:** Mr. Speaker, Sir, I said that there are some provisions governing issuance of title deeds. This is a separate question. If you want me to answer that question, bring it here or bring the complaint to the Ministry and we will investigate.

**Mr. Speaker:** Next Question, Mr. Chebelyon!

*Question No.640*

PLANS FOR LITEIN WATER PROJECT

**Mr. Speaker:** Mr. Chebelyon not there? Next Question.

*Question No.337*

RECONSTRUCTION OF MAKUYU BRIDGE

**Mr. R.K. Mungai** asked the Minister for Public Works and Housing:-

(a) when his Ministry will re-construct the Makuyu Bridge on Road No.D424, which was washed away by floods more than five (5) years ago; and,

(b) when the Ministry will construct the proposed Miuu-ya-Nganga vented drift across Road No.E532 in Ithanga Location.

**The Minister for Public Works and Housing** (Prof. Ng'eno): Mr. Speaker, Sir, I beg to reply.

(a) The Ministry has plans to re-construct Makuyu Bridge on Road No.D424, during the 1996/97 Financial Year. Kshs4 million has been set aside for the project.

(b) The Miuu-ya-Nganga vented drift has been constructed and it is approximately 90 per cent complete. The remaining works will be carried out in this Financial Year (1996/97). Some Kshs250,000 has been set aside for the works.

**Mr. R.K. Mungai:** On a point of order, Mr. Speaker, Sir. Is the Minister in order to imply to this House that the Government is the one which has constructed 90 per cent of the Miuu-ya-Nganga vented drift, whereas I know and the People of Ithanga know, that the local residents are the ones who have contributed money and constructed the vented drift up to the point where it is today?

Therefore, could he tell us what the Government has spent on this vented drift.

**Mr. Speaker:** Mr. Mungai, that would have been a very good supplementary question. So, I will ask him to treat it as a supplementary question.

**Prof. Ng'eno:** Thank you, Mr. Speaker, Sir. The Member wanted to know whether Miuu-ya-Nganga drift has been constructed and I am saying that it had been constructed.

**Mr. R.K. Mungai:** Mr. Speaker, Sir, I said I know because I personally have contributed money, even hon. Ndicho here and all my good friends in Makuyu, to re-construct the vented drift. Could the Minister tell us how much the Government has spent on re-constructing this vented drift?

**Prof. Ng'eno:** Mr. Speaker, Sir, the information I have is that, that drift is 90 per cent complete and the 10 per cent that needs to be completed will cost the Government Kshs250,000 and that money has been set aside.

**Mr. Ndicho:** Mr. Speaker, Sir, the Minister is avoiding a very crucial aspect of this Question. We conducted a harambee with the Hon. Member when he was elected and when I was handing over to him after acting as a MP for that constituency. The Minister is saying that this vented drift has been constructed. Could he tell us who constructed it and how much was spent on it?

**Prof. Ng'eno:** Mr. Speaker, Sir, if the Member wants to know who constructed it, let him put a separate question and I will answer.

**Mr. Speaker:** Mr. Kinyua Mbui's Question for the second time.

**Mr. Mbui:** Mr. Speaker, Sir, this is very bad because the Minister knew that this Question was coming.

I do not know why he is evading it.

I think he finds that he is very touchy and he wants to cling to the powers of the Commissioner of Co-operatives. Could you please direct that he comes and answers this question tomorrow morning?

**Mr. Speaker:** How do I do it when you have not even asked it for the second time?

**Mr. Mbui:** Mr. Speaker, Sir, I beg your pardon.

*Question No.639*

AMENDMENT TO THE CO-OPERATIVE ACT

**Mr. Mbui** asked the Minister for Co-operative Development:-

(a) whether he is aware that due to the excessive powers given to the Commissioner of Co-operative, by the Co-operative Act, the marketing co-operatives cannot compete with other agents effectively; and,

(b) whether he could consider tabling a bill to make amendments on the Act so as to remove the stated anomaly.

**Mr. Speaker:** Anybody here from the Ministry of Co-operative Development? The Question is deferred.

*(Question deferred)*

Mr. Chebelyon's Question for the second time.

*Question No.640*

PLANS FOR LITEIN WATER PROJECT

**Mr. Speaker:** Mr. Chebelyon still not here? The Question is dropped.

*Question dropped*

**QUESTIONS BY PRIVATE NOTICE**

NON-COLLECTION OF TEA LEAVES

**Mr. P. N. Ndwiga:** Mr. Speaker, Sir, I beg to ask the Minister for Agriculture, Livestock Development and Marketing the following Question by Private Notice.

(a) Is the Minister aware that tea farmers in Nginda, Ngandori and Gaturi locations are forced to sleep at the buying centres for more than four days due to non-collection of tea leaves by the Kenya Tea Development Authority?

(b) Is he further aware that farmers are losing a lot of money since most of the tea loses quality and sometimes dries up to the point of being thrown away as a result of the Authority's negligence?

(c) What urgent arrangements is the Minister making to ensure that tea in these three locations is collected on delivery and that more vehicles are allocated for this exercise?

**The Assistant Minister for Agriculture, Livestock Development and Marketing (Dr. Misoi):** Mr. Speaker, Sir I beg to reply.

(a) I am aware that tea farmers in Nginda, Ngandori and Gaturi locations have had to stay with their tea in the buying centres for hours on end. This was particularly so in the month of May and June this year, which were very wet. Therefore, it was very difficult for the KTDA lorries to reach the collection centres. The leaf carriers could only make it to some buying centres that were accessible and growers were requested to move their tea to the accessible points for collection by KTDA.

(b) I am also aware that farmers lost a lot of money during the plucking time due to drying up and loss of quality because of the late collections. There was however no negligence on the part of KTDA. The KTDA officials worked so hard to assist the farmers. They worked together without sleep or rest throughout the period. They did their best to minimize the losses to farmers who could have suffered more if there was no co-operation

between the two parties.

(c) I am liaising closely with the KTDA officials, Ministry of Public Works and Housing and the District Commissioners to see to it that tea roads are made passable at all times and that the vehicles are repaired and made available where there is need at the right time. Towards this goal, KTDA is decentralising leaf collection together with the collection trucks so that factories are fully responsible for their functions. I am also requesting the District Agricultural Committees and district leaders to work together, from those areas where tea is a problem, and to ensure that the cess collected from tea is put into good use.

Thank you.

**Mr. P.N. Ndwiga:** Mr. Speaker, Sir, I am shocked to hear that tea farmers are at tea-buying centres for few hours. I do not know what the term "two hours" means because mothers and daughters have to wait in these centres in turn, for days on end. In one particular case and this is what prompted this Question, tea leaves had not been collected in this place for six days and the Assistant Minister says that they only stay there for few hours! Can he stop talking about bad roads? If only he can get to the tea-buying centres to see the suffering the Kenyans undergo! The problem is that there are no vehicles to collect tea leaves from Mungania Tea Factory. So, can he go back and perhaps get a proper answer and stop misleading this House?

**Dr. Misoi:** Mr. Speaker, Sir, I am not misleading this House, but if what the hon. Member is saying is true, then that is deplorable and KTDA should ensure that such incidents do not occur. In case there are shortages of motor vehicles, KTDA should purchase more of these motor vehicles to assist the farmers.

**Mr. Nyagah:** Mr. Speaker, Sir, I had an opportunity of touring this area with the hon. Member of that area during the recently concluded by-elections. The Assistant Minister has told us that the farmers should be able to take tea leaves to nearer areas for collection. Whereas there are certain designated areas where tea leaves should be collected, would the Assistant Minister ensure that tea roads are at all times maintained to motorable standards, so that our farmers do not lose money from collection of the tea leaves which is very important to Kenyans and even to a person like him?

**Dr. Misoi:** Mr. Speaker, Sir, the Ministry will do all it can to ensure that tea leaves are collected at the right time and at the right place to minimize losses which can occur because of conditions beyond our control.

**Mr. Manoti:** Mr. Speaker, Sir, arising from the Assistant Minister's answer that there are few vehicles for collecting tea leaves from buying centres and since the export of tea earns the Government a lot of foreign exchange, can the Government consider allowing KTDA to buy these vehicles duty-free?

**Dr. Misoi:** Mr. Speaker, Sir, it is true that foreign earnings from agricultural commodities is about 60 per cent. I do agree that this is an industry which should be assisted to get more resources, facilities and equipment to be able to maintain these export commodities. But I would not undertake that we allow KTDA to buy motor vehicles as suggested by the hon. Member.

**Mr. Speaker:** Next Question, Mr. Wetangula.

#### BUNGOMA SEWAGE PROJECT

**Mr. Wetangula:** Mr. Speaker, Sir, I beg to ask the Minister for Local Government the following Question by Private Notice.

(a) Is the Minister aware that the sewage project in Bungoma Town stalled and as a result there is raw sewage waste flowing through the town, particularly the Bus Park area, thereby causing a serious environmental and health hazard?

(b) How much money was earmarked for this project?

(c) How much of the earmarked funds have been utilized and is the Minister satisfied that this money has been lawfully and properly utilised?

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

(a) The construction of the sewage project has stalled because the contractor, Karuri Civil Engineering, has abandoned the site. The Council is making effort to rectify the existing sewage nuisance particularly in the Bus Park area.

(b) The original tender sum for the project was Kshs58,611,558.50.

(b) The revised tender sum is Kshs153,560,251.50. The contractor has been paid Kshs39,526,136.50. This is the cost certified by the Director of Water Development who is the engineer of the project and Uniconsult Kenya Limited who are the supervising consultants. The payment is direct disbursement to the contractor by the African Development Bank who are funding the project.

**Mr. Wetangula:** Mr. Speaker, Sir, Bungoma Town is probably the filthiest town in this country. If you



go to the Bus Park area, there is raw sewage flowing all over and the contractor who was constructing the new sewage line punctured the existing sewage in several places and left it unrepaired. What is the Ministry doing to assist the Municipality to get this project underway and why did Karuri Engineering abandon the site?

**Mr. Kamuren:** Mr. Speaker, Sir, action is being taken by the Ministry and the engineer who works on the site and this will have legal implication on the contractor. The Council is making effort to rectify the existing sewage nuisance because this is a serious health hazard, particularly in the Bus Park area, by completing manholes so that the old sewage line can be connected to the newly laid pipes which will pass the sewage to the old lagoon. Already two senior officers from the Ministry are going to Bungoma Town next week to connect with the officers within the town and make sure that this problem is solved because the raw sewage poses a serious health hazard.

**Dr. Kituyi:** Mr. Speaker, Sir, considering that the management of Bungoma Town particularly the own Clerk has been notorious on revisal of tender quotations in order to accommodate a certain percentage for himself, can this Assistant Minister explain to this House under what conditions the revised estimates for the project which were nearly 200 per cent more than the original quoted tender price, were made?

**Mr. Kamuren:** Mr. Speaker, Sir, this was done because of the consideration that it was to cover a larger area and it is because of embargo that the donors could not give this money immediately.

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead the House that there has been any substantial expansion on the area covered by the sewage project and that a delay in disbursement by the donor can account for a project which was costed at Kshs58 million being revised to cost Kshs153 million?

**Dr. Kamuren:** Mr. Speaker, Sir, that is why I am saying it had to be revised because the project took more time than what it was supposed to take. If we are going to find out that the Town Clerk had messed up with this particular project, then the Ministry will take serious action against him.

**Mr. Wetangula:** Mr. Speaker, Sir, anybody who has been to Bungoma would tell that the amount of work done on this project so far is hardly worth Kshs10 million. What justification is there in the payment of Kshs39.5 million for work not done because the project has stalled, only a few trenches have been dug out and left uncovered and they pose a danger to the public?

**Mr. Kamuren:** That is why we are sending senior officers from the Ministry to assess what this particular contractor had done and then the Ministry will take appropriate steps.

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. For two substantive questions by hon. Wetangula and myself, where the information is different from what the Assistant Minister is saying - all he says is that they are going to find out - Is he in order to come here with an answer to Parliament before finding out the information he needs to answer the Question? Why did he not send those officers before he came to cheat us?

**Mr. Kamuren:** Mr. Speaker, Sir, that is why I am saying we are sending these officers to go right in the field and come up with what is required by the Ministry.

**Mr. Rotino:** On a point of order, Mr. Speaker, Sir. The hon. Questioner has given the information that Kshs39 million has been spent, but he has continued to say that the work done is not worth Kshs5 million. The Assistant Minister comes to the House unprepared and tries to tell us that he is going to send an officer to go back to the site. Is he in order to mislead this House? He should be specific and tell the House when the project will commence again and avail the money. He should not tell us he will send his officers to go back to the area.

**Mr. Kamuren:** Mr. Speaker, Sir, that is why I said that after the contractor was given Kshs39 million, and having abandoned the site, which was a breach of contract, action will be taken against him.

#### SHORTAGE OF DRUGS IN SIAYA DISTRICT

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

(a) Will the Minister inform the House why 1,362 dispensary ration kits meant for the whole country were sent to only three districts?

(b) Is he aware that due to the shortage of drugs that has seriously affected Siaya District, many people have died of malaria and other diseases?

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

(a) The 1,362 dispensary ration kits 11B were not meant for the whole country but for three zonal depots which are:-

1. Nyeri depot.
2. Nakuru depot.

3. Nairobi depot.

These three depots serve 31 districts. These are the districts that receive dispensary ration kits 11Bs which are distributed to areas which have lower malaria incidences. The rest of the districts receive kit 11A together with malaria supplementary kits.

The 1.362 ration kits are still at Nairobi MSCU, and they have not yet been distributed.

(b) It is not true that there are drug shortages in Siaya District. Siaya has been issued with adequate drugs since December, 1995 through the Kisumu depot.

In December, 1995 and April, 1996, Siaya District was issued with drugs to last three months, consecutively. Besides the regular rural health kit 11A, Siaya was given supplementary issues of 10 anti-malaria kits.

The Ministry of Health is not aware of any increase in death rates due to malaria or other related diseases in the district.

**Mr. Achieng-Oneko:** Mr. Speaker, Sir, the Assistant Minister says that Siaya has been issued with adequate drugs since December, 1995, through the Kisumu depot. The word 'adequate' is a relative word. What, really, is the Assistant Minister referring to in this particular case? Is it adequate to the number of malaria patients or is it adequate to the number of mosquitoes in the area?

**Mr. Criticos:** Mr. Speaker, Sir, it is adequate to the mosquitoes that are in the area.

**Prof. Mzee:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead this House twice, by saying that adequate drugs are there? There is no hospital in this country that receives adequate drugs, and he dares to stand twice and say that this place receives adequate drugs. Come on!

**Mr. Criticos:** Mr. Speaker, Sir, that is obviously the hon. Member's opinion and not the Ministry's.

**Mr. Ojode:** Mr. Speaker, Sir, the Assistant Minister is alleging that there are drugs in most hospitals. There is a case of Homa Bay District Hospital where there are completely no drugs. As a result, Ndhiwa Health Centre cannot have enough drugs. I understand from him that there are some kits which are still at the MSCU here. Could the Assistant Minister consider supplying these drugs to the health centres? This is because the supply is merely on the paper, and it is not done practically. Could the Assistant Minister consider supplying drugs to Homa Bay District Hospital, so that Ndhiwa Health Centre can get some? The Assistant Minister should also consider the new Rachuonyo District. So, we need more kits in Homa Bay District so that we can give some to Rachuonyo District.

**Mr. Ndicho:** But you must construct them first!

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

**Mr. Speaker:** Very well. That should end question time. Would you like me to give you the last chance, Mr. Achieng' Oneko?

**Mr. Achieng-Oneko:** Mr. Speaker, Sir, the fact that the Assistant Minister---

**Mr. Ojode:** On a point of order, Mr. Speaker, Sir. The Assistant Minister did not answer my question!

**Mr. Speaker:** Order, hon. Achieng' Oneko. Hon. Ojode, he answered you, and he said: "Yes".

**Mr. Ojode:** On a point of order, Mr. Speaker, Sir. He answered yes. What is yes? Will he give us adequate drugs or will he not? What does he mean by "yes", Mr. Speaker, Sir?

**Mr. Criticos:** Mr. Speaker, Sir, I repeat again: "Yes, I will supply the drugs".

**Mr. Speaker:** Let us have the last question from hon. Achieng' Oneko.

**Mr. Achieng-Oneko:** Mr. Speaker, Sir, the Assistant Minister has admitted that 1.362 ration kits are still in Nairobi. Will he make sure that the kits are sent to Siaya District immediately to alleviate problems facing the people there?

**Mr. Criticos:** Mr. Speaker, Sir, our policy in the Ministry is not to see human beings suffering from lack of drugs. So, the obvious thing, which is our job, is to have enough drugs and equipment to supply to all our hospitals. But we do have constraints. However, to answer the hon. Member, the answer is yes.

**Mr. Speaker:** That is the end of question time. I had three hon. Members who had seen me on very important issues. I have only two minutes, and so, hon. Busolo, you must take only 20 seconds.

## POINTS OF ORDER

### PROTECTION OF CHILDREN FROM AIDS

**Mr. Busolo:** Mr. Speaker, Sir, I rise on a very grave matter that affects this country. Two weeks ago, an employee---

**Mr. Speaker:** Order! Order! Can we give hon. Members time to be heard?

**Mr. Busolo:** Mr. Speaker, Sir, an employee of Pan African Paper Mills injected himself, drew his blood and injected kids of a neighbour. When the parents of the kids reported the matter to the Police Station in Webuye, the case was not entered in the Occurrence Book, and instead, the fellow was released. This action is a very serious matter because in this era of AIDS, drawing your own blood and injecting somebody brings into question the issue of protection of children from such people. Mr. Speaker, Sir, I demand a Government Statement regarding this matter, what action they are taking against the police and what action they are taking to protect the children. They can get more information---

**Mr. Speaker:** You are taking too much time and yet we have other hon. Members waiting.

**Mr. Busolo:** Thank you, Mr. Speaker, Sir.

**Mr. Speaker:** Let us have hon. Mwiraria.

**Mr. Mwiraria:** Thank you, Mr. Speaker, Sir. I rise to ask for a Ministerial Statement on Government policy in arming homeguards in various parts of the country. In the last year or so, the neighbours of North Imenti, the Samburu, Borana, Somali and the Nyambene people have all been given arms. Their homeguards are armed and as a consequence, they have taken livestock from the people of North Imenti to a point where today, we do not have any livestock. The latest incident is that, people are bringing their livestock and putting it into people's shambas as we sit here. But we cannot protect ourselves because we are not armed. The question I am putting to the Minister is, what is Government policy? And if it is Government policy to arm homeguards, could they give the people of North Imenti the right to establish homeguards who are armed as a deterrent to stock theft and other things?

**Mr. Speaker:** The last one, Mr. Achola!

#### STATEMENT ON ANTI-MALARIA RESISTANT DRUGS

**Mr. Achola:** On a point of order, Mr. Speaker, Sir. This is to request for a Ministerial Statement from the Minister for Health regarding the serious situation obtaining in Nyanza today, where we have a strain of malaria which is resistant to most of the locally available anti-malarial drugs. I would also like the Minister in his Statement, to state whether the locally available anti-malarial drugs are effective because most of them are not, especially, *Fansida* and others.

**Mr. Speaker:** Very well! I do not know whether the Leader of Government Business or any Minister has anything to say! Very well! Next order!

#### COMMITTEE OF SUPPLY

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

#### MOTION

THAT MR. SPEAKER DO NOW  
LEAVE THE CHAIR

Vote 11 - Ministry of Health

**The Minister for Health (Mr. Angatia):** Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair.

Mr. Speaker, Sir, I want to state at the outset, that the major objective and the commitment of the Government of Kenya since Independence has been, and will continue to be, the promotion and maintenance of adequate and acceptable levels of health for all the people of this country. It is, therefore, the Ministry of Health which has been charged with this responsibility of improving, promoting and safeguarding the health of all citizens.

**Mr. Nthenge:** On a point of order, Mr. Speaker, Sir. We are dealing with the Ministry that cares for human life. Can the Minister speak slightly louder so that we can all hear and also can the Chair ask the Members who are consulting to do so quietly so that we hear him?

**Mr. Speaker:** I have said this about three times this afternoon! Order! Order! Proceed, Mr. Angatia!

**The Minister for Health** (Mr. Angatia): Thank you, Mr. Speaker, Sir. I was saying that the major responsibility of the Ministry of Health is to see to it that the health of the people of this country is improving and is safeguarded, so that they all achieve the goal of good health for all. There is an integrated health care delivery system in this country which makes sure that, the system delivers promotive, preventive, curative and rehabilitative health services.

Mr. Speaker, Sir, since Independence, the health sector has expanded very rapidly and during this expansion, health institutions have grown. For example, hospitals were only 56 in 1963 and now we have over 101 hospitals. Health centres were only 110, but this year they are 388. Dispensaries at that time were only 700 but now, they have increased to 1,175. In the process, there are many other institutions which we have not opened and which I have not included in my figures. With this expansion of health care services, the population has also grown. As the population grows and we endeavour to provide services for all of them, and to meet this phenomenal growth, the Ministry operates through activities and programmes which fall under Eight Sub-vote headings in our estimate books. The general one is General Administration and Planning. The others include: Curative Services, Promotive, Preventive and Rehabilitative Health Services; there is also the Rural Health Services and Health Training. There is also the National Health Insurance Fund, the Medical Supplies Services Unit and finally, Kenyatta National Hospital. The Ministry's policies have been adjusted with time so that efforts are increasingly put on coverage and accessibility of health care services in all areas but especially in the areas which are considered to be under-served. The aim here is to increase coverage and accessibility of health services with active participation of the communities and also concentrate on Maternal and Child Care Services in order to reduce morbidity rate, infant mortality and fertility. To increase inter-sectoral collaboration with NGOs, other Ministries involved in the health of our people and also to encourage the NGOs, the Private Sector and our donor friends to play a greater role in the delivery and financing of health care services in the country. As of now, in terms of health facilities, the mission hospitals and private sector are a major contributor to health care services in our country.

Mr. Speaker, Sir, the Government health institutions, as I have already said, are the focal point where most of the people go and they are the ones that are receiving most of the attention because in these days of increased cost of everything, people find it easier to visit Government hospitals than visiting the private ones. So, in the areas where we have made major gains, we have had to meet these stated objectives to operate through activities and programmes through the eight headings that I have already given the Members and the Ministry's policy has been adjusted with time to concentrate efforts on increasing coverage and accessibility of health care services in all areas and especially the under-served areas. Mr. Speaker, Sir, as of now, in terms of health facilities and the supply of materials and drugs, the Government is making sure, despite what Members are saying, that there is enough supply of all there is needed in our hospitals to keep our services running.

Mr. Speaker, Sir, the rapid growth of population has meant that finances should also be increased. But as all of us know, while the population has been growing and while health institutions have been growing, finances available have not matched the growth of that population. In 1963, there were only eight million people in this country but now, there are nearly 27 million people. Again, in 1963, the crude death rate was about 20 people per thousand. We have reduced this to about 16 people or 12 people per thousand. Infant mortality was over 120 children per thousand, we have reduced this to about 67 children per thousand. Life expectancy has been improving over the period of time. It was only 40 years of age in 1963 and now we are talking in terms of nearly 60 years or a little over per person. All this has meant that the Government should respond adequately to meet these increasing needs. Unfortunately, while in 1963, or let us take 1980, the Government provided an equivalent of US\$9.5 per capita for health care services, today, the Government is providing only US\$5.4. In 1993/94, the situation was so bad that the provision was an equivalent of only \$3 per person.

Mr. Speaker, Sir, I am giving this survey, so that hon. Members may realise what it means today when we talk about inadequacy of services in our country. Hon. Members will have read the printed estimates and seen what has been provided. The facts and figures that I am giving now are supposed to enlighten hon. Members, so that when they ask for increased services, both in quantity and quality, they are aware of the amount of money that has been made available to the Ministry of Health in order for it to provide health services.

The Government has over the last two or three years been reforming its policy on health care, so that it can have proper systems to deal with existing problems. The over all objective of this policy paper, a copy of which I have here, is to restructure the health sector, to reorganise the Ministry of Health, to change roles at the Ministry and to build appropriate capacities at the district levels. There will be further decentralisation, with authority and responsibility being given to the districts so that they can handle some of the greater issues that hon. Members are very frequently bringing to the House these days. It will also enable wananchi to participate

more in the delivery of health services. To obtain financial sustainability, we hope that there will be increased financial management and amount of user and cost sharing fees.

We also intend to reform the National Hospital Insurance Fund in order to make it a truly health insurance scheme for the benefit of all Kenyans. The Ministry intends to work with all its partners in implementing these reforms. Of course, these include other Government Ministries, NGOs, mission hospitals, local authorities and various donors. The implementation of these reforms has already started. The details of implementation and action plans have already been prepared, spelling out clearly the objectives, priorities and the time frame in which the reforms are supposed to be implemented. A health sector reform secretariat has been established to spearhead this implementation, and it is intended that provincial implementation plans will be completed between July and September, 1996. The district health management boards, most of which have been formed, will be involved in this process, particularly from August to October, 1996. Finally, we hope that the implementation stage at the districts will be undertaken between October and December, 1996.

After that survey, I would now like to request hon. Members to turn to the actual estimates for this year. I have already explained the overwhelming burden that is placed on the Ministry of Health. I have explained how the health reform programme is going to take care, with increased participation of the people of this country, of the increased demand for health care. The various items, to which I would like to draw the attention of the hon. Members, are the primary health care, drugs, ambulances and the estimates that we have before the House.

Primary health care remains the cardinal strategy for making Kenyans healthy by the year 2000 and beyond. In addition to the initial eight recommended elements of primary health care Kenya has successfully introduced and integrated two more elements. These are mental and dental health. After the primary health care and related programmes, which are cost mobility and mortality, we have set up various other programmes to address various issues. We have the Malaria Control Programme, Kenya Expanded Programme on Immunisation, Acute Respiratory Infections Programme, HIV-AIDS Control Programme, Essential Drugs Programme and Nutritional Services for Children. An Inter-agency National Public Health Steering Committee has been set up to oversee this implementation.

Mr. Speaker, Sir, on the question of drugs, which is very popular with hon. Members, the Ministry will endeavour to make sure that drugs are available to all who need them. We have put guidelines in place. We also have a national drugs policy, whose particular priority is strengthening procurement and distribution of drugs. One thing that I would like hon. Members to note specifically, is the fact that we operate on a drug list, which is called "Essential Drugs Programme". This drugs list has been drawn up bearing in mind the needs of the people of this country, over a cross-section of the environment. There are those drugs which are suitable for malaria prone-areas; there are those which are used where malaria is not so severe, and there are those used to some extent, in areas where people are beginning to develop the "diseases of the rich people".

At this juncture, perhaps, I would like to thank the World Bank, which provided us with K£22 million to purchase drugs for sexually transmitted infections, and the Danish International Development Agency (DANIDA), which gave us support of K£6 million for essential drugs in the last financial year. In 1996/97 the Treasury has allocated, as hon. Members will see in the estimates, over K£37 million. In addition the Treasury has established a revolving fund of K£5 million, which is held by the Ministry of Finance. So, if you look at the printed estimates, you will see that this particular amount will appear under the Ministry of Finance and not under the Ministry of Health. This year, the World Bank is giving us a much reduced amount for the same sexually transmitted infectious diseases programme, but DANIDA is giving a much more enhanced amount for the same essential drugs programme. With this support, the Ministry will endeavour to make sure that there are enough drugs for all the people in this country.

Then there is the sensitive and popular issue of ambulances. For the last 10 years, even after I spoke here last year, we have not bought any new ambulances. I regret to say that the situation continues to be the same. This year, we expected to buy enough ambulances for 101 hospitals, 58 districts and 400 health centres. We did make a bid, hoping that we would get enough money to buy these vehicles, but we have been given only K£520, which is enough for only five ambulances. It is an understood fact that it is because of the constraints of our resources that this state of affairs is going to be allowed to continue. It will not be allowed to continue because the Ministry does not give sufficient priority to this item. This is an important item. But because of competing needs, it is not possible for it to be provided for sufficiently at the moment. We got this year Kshs10 million, and perhaps, we shall increase the purchase of these vehicles over a period of time.

Mr. Speaker, Sir, I know that there will be many questions on ambulances. I want to make this point clear in advance, that we will not be able to purchase them, especially considering the funds that have been provided for in the existing Printed Estimates.

Let me now turn to the actual estimates, (a) is the Recurrent Vote, R11. With the Recurrent Expenditure, the Ministry has been asked and has been provided with K£411,883,215. Out of this, K£226,615,843 will be spent on salaries and allowances. The rest will be spent on operating expenses such as administration, curative health, preventive health, rural health services and so on. The details of this will be found on page 387 of the Printed Estimates. I would like hon. Members to familiarise themselves with this. The reason why I ask hon. Members to familiarise themselves with this is because we should be looking for more ways of finding funds rather than asking for what the Ministry cannot provide because of the limited provision of funds.

I do have a summary here of the actual amount that I am going to deal with, but because they are provided in that table of the Printed Estimates, I will only give the totals. For 1995/96, we had K£381,837,290, but compared to this year we hope that we will do a little better because we have got K£411,883,215. This is a small increase and we are grateful that the Treasury provided this although, as I said, we had asked for much more.

The Ministry's Recurrent Vote has been increasing over the years, but demand for supplies and services has increased faster and at a higher rate than the provision of funds. This has resulted in overcrowding of in-patients in our hospitals, long queues at service points and this situation has been aggravated, of course, by shortage of supplies in those same institutions. This has threatened the quality of services to be provided by this Ministry, and as I have already said, the Ministry has taken steps in recent times, particularly with the introduction of the new policy framework, to contain this situation which is getting very serious.

It is important that I say something about staff because this too is becoming a big problem in our institutions. The Ministry as of now, has 44,145 employees. It has an establishment of 48,000 for the 1996/97. Where there are any technical positions, these will be filled.

The recurrent cost, as I have already said, is 55 per cent of the amount that has been provided under Recurrent K£411,883,215. This leaves 45 per cent of this total amount for operating expenses and maintenance.

Under the Early Retirement Scheme, 2,003 employees have retired, particularly the junior staff, 75 per cent of those who have retired have been junior staff. As a result of this, the Ministry is grossly short of cleaning staff, drivers, cooks and watchmen. It will not be fair for hon. Members of Parliament to pressurise for provision of services from this particular cadre of staff because, according to the structural adjustment, particularly in the Personnel Secretariat, these people cannot be employed.

The area that has suffered most again is the area of mortuary attendance. I know again that people are asking for mortuaries to be provided or given staff to attend to the needs of the mortuaries and so on. Again, I would like to tell hon. Members that with the provision that we have in this year's Printed Estimates there is going to be no way this particular item will be attended to as much as people would wish.

We have introduced user-fees and I have already explained that cost-sharing was introduced in order to involve wananchi into provision of health care and also to raise the standards of the quality of service that is provided.

I have already mentioned that the National Health Insurance Fund (NHIF) is going to be restructured. Work has already started on this and we are going to change it from National Hospital Insurance Fund to National Health Insurance Scheme so that more Kenyans can benefit from it, Government institutions can benefit from it and so on.

The Development Vote, D11, has been provided with the responsibility of rehabilitating existing infrastructure and providing the medical equipment. At the moment, we do have a policy where we intend to do rehabilitation rather than building new institutions. We already have very many new institutions which we cannot take over because of inadequacy of funds. We have already started providing equipment in various institutions as part of the programme of restructuring. This restructuring is going to include also a little bit of rehabilitation of the mortuaries. Hon. Members will see in the Printed Estimates a small amount provided for rehabilitation of mortuaries. I am hoping that we shall do a little improvement, but at this point I want to appeal to hon. Members of Parliament, private investors and particularly Local Authorities to provide mortuaries in all urban centres so that they leave the hospital mortuaries to be used by the hospitals themselves rather than police cases. When police cases are brought into our mortuaries, and with the present difficulties of electricity, shortage of staff and so on, they overstretch the facilities that are available in the mortuaries and, as result, the whole system breaks down. I have already said that I wish individuals could also invest in provision of mortuaries. This is an investment which pays very well and I would like to encourage Kenyans not to shy away from it.

The total amount provided under Development Vote is K£257,359,812. This is for capital development, but out of this amount 89 per cent will be external receipts from donors and material financial institutions while 10.3 per cent will be from GoK. But, of course, this is a major increase over last year, and we are very grateful to our donors and those who participate with us in the provision of health care services. Hon. Members will also note that present heavy dependency on donor financing on development is not very healthy for

us and the Ministry is going to endeavour along with the rest of Government to make sure that there is a shift from dependency on donors to a more increased GoK provision of finances for our development. I would like to invite hon. Members of Parliament to join the Ministry of Health as partners and participate in looking for ways of improving our services, working cooperatively with staff instead of misleading wananchi by arguing that Government should provide things, when it is already known that the Government cannot provide them, depending on the amount of money that has been made available in the Printed Estimates.

Mr. Speaker, Sir, I would like to move that the House approves a Recurrent Expenditure of K£441,883,215 and a Development Vote of K£257,358,812, bringing a total of K£669,243,027 for the services that will be provided by the Ministry of Health.

Mr. Speaker, Sir, I beg to move.

*(Both Messrs. Criticos and Munyi stood up)*

**Mr. Speaker:** Who is seconding? Mr. Criticos or Mr. Munyi?

**The Minister for Co-operative Development (Mr. Munyi):** Mr. Speaker, Sir, I will second.

**Mr. Speaker:** Very well.

**The Minister for Co-operative Development (Mr. Munyi):** Thank you, very much, Mr. Speaker, Sir for giving me this opportunity to second this very important Ministry. I would like to take this opportunity, first of all, to thank the Minister and his entire staff in the Ministry of Health for---

**Mr. Speaker:** What is it, Mr. Nthenge?

**Mr. Nthenge:** On a point of order, Mr. Speaker, Sir. The Minister has the Vote of his Ministry to move. The Assistant Minister for Health stands to second and a person from a different line comes in. Is it really proper for the House?

**Mr. Speaker:** Order! I see absolutely nothing wrong with that. Proceed, Mr. Munyi!

**Mr. Speaker:** What is it, Mr. Ndicho?

**Mr. Ndicho:** Mr. Speaker, Sir, my point of order is different. The Minister has said that he is moving to support the---

**Mr. Nthenge:** To support the Minister!

**Mr. Ndicho:** No, no. Is he in order to say that he is moving to support the Motion on the Ministry instead of seconding the Motion?

**Mr. Speaker:** Mr. Munyi, can you second the Motion.

**The Minister for Co-operative Development (Mr. Munyi):** Mr. Speaker, Sir, I was actually seconding---

**Mr. Speaker:** Order now! It is very well for this. The substance of the fact is, I have called Mr. Munyi to second the Motion.

**The Minister for Co-operative Development (Mr. Munyi):** Mr. Speaker, Sir, my good friend should know that I was seconding and I was saying that the Minister for Health, hon. Angatia, and his officers have done good work in the Ministry despite being faced with a lot of problems. The Permanent Secretary and the Director of Medical Services have also done wonders as well as the other officers. I have been to many African countries and I know---

**Mr. Ojode:** On a point of order!

**Mr. Speaker:** What is it, Mr. Ojode?

**Mr. Ojode:** Mr. Speaker, Sir, through you, could you ask the Minister to speak audibly? Our ear drums are going to burst simply because of his shouting.

**Mr. Speaker:** Very soon, Mr. Ojode you might reach that stage, but proceed Mr. Munyi!

**The Minister for Co-operative Development (Mr. Munyi):** Mr. Speaker, Sir, I was saying, that we have visited almost all countries in Africa, but it is a fact that there is no country which has done more in health services than Kenya. That is a fact and even the donors have come to agree that good work has been done in health services in Kenya and I would like everybody to acknowledge that.

Kenya has got problems just like other countries worldwide, but in Kenya, a lot has been done in health services. I would like to tell the Minister that in rural areas, including Nairobi and other big towns, there is a lot of equipment and many vehicles which are grounded and are not being used.

I would like to suggest that a unit should be started within the Ministry of Health to deal with equipment which is not being used. Even at the Kenyatta National Hospital, there is a lot of equipment and a number of vehicles which are out of use. Therefore, I am suggesting to the Minister that he should start a unit within his

Ministry to deal with equipment and vehicles which are not being used.

The other day, I paid a visit to Ishiara District Hospital in Mbeere District where I found a number of vehicles which were not being used. These vehicles only need to be repaired. I believe that repairing such vehicles will not cost much as we have got supplies officers in the Ministry of Health who can be charged with the responsibility of organising for the repairs of these vehicles and equipment.

I would also like to mention something about X-ray system. I am happy that in Embu, the Runyejes sub-district hospital was recently supplied with an Ex-ray machine, although the funds given were inadequate. I would, therefore, like to appeal to the Ministry to ensure that more funds are given to this hospital so that the equipment which was supplied under the X-ray system can be used well.

My other suggestion which I would like to put forward to the Minister is about the good work which has been done by Prof. Obel. He has done a good job, and he deserves to be congratulated. Prof. Obel has proved to the entire world that Africans, when given proper equipment and facilities, can do better than even advanced countries of the world, and that is a fact.

**Dr. Lwali-Oyondi:** On a point of order, Mr. Speaker, Sir. Is the Minister in order to contradict the Ministry of Health, led by Mr. Angatia here, who said that Prof. Obel's work is nothing short of useless? Which is which now?

**The Minister for Co-operative Development (Mr. Munyi):** Mr. Speaker, Sir, I am not contradicting. In any case, it is my personal opinion. Prof. Obel has done a good job and we should encourage him. If more money is given to research units, Africans can do a lot of good work. We have African herbalists who should be given opportunity so that they can do their work easily. All medicines originated from herbs, therefore, more encouragement should be given to our African herbalists. These herbalists have cured diseases which cannot be cured with medicine from the Western world or other parts of the world. We should encourage them because they have been doing commendable work. What is needed is good research work which needs a lot of money. I would like to appeal to donors to come forward and work together with our professionals in the Ministry of Health and in other Ministries for the good of the welfare of humanity. Not only for the welfare of Kenyans, but for the welfare of the whole world.

That is very important and I would like to say that, when Africans are given opportunities, we can do a lot. For instance, what has been done by that Prof. Obel is what other several Africans have done, but what they do not have is the funds.

I would like to appeal to Members of the Opposition to come together with other Kenyans and shun the habit of urging donors not to give us aid. They should stop asking the donors not to give this country aid, because they are the ones who will benefit. We are appealing to the donors to come forward and assist this country. They should be patriotic for the good of Kenyans and that of Africa in general. There is no use of opposing for the sake of Opposition.

I would also like to thank the President for having visited the Pumwani Maternity Hospital, as a result of which some work has been done there. This is for the good of everybody. Therefore, I would like to thank him for what he did for Pumwani and what he has done for Kenya.

With those few remarks, I beg to second.

*(Question proposed)*

**Mr. Obure:** Thank you very much, Mr. Speaker, Sir, for giving me this opportunity to contribute on this Vote.

First of all, I must thank the Official Leader of Opposition, hon. Wamalwa Kijana, for appointing me as the shadow Minister for Health. I believe that when the Opposition forms the Government, we will bring professionalism to this Ministry, services will be delivered to the people and we will make sure that this nation will be a healthy nation.

It is sad to note that the hon. Minister for Health is asking this House to approve so much money which he does not really need. In the past, the Government had provided funds for this Ministry and over the years, not much has been achieved. Just as you know, as much as I do and everybody does, this is one of the Ministries that has really failed in providing services to the people of this nation. We cannot have a healthy nation when the offices of the Ministry of Health do not look presentable and I could call it a dirty Ministry.

In our towns and especially in the City of Nairobi, we have Public Health officers who should be going round to check the sanitary conditions of the towns. These officers do not do their work because we find heaps and heaps of rubbish that have turned out to be breeding grounds for flies and hence, the spread of diseases. We cannot expect this Ministry to be effective, if primary health education cannot work and yet, we expect our



hospitals to work.

The other thing which can make this Ministry work is that we must have people in the profession who are qualified. Today, I do not know how many people are qualified in this Ministry. We have misallocated our people. You will find that we have even Ministers who are qualified and they have been put in the wrong Ministries. We should put people in this Ministry who have medical knowledge and not political knowledge. We have very brilliant people in this Ministry but what do they do? These boys and girls, the men and women whom we have spent so much money on, are seated there and doing nothing, other than looting this country. If we can provide funds and there are no people to give services, it is the same as stealing funds from the public. Over the years, we have given this Ministry funds but nothing has been achieved.

On curative methods, we approved K£206,744,543 last year and the result was that we had even more people dying in this nation than those being born. I feel that if foreign countries will continue telling us that we must practice family planning, I think in the next two centuries, the Kenyan society will be wiped off. This is because we have more deaths now than people being born. We are spending much more money in killing the unborn while the old ones are dying. Are we caring for the future of this nation?

We also need rural services but our roads are impassable. Why can this Ministry not provide mobile clinics to these rural areas, especially my constituency? We do not have accessibility to the hospitals. We do not have a single doctor in the whole constituency. How does the Minister expect us to pay taxes when we do not have a doctor in Bomachoge Constituency? Even after the Government had directed that doctors should be sent to rural areas.

**Mr. Ndicho:** Which Government?

**Mr. Obure:** This Government. Hon. Ndicho is asking me which Government?

**Mr. Speaker:** Mr. Obure, you should only address the Chair and respond to the Chair. You should ignore everybody else.

**Mr. Obure:** Mr. Speaker, Sir, if this Ministry is serious and this Parliament is serious, we should give a provision for extra funds for the thieves who steal medicines so that we can assist the people of this country. If we can provide so much for curative methods, how much have you put for the officers to steal, so that some can be left for curing the people?

For both Kisii and Nyamira districts, last year, we had K£175,840 but today, it has been increased to K£199,000. That is an increase of K£24,000. By so doing, the Minister has accepted that the population has gone up. What proportion is there in the population growth in Kisii District? The hospitals in Kisii are very many and none, except one has been provided with Kshs400(??). What crime have people of Kisii committed? Are we really part and parcel of this country? If it is true that we are part and parcel of this country, then I can say that we have been marginalised. I am talking and the other hon. Members from Kisii are listening and they know that we have been marginalised from all aspects like roads and health, and the only thing which we have been given is brutality. That one will qualify as a criminal. We have been given military intelligence officers to probe what the Kisii are doing. We have been brutalised and beaten for nothing. Let us have a fair share in this country. The type of doctors that we are importing into this country is something that our Minister should look into.

Mr. Speaker, Sir, we have lost hon. Ndubai's wife through importing unqualified doctors. In future, when we in the Opposition take over this Government, especially for doctors from India, the policy should be that such doctors should be vetted. If I will be appointed the Minister for Health, I will make sure that any doctor who comes to this country is vetted. We have these two doctors called Mr. and Mrs. Patel who have allegedly killed seven patients in this country and the Ministers in this Government have done very little. I am calling on the Government, and especially the Minister for Health, to investigate this incident to its end. We are here to protect lives and we are here as a nation and we should not be proud that our own very doctors are underrated today.

Mr. Speaker, Sir, when Prof. Obel comes up and says that he can carry out research, he is not given the chance to do so but if it is an Indian doctor who comes up and asks the Government to do research, we then just give him the green light. Let us have confidence in our own doctors. Let this Government be vigilant on foreign doctors who are dubious and killers who are now and then being imported in this country. They are bush doctors to say the least and yet we Africans are told that we do not know what we are saying.

Mr. Speaker, Sir, even you yourself are in danger today, do not go to these hospitals, please.

**Mr. Biwott:** Thank you Mr. Speaker, Sir. I would first of all like to congratulate the Minister for Health for moving the Motion so eloquently and effectively that all Members are now aware of what is happening in his Ministry. I am quite sure that if he continues the way he is doing, we will soon find a solution to some of the problems that exist in that Ministry and there will be no need for the Opposition to even dream of becoming a

Government.

Mr. Speaker, Sir, the Ministry of Health is a vital Ministry. It deals with human life and, therefore, it is essential that it functions normally, correctly and effectively in the areas that it ought to do. It requires people with volition, dedication and people who love people so that when they provide the service, they are actually providing this service to their fellowmen and not looking at the money that they earn as a result of that service. We require people with moral standards and people who see health as an end in itself and, therefore, work so hard to achieve that. To achieve that we need dedicated people who cannot steal drugs. We also need people who check on those drugs to make sure that they are not obsolete, not dumped and that they are the right drugs for the right diseases. We need doctors and supportive staff to ensure that their diagnosis is correct so that people are not treated for other diseases. For example, there is a case right now in the United Kingdom (UK) where a patient was diagnosed as having cancer and he was advised that he would not live for so long. So the patient went home and prepared to live waiting to die anytime. After waiting for such a long period without dying he decided to go back to the hospital and the doctors diagnosed him as being immune from cancer; that he had no cancer whatsoever and he is now suing the doctors. Many a patient have been treated for wrong diagnosis because some doctors are careless and not actually concerned with the health of the patient which is their primary objective. In this country the health services are carried out in dirty places and it took the President himself to go to Pumwani Maternity Hospital to complain about this dirt and to awaken the whole Ministry of Health---

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. Is the hon. Biwott defying your ruling that no other Member except a Minister or an Assistant Minister, should refer to the President as "President"? He should have said that it is "The Government" which went to Pumwani Maternity Hospital.

**Mr. Speaker:** Order! Order! Mr. Ndicho. The hon. Biwott is not defying me but he is defying the Standing Order No.72. So, he is not amused. You cannot use the President as authority for your argument. Proceed, hon. Biwott.

**Mr. Biwott:** Mr. Speaker, Sir, I was not using the name as such but I was only stating a fact that actually happened that the Ministry---

**Mr. Speaker:** Order! Order! hon. Biwott. Facts or no facts, Standing Orders must be obeyed. Proceed, hon. Biwott.

*(Applause)*

**Mr. Biwott:** Mr. Speaker, Sir, I now hope that the Ministry will follow the standards that they have applied in cleaning Pumwani Maternity Hospital to all other hospitals and dispensaries so that sick people when they seek treatment at these hospitals or dispensaries get cured by the cleanliness alone. That also helps in creating confidence in a patient.

Mr. Speaker, Sir, the other ghastly places are the mortuaries where bodies are heaped, one on top of the other and as you know corpses rot quickly and there is nothing more nauseating than to go to mortuaries which are stinking of rotting human bodies and the mortuary personnel are not paid properly. I hope that the Minister will look into the mortuary service as a vital part of the Ministry and see to it that mortuary personnel are paid adequately.

Mr. Speaker, Sir, another area which I thought that the Minister ought to put more emphasis on is the training to ensure that he trains doctors, nurses, dentists and all the medical personnel from every corner of this country so that people are not transferred haphazardly and in the long run are not willing to work in particular areas. If they are trained in their native places, they will be used to the area and they will treat the people of that area properly and most probably they will speak the language of that region thus providing better service.

Mr. Speaker, Sir, the other area is research. I do believe that research is a vital area which needs to be encouraged.

If, for example, like in the case of Prof. Obel, his medicine is doubtful it should be subjected to tests. It should be taken to the laboratory and tested because a lot of medicine has been discovered through trial and error methods, and it may be that there is something in that whole bottle which is suspicious that may be curative. In fact, it is important that we encourage research and not to discourage it. We also need to protect wananchi from any medicine that is imported for trials because you find a lot of medicine which is being tested in Third World countries. It is important that the Ministry of Health ensures that any medicine that comes to this country, has not expired, not here for guinea pigging, or for experimenting on our poor people, and that they are not the ones which have been proved to be ineffective because of resistance. It is only through that way that mwananchi and the patient is treated and taken care of.

I would like to thank the Minister for Health for visiting Keiyo District, and in particular where I represent; Keiyo South. I believe that out of what he and his officers saw will make a report that would address to because we will follow it up to make sure that the things he has noticed are rectified so that wananchi can have faith in his Ministry, which we do. I would also like to thank his Permanent Secretary, the Director of Medical Services and all the officers who work in this Ministry because they are the people who work with dedication and with good intentions. It is wrong to people to look at the Ministry of Health as a source of commercial venture because medicine should be taken as something which we do not want to capitalise on. It should be taken as a non-profit making sector where medicine is provided at cost because many people are not rich, and generally mwananchi is not so rich as to spend a considerable amount of money in treating himself. I would also like to appeal to the Minister to co-ordinate all the medical services that are being provided here because what we are talking about is only the Ministry of Health and the extension services that go with it. But there are a whole host of other treatment areas where private individuals are treating people. It is in that area that you ought to look into carefully because it there that you will find a lot of these dubious multiple practitioners who kill people. I know of an education officer in my own District who was given an injection and he died immediately because the medical practitioner was not properly qualified. We have heard from an hon. Member opposite that something else also was not right. We need to be protected to make sure that anybody who professes to practice medicine is properly qualified.

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

**Mr. Nyagah:** Thank you very much, Mr. Speaker, Sir, for giving me an opportunity to air my feelings towards this Ministry. One, we know that hon. Angatia has a big role to do in this Ministry. We have listened carefully to what he has had to say about the child mortality rate, life expectancy of a Kenyan and I hope I will live to the ages he is talking about, but there are a few things that I would like to comment on. Firstly, I would like to thank him for bringing such a big team to come and listen to what we are going to say. But the only request I would like to make to them is to be very serious in what we are asking for because we are the representatives of the people and that is why we are here.

Mr. Speaker, Sir, firstly, from the onset when our forefathers were fighting for Independence from the Europeans, they were fighting for three things; eradication of illiteracy, diseases and poverty. To a certain extent one can claim that we have done well, but not quite well. We should also not beat our chests until we have done enough and there is a lot to be done. Let me just mention a few things that I wanted noted, but I did not really want them to look as main items. We have a lot of drug peddlers in Kenya who are not registered as pharmacists and yet they keep on passing through our Airports with drugs purchased from Pakistan and India, very many of them. I think the Ministry should take note of this and these drugs are sold to the already registered pharmaceutical industries within Kenya. I can discuss this with authority having run one for a period of 15 years until it was graciously closed down by this Government, three years ago. Having said so, without any bitterness, I am in the profession, but these days, there is something we call "cost-sharing". When cost-sharing was introduced in the country, that money was meant to be ploughed back to the various hospitals that were generating enough funds from the scheme. But what we find today is that the money received from cost-sharing goes into capital investments including construction of buildings. I think the Ministry should see to this anomaly. There are some of the services that ought to be catered for like food and linen. Cleanliness in our hospitals is taken care of by cost-sharing, otherwise cost-sharing has no more bearing with what was intended by the Government.

Like hon. Biwott has rightly said, if you go round these hospitals, and I was most amazed recently when I had the opportunity of visiting the Rift Valley Provincial Hospital at Nakuru Town, to find that it is extremely dirty and that is the seat of the Government as it were to the extent that even Embu Provincial Hospital is a lot cleaner than a place like that. I think the Government should do something because the first thing you do when you walk into these hospitals is to block your nose from the stench that you get them. Secondly, like hon. Angatia said when he was moving his Motion, every single MP here has in one way or another raised the question of ambulances, and we are told that the policy of the Government right now is not to provide ambulance services to the rural areas. I think this must come to an end, Bw. Waziri, because K£10 million has already been allocated towards five ambulances that are going to be at the discretion of the Headquarters. That is not what this country needs. I can with authority say that from Japan a second hand ambulance will cost Kshs250,000 and that will do for this country. In fact, we do not even have to go for that. All we need in our rural areas today it is not a fully fledged ambulance vehicle; we need a pick-up or a Land rover that can transport human beings from one place to another where there is some service to be rendered, nothing too sophisticated. That can come after the year, 2010, but not for now.

Mr. Speaker, Sir, let me go back to the rural areas. Whereas we have a new District called Mbeere, and we have a sub-district called Ishiara, which falls squarely within Mbeere District, I am urging the Ministry of

Health to kindly upgrade Ishiara sub-district hospital to a hospital and elevate Kiritiri Health Clinic to a sub-district hospital realising that Kiritiri Health Clinic serves a bigger population than even Ishiara sub-district hospital, as it is today. We have people moving 21 miles away from Kiritiri to take bodies to the mortuary in Embu Provincial Hospital which is refrigerated. We were promised by the Ministry that once electricity passes through Kiritiri, within Gachoka Constituency, one, they would supply us with refrigeration facilities to keep ant-snake bite drugs because that area is very hot, and we breed extremely poisonous snakes and in that area we have a lot of deaths occasioned by snake-bites. We would like the Ministry to take care of this. I would like to thank---

**Mr. Muluya:** On a point of order, Mr. Speaker, Sir. When the hon. Member says that they breed very poisonous snakes, is he suggesting that those snakes are domesticated?

**Mr. Nyagah:** Mr. Temporary Deputy Speaker, Sir, all hon. Members used to know that we have a place called Tubalile which breeds a lot of those snakes and they will never bite you if you touched them. But if he went there he would die the next moment. They are domesticated to some extent.

Since my time is running out, let me take up again, the issue of Embu Provincial Hospital. It is on record that it is a provincial hospital, yet in the Budgetary allocation, it is still considered to be a small hospital. Right now with the estimates that we are looking at, we are even below Garissa which is a bit smaller, Embu Provincial Hospital, as it were, is referral hospital for people from Kirinyaga, Mwingi, Kitui and people from Machakos, yet in the allocations, if you look at food allocation, K£125,000 for food is not even enough. We in Embu request the people with patients to bring along with their own food so that they can feed. Let me request the Minister again, that he looks at this anomaly once again, and this time two anomalies on Embu Provincial Hospital and Eldoret Provincial Hospital, that they get upgraded to their rightful status.

While on that, I would like to mention something that was touched on by hon. Obure. I am very grateful that my colleague, hon. Ndubai, I wish we had enough time to stand for a minute in honour of the departed soul of his wife. I wish we had time to talk about the hospitals that are being run purely on commercial basis. Aga Khan Hospital is one of those, and I have this to say about Aga Khan hospital so that the Minister and his team can listen. The first thing you do when you get to Aga Khan Hospital is; one, they take you to ICU because of how much money they will charge you. The doctors who are stationed at the causality and who are supposed to be experienced, and the Director of Medical Services will bear me witness on this one, are not. Aga Khan hospital is bringing in interns, people who are not fully qualified and who are not going through the Board for vetting. I would like the Attorney-General to check on this one. Mr. and Mrs. Patel have been involved in the death---

**The Temporary Deputy Speaker (Mr. Wetangula):** Are you talking of a matter that is in court?

**Mr. Nyagah:** Not, Mr. Temporary Deputy Speaker, Sir, I am talking of a Mrs. Patel who is not in court. They have only arrested a Mr. Patel. I am particularly talking about a Mrs. Patel who is not arrested. She has been involved along with others, in many deaths and, we will like the AG to take caution on this one. We recently had a case of an Indian and his son. The Indian was shot in the neck and he was taken to the causality. Instead of being treated at the causality, he was directed to ICU. That is the level of doctors that we have. Instead of giving emergency service first, they think of how much they can get. There is a case of Dr. Munene, the only qualified doctor in ICU who has been sacked by Aga Khan hospital because of the death of the dear departed Chloris Ndubai. We would like the Attorney-General to investigate this particular case.

**The Temporary Deputy Speaker (Mr. Wetangula):** Mr. Nyagah you are breaking the rules of the House. Mr. Muchilwa!

**The Assistant Minister for Foreign Affairs and International Co-operation (Mr. Muchilwa):** Thank you Mr. Temporary Deputy

Speaker, Sir, for giving me this opportunity to say a few words in support of this Motion. First of all I would like to congratulate and thank the Minister for Health, hon. Angatia, his Permanent Secretary, Donald Kimutai, the Director of Medical Services and their team for doing a fantastic job in the Ministry of Health and for having transformed that Ministry from a very dirty Ministry to a Ministry which is now rendering good services to wananchi in this country.

The point I want to tackle first is the allocation of resources in that Ministry particularly in the areas of preventive and curative services. If prevention is indeed better than cure as we are told, then it would appear that the Ministry may not be addressing the problem of prevention of diseases very seriously. For instance, if you look at page 386 of the Recurrent Estimates, Item 111, Curative Health has a provision K£20,423,830 whereas Item 112,

Preventive Medicine and Promotive Health, has only K£11,340,015. Perhaps, that is why there is very little being done in terms of prevention because even that little money which is for preventive medicine, most of it is just spent

on personal emoluments and things like condoms and so on which control AIDS. Many countries take preventive measures very serious. For instance, if you take the delegation which went to Auckland, to the Commonwealth Conference there, all aeroplanes which came from areas that had malaria, had to be sprayed with insecticides irrespective of who was in that plane. Whether he was a head of State or whatever, they sprayed the plane because they take preventive measures against malaria extremely seriously.

In this country, there was one train from Kisumu used to be sprayed to kill mosquitoes. Nothing like that is being done now. Are we serious? Soon you will find that Nairobi has a lot mosquitoes. Once our capital city can be seriously be infested with mosquitoes, people from developed countries particularly from Europe have no resistance for malaria, then that will not go well with us.

On the issue of garbage we used to have health officers who used to go and spray breeding grounds for mosquitoes. In the colonial days we had even officers who used to kill rats. If he was a white, he was called a rodents officer, a black fellow was called a rat control officer or something like that. Those fellows are no longer seen yet the dangers are still there. I would the Ministry to follow up that matter and see whether we cannot do more on the preventive side. Until recently, if a person was found to have Tuberculosis, the authorities followed up and made sure that the people with whom that person was working with were checked for infection of tuberculosis. Right now that is not being done. I know somebody may say that it is a matter for Local Government, but we are talking about health.

The Local Government and the Central Government are all attending to Kenya and the Ministry is coordinating all of them. It is important that that aspect be followed. Perhaps that is why there is so much tuberculosis spreading all over because nobody is caring about that aspect any more. Similarly, if a person has syphilis a follow-up was done to ensure that the spouse came for treatment. Any other person who might have had it would be checked and treated. That is not being done today. Perhaps it is this allocation of resources which is bringing problems because if you look at the Infectious Diseases Control Item, which is on page 474 of the Recurrent Estimates, Item 152, you will find they got only K£150,000. Under the same Head, Item 156, malaria control will get an allocation of only K£186,000. I would recommend that when the Ministry in allocating their resources they should look at that particular aspect.

Mr. Temporary Deputy Speaker, Sir, I would also like to make a comment on allocation of resources to Kenyatta National Hospital *vis-a-vis* rural health services. It is true that Kenyatta is a big hospital, it is central and it needs resources, but most people live in the rural areas. On page 485 of Recurrent Estimates, Sub-vote 117, Head 315, Sub-head 340, you will find that Kenyatta National Hospital got a grant of K£52,564,855 while rural health services got K£68,916,644. I feel that apportioning of that money could have been done in a better way. Similarly, even for the Development Expenditure, Sub-vote 113, Rural Health Services has only K£23,855,459 whereas Kenyatta National Hospital was given half that money; K£11,190,892. I think we should stress rural areas against just a single institution like that because most of our people are in rural area.

I would like to defend doctors from India. An hon. Member on the other side of the House attacked doctors from India. Doctors from India have done a very good job in this country because this country is short of doctors. If one person makes a mistake we should remember that to error is human. It is impossible to say that there is a person who will work throughout without making a single mistake, and if one person makes a mistake, it does not mean that all the others are guilty. So, I think in all fairness, we Members who are here, should not *en masse* condemn doctors who have trained in this or that country.

**Mr. Obwocha:** You will lose your two wives!

**The Assistant Minister for Foreign Affairs and International Co-operation** (Mr. Muchilwa): No, I will not lose them!

Mr. Temporary Deputy Speaker, Sir, another point I want to raise concerns Kenyatta National Hospital. We have very good consultants there, but there is a tendency that has crept in which it is not fair to wananchi. What many of these consultants are doing is that they are using it as a catchment area where after seeing a patient, they convince him that treatment for him is not available there and he should go to Aga Khan or some other hospital where they work. That is not ethical and if the Ministry of Health can do something about it, the better.

Similarly, there are those who perform caesarean section on women who have given birth to several children.

With those few remarks, I beg to support.

**Mr. Ndicho:** Mr. Temporary Deputy Speaker, Sir, I want to thank you very much for giving me this opportunity to say a few words concerning the importance of the Ministry of Health.

Last year, the Ministry of Health got about Kshs1.04 billion from this Parliament for its operation. This year, they have got about Kshs1.5 billion. This is a lot of money given to this Ministry and it is meant to cater for the health of Kenyans. The biggest thing a person will ever get in this world is good health for himself or herself.

The Kenyan society today, over 50 per cent of it is sick, yet you have such a gigantic Ministry which is supposed to cater for the welfare of Kenyans. The problem with the Ministry of Health is not money or lack of drugs but that it has got more thieves than the genuine officers. They receive a lot of money from this Parliament to buy drugs but after it is purchased, between the stores and the destination, it disappears.

We agreed that there should be cost-sharing in hospitals. In Thika District Hospital where about 1,000 patients are treated everyday, each patient is required to pay Kshs20. Now, if each of these patients pays Kshs20 every day, that totals to about Kshs20,000 in one day. In one week that is Kshs120,000. In one month it is Kshs480,000. For 12 months the money received from Thika District Hospital is Kshs5.76 million. If you multiply that by about 50 district hospitals which we have in this country, you will find that about Kshs250 million goes to the Ministry of Health through cost-sharing. Where this money goes, we do not know. Patients who are involved in accidents and taken to the hospitals they are told that there are no threads to stitch them up, X-ray films and so on. Yesterday, there was an accident in Thika where 33 people from Gatuanyaga were injured when a lorry overturned. When they went to the Thika District Hospital, they were told that there were no X-ray films, bandages, hand gloves and so on.

In that hospital which is serving about seven districts, there is no ambulance. These patients have to rely on ambulances from the Armed Forces, Kenya Tanners or private ambulances yet in one year, they collect Kshs5.7 million. That money is enough to buy an ambulance. The Ministry of Health has killed more Kenyans than the Wanugus, Wacucus and Rastas of this country. Kenyans are dying of very simple diseases. The Government, through His Excellency the President, while attending to a Harambee in Nairobi Hospital said that the Minister, Assistant Minister, PS, Director and senior people in that Ministry cannot go to any Government hospital including Kenyatta National Hospital because they know that there are no facilities. There are no drugs. They go to Nairobi Hospital. I am now told that they are scared to go to Aga Khan Hospital and M.P. Shah. Why is that so, and yet you are the people who are manning these institutions? It is the responsibility of this Government to ensure that the lives of Kenyans are not under the hands of bush doctors from India. We talked about this issue here last year, where unqualified doctors were imported here. We have got a lot problems.

What is happening at the Aga Khan Hospital now, and I want to bring it to the attention of the Minister is that when you go there, there is a form that you fill, stating whether you are from the Ismaili Community or not.

If you are not from the Ismaili Community, you are in trouble. They remove vital organs when you go there for operations.

In March this year, there is a case where a lady went for an operation and her kidney was removed. When she was discharged, she complained of feeling unwell. When she went in for X-rays, it was discovered that she was missing one kidney. She says that in her history, she had never been operated on to remove her kidney.

Mr. Temporary Deputy Speaker, Sir, the Kenyan society must be protected.

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

**Mr. Ndicho:** My time is almost gone. Now, what is wrong with you, Dr. Lwali-Oyondi?

**The Temporary Deputy Speaker (Mr. Wetangula):** Order! What is it, Dr. Lwali-Oyondi?

**Dr. Lwali-Oyondi:** The hon. Member has said something very serious, that in Aga Khan Hospital, somebody went there to be treated and while under anaesthesia, somebody stole her kidney. Can he substantiate who this fellow was?

**The Temporary Deputy Speaker (Mr. Wetangula):** I beg your pardon, please?

**Dr. Lwali-Oyondi:** That somebody went to Aga Khan Hospital and when under anaesthesia, some of the surgeons there took her kidney without her permission. Can he substantiate and name this particular patient?

**Mr. Ndicho:** Mr. Temporary Deputy Speaker, Sir, this matter is in court and I do not want to dwell on it. But this lady is called Martha, and I want to bring her case here when it is out of court.

**The Temporary Deputy Speaker (Mr. Wetangula):** Order, hon. Ndicho. You have been correctly challenged to substantiate an allegation.

**Mr. Ndicho:** Mr. Temporary Deputy Speaker, Sir, this lady is called Martha---

**Mr. Nyagah:** On a point of order, Mr. Temporary Deputy Speaker, Sir. To me, some of these so-called allegations are not fabrications, because, authoritatively again, two boys went to the same hospital, one to be circumcised and the other one to have his appendix removed. One had his appendix removed as opposed to being circumcised and the other one was circumcised as opposed to having his appendix removed. So, this is happening and the same doctors who are coming up with this information are being kicked out by the hospital. We are ready to substantiate everything.

**The Temporary Deputy Speaker (Mr. Wetangula):** Is that a point of information or a point of order?

**Mr. Ndicho:** Mr. Temporary Deputy Speaker, Sir, my time is going and I would like to finish up my

speech.

**The Temporary Deputy Speaker** (Mr. Wetangula): But you have not answered Dr. Lwali-Oyondi's point of order.

**Mr. Ndicho:** What does he want to hear? The lady's name is Martha and the case is going to court---

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Ndicho. Every African is known by two names. She is Martha who?

**Mr. Ndicho:** Martha Wambui, and the case is going to court. What do you want me to do?

*(Laughter)*

Mr. Temporary Deputy Speaker, Sir, this is not a laughing matter. It is very serious. What is happening in these Indian hospitals and institutions should be probed. In fact, I would like to request for the appointment of a Parliamentary Select Committee to go and investigate all these Indian hospitals. This is because what is happening now in hospitals like M.P. Shah, Aga Khan and Guru Nanak is very serious. They are bringing in medicine for trials on patients brought to these hospitals, and yet the Ministry of Health is being praised here that they are doing a good job.

**An hon. Member:** By who?

**Mr. Ndicho:** By hon. Biwott who has said that this is a very good Ministry. Kenyans must be protected from Indian doctors.

**The Assistant Minister for Foreign Affairs and International Co-operation** (Mr. Muchilwa): On a point of order, Mr. Temporary Deputy Speaker, Sir. Hon. Nyagah said that somebody went to Aga Khan Hospital and was circumcised instead of his appendix being removed, and on another person, it was the other way round. Can he substantiate?

**Mr. Nyagah:** How can I substantiate the obvious?

**Dr. Lwali-Oyondi:** Si uwalete hapa?

**Mr. Ndicho:** Mr. Temporary Deputy Speaker, Sir, I am requesting the Ministry of Health - this is not a laughing matter. Kenyans are at the mercy of nobody. Kenyans are at the mercy of this Government. If it does not take care of us, then we are in trouble. There is also another constituent of mine called Dr. Kenneth Munene.

He has been sacked from Aga Khan Hospital, and this is the letter sacking him. I am going to table it. It is written by J.M Ngaine, who is the Personnel Manager. He has been told that his appointment is not going to be confirmed because of serious shortfalls in his performance of duties and responsibilities. Dr. Munene has been a long serving doctor in Machakos District and now he has been sacked from Aga Khan Hospital because he has revealed all that the English-Asians are doing. Thank you, Mr. Temporary Deputy Speaker, Sir.

*(Hon. Ndicho laid the document on the Table)*

**Mr. Rai:** Bw. Naibu Spika wa Muda, nakushukuru kwa kunipa nafasi hii ili nitoe maoni yangu kuhusu Wizara ya Afya, ambayo inahitaji pesa ili kwenda kushughulikia maisha ya raia katika Jamuhuri hii.

Wakati tunapozungumza juu ya Wizara hii, ningetaka kutoa maoni yangu nikisema ya kwamba, ni jukumu la Serikali kuhakikisha kwamba maisha ya wananchi yanaangaliwa. Wakati tunapozungumza juu ya jambo hilo, lazima tuhakikishe kwamba Serikali imetenga kiasi fulani cha pesa ili kuwapa huduma raia wake, kwa sababu maisha ya wanadamu ni muhimu kuliko kitu kingine chochote katika nchi hii. Ni jambo la kusikitisha, na lazima ifahamike wazi kwamba, wakati tunapoishi katika ulimwengu huu, tunaishi maisha tofauti tofauti kwa sababu watu wote siyo sawa. Kuna watu ambao wanaweza kupata mahitaji ya hospitali na kuna wengine ambao hawawezi kupata mahitaji hayo. Kwa hivyo, wakati tunakata shauri kuyasaidia mahospitali, lazima tujue tunayazungumzia mahospitali gani na kwa wakati gani.

Mimi natoka katika sehemu kame na ningependa kuzungumzia juu ya hospitali ya Kinango. Nimepiga kelele hapa Bungeni kwa muda mrefu, zaidi ya miaka kumi, kwamba Hospitali hii, hadi kufikia sasa, inaendeshwa bila vifaa muhimu kama chumba cha kuhifadhia maiti. Kwa hivyo, kwa watu wa mapato madogo madogo wanahitajika kuondoa maiti ya kila mtu ambaye anafariki siku hiyo hiyo ili pahali pale paweze kukalika, kwa sababu hakuna chumba cha kuhifadhia maiti katika hospitali hiyo. Kila nikiuliza maswali hapa Bungeni, nazungushwa huku na kule. Gharama ya kupeleka maiti nyumbani kuzika ni zaidi ya kupeleka harus nyumbani, na ni matanga.

Ni lazima tujulize mambo kama haya tutamwambia nani. Ikiwa lengo letu ni kutoa huduma kwa raia wetu, na tunajua kwamba hili ni jambo moja ambalo ni muhimu sana, lazima tuhakikishe kwamba hospitali kama

hizi ziko na vyumba vya kuhifadha maiti.

Hospitali ya Kinango iko zaidi ya kilomita hamsini kutoka Mombasa na haina ambulensi. Ikiwa hospitali hii inashindwa na matatizo yanaotokana na uzazi, lazima anayeugua apelekwe Mombasa. Inatubidi mara nyingi kukodisha malori ya kubeba makaa. Unazijua shida za akina mama wakati wa kujifungua. Wengi hufa njiani kabla hawajafika Mombasa, maanake barabara ni ya mchanga na kupata mtu wa kutoa huduma njiani ni shida sana.

Kwa hivyo, mambo hayo lazima yatiliwe mkazo na wale maafisa ambao wamekuja hapa kujua sehemu ambazo ziko na shida. Mara nyingi, tunatoa mapendekezo yetu ili yatiliwe maanani. Nataka kuipongeza Wizara ya Elimu kwa sababu inachukua watu katika sehemu fulani na kuwapa mafunzo, halafu inawarudisha katika sehemu zao kufanya kazi. Wizara ya Afya ingefanya jambo kama hili. Sisi tunatatizika hadi sasa kujua ni njia gani tutakazozitumia kuwapeleka maafisa wa afya katika vituo vyao vya kuwafundisha. Kwa sababu, labda pengine kwa kupitia njia kama hiyo, tunaweza na sisi kusaidika kupata clinical officers kuenda kuhudumu katika zile sehemu za mashambani. Kwa sababu, utakuta kwamba, baadhi ya madaktari wengi baada ya kuhitimu, na hata clinical officer, akipeleka sehemu kama ile na hapewi hardship allowance inakuwa ni vigumu. Sasa anafanya kazi miezi miwili na anataka kuondoka, maanake hapaishiki. Kwa hivyo, wao pia wangetafuta utaratibu fulani wa kuweza kujua kwamba wanaweza kuwachukua vijana kutoka sehemu zile wanakotoka ili wajue wao pia wanapeleka katika vituo vya kuwafunza ili warudi nyumbani kuweza kuwasaidia watu kule.

Bw. Naibu Spika wa Muda, kuhusu Kinango Hospital nina malalamishi juu ya ambulance katika hospitali hiyo pamoja na mortuary. Ningetaka pia kuiomba Wizara ya Afya ipate kuangalia kituo cha afya cha Samburu Health Centre na pia ifikirie umbali kutoka Voi hadi Mombasa. Kwa sababu, Voi kuna Sub-District Hospital. Sasa kutoka Voi hadi Mombasa--- Samburu ni Divisional Headquarters na wakati umefika ambapo yafaa Wizara ya Afya ikubali kukipandisha cheo kituo cha afya cha Samburu kuwa sub-district hospital ili vifaa viwe vingi vya kuweza kutosheleza kwa sababu kiko katika highway na ni divisional headquarters. Ajali ikitokea Taru au Samburu inambidi mtu arejeshwe Voi ama apelekwe Mombasa kuenda kupata huduma. Mambo kama haya huwa yanatuvunja moyo, wakati tunaposema kwamba, "huduma kwa mwananchi." Mlileta mpango wa ugawanaji wa gharama, lakini hutujui kama pesa hizi kweli zinawasaidia wenyeji katika sehemu zinazohusika. Mimi ninaona pesa zile zinachukuliwa, na kama ni mipango ya kununua dawa, basi zile kamati zinazohusika na ununujaji wa dawa, zipate kuhusishwa ili tujuwe kwamba, leo katika hospitali fulani tuko na pesa kiasi fulani na ni ya kazi fulani. Haifai kuomba pesa na zikipatikana hatujui zinakwenda wapi. Kile kituo cha matibabu cha Samburu, ingekuwa vyema kiweze kupandishwa daraja ili kitoe huduma muafaka, kwa sababu, tayari katika ile divisional headquarters, kinahudumia lokesheni tano. Sasa mwenye kuumia sehemu za Silaloni, kuumia kutoka sehemu za Mackinnon Road, kutoka sehemu za Mwavumbo, wote wanahitaji kupata huduma kama hiyo mahali kama pale.

Bw. Naibu Spika wa Muda, jambo lingine ni kwamba, katika hizi sehemu za mashambani, kule ndani, ndani, tungekuwa na zile huduma za mobile clinic ambazo mara nyingi tunapitisha katika DDCs zetu, ili tuhakikishe kwamba, huduma inatolewa kwa wale watu ambao pia hawawezi kusafiri. Lakini, baadhi ya mapendekezo haya hayatekelezwi. Watalia kwamba hatuna magari na mengine mengi, na wakati huu leo tunapitisha pesa hapa.

Bw. Nyagah amezungumza hapa kuhusu bei ya magari kule Japani - mimi sijui Japani - na akasema kwamba, ukiwa na Kshs500,000 unaweza kupata kijigari ambacho kinaweza kufanya kazi kwa muda wa zaidi ya karibu miaka miwili. Kwa nini tusinunue magari kama haya ili yaweze kutoa huduma ya mobile clinic katika hizi sehemu zetu ambazo ni mbali na hospitali ili watu wasaidike? Kwa sababu, mtu atasafiri umbali wa kilomita 30 na akifika kule hakuna dawa. Lakini kama huduma ya mobile clinic inaweza kusongeshwa kutoka pale mpaka zile sehemu ikiwafuata raia, wao pia watahukuru wakijua kwamba wanapata huduma fulani kwa upande wa matibabu.

Wakati tunaposema kwamba tunapigana na maradhi, kuna jambo moja ambalo ni gumu sana na lazima Wizara ya Afya ikubali. Hasa tunapozungumzia maradhi kama UKIMWI, wako waganga wa kienyeji ambao hujisifu kwamba wanaweza kutibu ugonjwa wa UKIMWI. Lakini hawa ndugu zetu kwa sababu ni professionals na walisoma sana, hawapendi kuwapa nafasi wale wenzao wanaojigamba kwamba, tuna dawa za kuweza kuutibu ugonjwa huu. Ni haki wawafungulie mlango, kwa sababu, tunachotafuta ni kupona na wala hatujali ni nani aliyezumbua dawa. Tunataka kujua ni vipi dawa itakavyopatikana. Lakini kule kusema kwamba ni lazima izumbuliwe na Rai, hilo jambo kwetu haliingii maanani. Kwa hivyo, kuna umuhimu wa hawa madaktari wa kienyeji wapangiwe mipango na wagonjwa kupewa ili kujaribu ile dawa ili tuone kutakuwa na matokeo gani. Tuwape nafasi ili tujue kama dawa yao yaponyesha au la. Lakini huu utaalumu mwingi tunaendelea nao, mwishowe tutapoteza watu ambao wanaweza kutuachia madawa ya kikweli na kuweza kuondoa haya maradhi ya UKIMWI. Lakini, kwa sababu ni lazima kwamba, kama una mipango kama hiyo ama penginepo, tabibu wa



kienyeji ameanza kujigamba kwamba anaweza kuutibu UKIMWI, wale wataalamu waliosoma sana hutaka kuvunja zile jitihada za wao kutaka kujitua ili kuona kwamba, wanaweza kutoa huduma gani kwa wale raia. Yako maradhi mengi ambayo naamini wazi hadi kufikia hivi sasa Wizara ya Afya haiwezi kutoa tiba yake, lakini kuna tiba ya kienyeji. Na hawa hufika wakati ambapo hushindwa kumuagua mtu na kumwambia "hakuna dawa tunaweza kukupatia, nenda ujaribu madawa ya kienyeji." Akipona haulizwi ni wapi alipopata matibabu. Lakini wakati wanapopata ripoti kwamba fulani ametibiwa mahali fulani, yafaa wamwite yule mhusika na wamuulize kile alichotumia ili kuweza kumsaidia yule mtu. Hawa wanataka sifa zao kwa sababu ya elimu yao. Wapeni nafasi wale ndugu zenu, kwa sababu wanapambana na msitu; wakizungumza mambo mengi kule msituni ili kuja kutoa tiba ama kutoa dawa kuwasaidia raia katika Jamhuri hii. Na pengine dawa zao zinaweza kuwa za bei nafuu kuliko zile zenu.

Bw. Naibu Spika wa Muda, maradhi kama TB na mengine tofauti, tofauti ambayo watu wanaweza kuambukizana, ni lazima tuwe na mipango maalum kama vile tunacho kituo cha matibabu kule Mombasa sehemu ya Port Reitz ili tujue kwamba wagonjwa wale wanawekwa mahali pamoja ili wasisambaze yale maradhi. Kwa sababu, mambo mengine tunayasababisha sisi wenyewe na ni lazima tuangalie tutafanya nini.

Kwa hayo machache, Bw. Naibu Spika wa Muda, pesa hizo wapewe.

**Mr. Raila:** Thank you, Mr. Temporary Deputy Speaker, Sir, for this opportunity to contribute to this Vote.

The Minister for Health is asking us to approve Kshs1.5 billion, which is a lot of money by any standards.

But, the other day, the President went on a visit to Pumwani Maternity Hospital, and while on this visit, he expressed shock.

**The Assistant Minister for Lands** (Mr. Sumbeiywo): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Member, for Lang'ata to mention the name of His Excellency the President when he is making his contribution to this Budget, yet he is not a Minister?

**The Temporary Deputy Speaker** (Mr. Wetangula): What did he say?

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, I talked about the President's visit to the Pumwani Maternity Hospital the other day and I said that when he went there he expressed shock at what he saw at that hospital.

Well, one would want to believe that the President was genuine and that he was not play-acting. Now, what are the implications in the event that the President was not to play-acting? The implications are very serious indeed. It means that the Minister for Health himself is also not aware of what is going on at Pumwani Maternity Hospital.

**Mr. Mulusya:** On a point of order, Mr. Temporary Deputy Speaker, Sir. The hon. Raila Odinga, was not here when the Chair ruled that where the word "President" appears, replace with the word the "Government." Say when the "Government" was at Pumwani.

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, Mulusya!

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, I would find it very odd to say that the Government went to Pumwani Maternity Hospital. It means that either the Minister for Health is ignorant of what is happening or did not keep the President informed. It would also mean that probably there is no communication between the officers of the Government and the political arm of the Government. But what is happening at Pumwani Maternity Hospital is a sample; a very representative sample of the state of affairs of our health care, nationally. That is what happens in virtually all hospitals in the country.

Mr. Temporary Deputy Speaker, Sir, over the years, there has been a progressive increase of the Budget allocation to the Ministry of Health. You find that every year, there is more money which is allocated to the Ministry of Health. One wants to assume that somebody somewhere sits down and prepares estimates which are incorporated into the Budget itself. One would think that the purpose of the increase is to take account of the increase in population, inflation and increase in the cost of drugs. Yet, we are being told that there is a drop in terms of budgetary provision for every Kenyan by nearly 100 per cent over the provision of 10 years ago. Today, in this particular Budget, only Kshs200 is allocated for every Kenyan. What is Kshs200 for medical care? It cannot even buy a complete dose of malaria. So, something has gone wrong somewhere! With the progressive increase of monetary provision for the Ministry of Health, there has also been a progressive disappearance of drugs from Government hospitals. This shows that somebody somewhere is "eating" the money meant for drugs.

Mr. Temporary Deputy Speaker, Sir, there is also something wrong with the way Afya House is run. The way Afya House is run is very frustrating to professional staff in the Ministry of Health. This is what is responsible for the brain drain in the Ministry. This is the reason why many qualified doctors are leaving Kenya and seeking greener pastures elsewhere in Botswana and South Africa. There is politicisation of the

administration in the Ministry of Health. Promotions in the Ministry are not given on merit. If you do not have a political godfather, you do not have a chance of upward mobility in the Ministry. There is also frustration of the lower cadres of staff in the Ministry of Health. For example, I have a case of technicians, particularly those in the New Nyanza General Hospital in Kisumu, who have not been given salary increments since the Government introduced a new scheme of service for them in 1993.

Let me now talk about Kenyatta National Hospital (KNH), which is in my Langata Constituency. This is a national hospital, which is supposed to be a referral hospital. The other day when we toured the hospital we found it in a terrible state of maintenance. We found terrible congestion in the wards. We found patients lying on the floor. We found a patient who has been lying on the floor for the last four months! What are the reasons for this congestions? The reason for the congestion is due to lack of adequate medical care in the district hospitals. If the district hospitals were properly maintained and supplied with drugs, there would be no influx of patients from districts to the KNH.

Nairobi itself, which is the capital of Kenya, does not have a district hospital. We need to have a Nairobi District Hospital. The other day, the Government, if you want me to use this word, went to raise funds for Nairobi Hospital. Instead of raising funds to build a Nairobi District Hospital, the Government went to raise funds for Nairobi Hospital. We know who goes to Nairobi Hospital. Those who go to Nairobi Hospital can afford to pay the cost of that hospital. Nairobi Hospital can afford to use that money to effect the expansion for which the Government was raising funds. A bed in Nairobi Hospital is more expensive than a bed in Inter-continental Hotel or Hilton Hotel! Why should the Government bother to raise funds for Nairobi Hospital, when there are other needy cases? This itself is, I believe, a waste of resources. Something urgent needs to be done to bring the KNH to a proper state of repair and reduce congestion in it by constructing a Nairobi District Hospital. There is need to try and remunerate the lower cadres of staff in the Ministry of Health properly, so that we can rejuvenate their morale.

Mr. Temporary Deputy Speaker, Sir, Mathari Mental Hospital is another case that needs urgent attention.

Patients at this hospital are mental cases, but they are badly mistreated. They are badly mistreated and mishandled in spite of the fact that they are confined and cannot escape. The hospital is in a very pathetic state of disrepair. It has no proper facilities. We urge the Ministry of Health to take urgent measures and ensure that these unfortunate patients are not mistreated because they cannot defend themselves and have nobody else to speak for them. In fact, they cannot have a way out of that hospital. In fact, they are in confinement. Decency demands that those who have lost control of their mental faculties be treated humanely, or as human beings.

A lot has been said about the state of affairs in other district hospitals, and I do not wish to add on that. But the further you go out of Nairobi, the more the deterioration in our medical care. There is need to now convert the National Hospital Insurance Fund into a proper institution for medical care. This Government should come up with a comprehensive policy on medical care. We in FORD(K) have a good and comprehensive policy which we intend---

**An Hon. Member:** Which faction has that policy?

**Mr. Raila:** There is only one FORD(K).

Thank you, Sir.

**The Minister for Home Affairs and National Heritage** (Mr. F.L. Lotodo): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to join my colleagues in making a few remarks on the Vote of the Ministry of Health. First of all, I want to thank the Ministry for putting up a big hospital at Kapenguria. I would like to remind my colleague, the Minister for Health, that in Kapenguria District Hospital we have a training wing which was completed over five years ago, but which is not functioning. I am told that the training wing was built minus the staff houses. I think either those who drew its plans or those who negotiated for its money thought that the hospital staff were going to teach in the training wing. Up to now, that training wing is not functioning. I think it is a waste of public funds to put up a huge training wing which does not serve the purpose it was meant for.

Another thing that I would like to inform my colleague and his staff is that we have four health centres in my district. These are Sigor Health Centre, which existed during the colonial administration, Kacheliba Health Centre and Kadikpichi Health Centre.

Mr. Temporary Deputy Speaker, Sir, I can see in the Vote that there is nothing for those health centres. There is no expansion going on apart from the new one called Chepaleria. Maybe, when those health centres were put up, the population was very small, but it has now increased and therefore there is need to expand them.

Another point that I want touch on is the training in the medical training colleges (MTCs). I think unless the Ministry of Health changes its way of selecting students to join MTCs, some people in this country will lag behind for years. Last year, only three students were taken from West Pokot although there were enough

qualified students and they had money to pay either Kshs20,000 or Kshs30,000, but they were not admitted for reasons we do not know. Unless quota system is introduced, some people will remain behind for years.

Another point which I think is common throughout the country is the issue of ambulances. Every district hospital has now become as "mortuary" of vehicles. If these vehicles are no longer in operational any more then those who are responsible for such vehicles should do away with them because if they are left there then they appear, at least, somewhere that there are vehicles in those hospitals and Treasury will not give out money for buying new vehicles. We had only one Suzuki which was in operational in Kapenguria, but a week ago it was stolen by thugs. I heard that it was recovered, but I do not know whether it is in operational or not.

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

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

Finally, I would like to defend the President on accusation that he went to Nairobi Hospital to lead a fund-raising in a private hospital. He went there just in the same way hon. Mathenge could be invited by hon. Lotodo to organise a fund-raising for him. Others went voluntarily; nobody was forced to go there. So, the question of saying that it is a private hospital and the President should not have gone there does not arise. He was invited just as you can invite me to do something for you.

With these several remarks, I beg to support.

**Mr. Mathenge:** Mr. Temporary Deputy Speaker, Sir, thank you for allowing me to make a contribution here.

In the first place, I would like to say that when Ministers and their civil servants do a good job, they need to be commended and not to be flogged. In this case, I stand here to congratulate the Minister for Health, doctors, clinical officers, nursing staff and all the junior staff in the hospitals because running the Ministry of Health is a very difficult task. And it is good to see that people do not die like flies in the hospitals because of the dedication of the doctors and their staff.

I note here that Nyeri Provincial General Hospital will get K£60,781,411 in the Recurrent Expenditure, but only K£500 for alterations and maintenance of the hospital. Although, I thank you Minister for earmarking this amount to be spent at my provincial hospital, I cannot complain because it is the money available to be spent on hospitals you have not neglected the Nyeri Provincial General Hospital.

Secondly, we have proposed Kiganjo Polytechnic. This has been on the books and on the Budget for the last three years, but it has not taken off from the ground. May I now take the opportunity to ask the Minister for Health to see to it that something is done this year to start the construction of Kiganjo Polytechnic.

**The Minister for Home Affairs and National Heritage** (Mr. F.L. Lotodo): On a point of order, Mr. Temporary Deputy Speaker, Sir. Did you hear hon. Mathenge talking about polytechnic? What does it have to do with the Ministry of Health?

**Mr. Mathenge:** Thank you for drawing my attention to that. I meant to say "polyclinic" or health centre.

**An hon. Member:** What is a "polyclinic"?

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! I am sure that hon. Mathenge want to utilize his ten minutes. He may have missed a word here and there, but I think that is not an important point. Proceed, Mr. Mathenge!

**Mr. Mathenge:** Thank you, Mr. Temporary Deputy Speaker.

Nyeri Provincial General Hospital requires repairs of kitchen equipment or replacement of obsolete equipment. I would be grateful if the Minister would take action on that. In addition to that, there are a quite number of old vehicles lying all over there. I think they should either be repaired or sold out by auction altogether because they are an eyesore to people who go to that hospital.

Recently, a doctor at Nyeri Provincial Hospital complained of hospital land being grabbed by some politicians in Nyeri. I fully support the doctor on his complaints against the grabbing of the hospital land because we will not have enough land for expansion of the hospital or facilities if hospital land is to be grabbed by people who happen to be in positions.

This disease of grabbing public lands must be brought to an end because if we continue like this we will end up in trouble.

I would like to ask the Minister to consider giving grants to mission hospitals like Mathari hospital, Tumutumu hospital and so on, because these hospitals render very important services to the local people.

Lastly, may I ask the Minister to look at what is happening to Mvita polyclinic and Tudor polyclinic in Mombasa because those two are very useful institutions and they appear to have been abandoned by the Ministry. It is a shame for the Ministry to allow such institutions to lie idle without being used for the purposes they were constructed for.

The selection of nurses and clinical officers, the Minister should select pleasant-looking people to serve in the hospitals so as to accelerate the recovery of patients. Do not select people with "objectionable" faces to be treating patients.

With those few remarks, I beg to support.

*(Applause)*

**Mr. Wetangula:** Mr. Temporary Deputy Speaker, Sir, mine is very short.

**Mr. Mulusya:** *(inaudible)*

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

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! Yes, hon. Nthenge.

**Mr. Nthenge:** Mr. Temporary Deputy Speaker, Sir, did you hear the remarks made by hon. Mulusya which is unfair to the Chair? We are aware that the Chair can only call out one person at a time. You had called out somebody from the Opposition and now you have called out another one from the Government. Where is the injustice there?

**The Temporary Deputy Speaker** (Mr. Ndotto): Hon. Mulusya, I heard you very well. Will you withdraw that word? Make sure that you do not repeat it.

**Mr. Mulusya:** Mr. Temporary Deputy Speaker, Sir, I beg to withdraw my remark that "this is a conspiracy of the highest nature".

**The Temporary Deputy Speaker** (Mr. Ndotto): Thank you.

**Mr. Wetangula:** Thank you, Mr. Temporary Deputy Speaker, Sir. I wish to---

**The Temporary Deputy Speaker** (Mr. Ndotto): Order, hon. Wetangula!

**Mr. Mathenge:** Mr. Temporary Deputy Speaker, Sir, I have heard people speaking and I think it is fair to allow him to speak because hon. Members of FORD(A), FORD(K) and DP have spoken. I think he should speak.

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! It is now time for Mr. Wetangula to speak, and I am not going to allow any more points of order.

**Mr. Wetangula:** Thank you, Mr. Temporary Deputy Speaker, Sir---

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

**The Temporary Deputy Speaker** (Mr. Ndotto): Is it on the same issue?

**Mr. Nyagah:** Mr. Temporary Deputy Speaker, Sir, I want some guidance from you. Do you not think it is unfair? The hon. Member has not said anything and yet he is being timed and it will be taken that he has been given his full ten minutes.

**Mr. Nthenge:** You are right!

**Mr. Wetangula:** Thank you, Mr. Nyagah. You are very level headed.

Mr. Temporary Deputy Speaker, Sir, I want to support this Motion and ask the Minister for Health to look into a few things concerning his Ministry. The first thing is to urge the Minister to embark on a programme where he should ensure a provision of ambulances, at least, to every district and sub-district hospital in the country. There are certain areas where the distances between hospitals are very long, and a lot of patients end up losing their lives because there are no ambulances to move them to the nearest available facility. The importance of this Ministry can be demonstrated by the fact that almost 70 per cent of Private Member's Questions coming to this House, are either on the Ministry of Health, Public Works and Housing or Land Reclamation Regional and Water Development. These are the Ministries that deal, on a day to day basis, with the common man.

I want to suggest to the Minister that in the process of re-structuring the National Insurance Hospital Fund (NHIF), the funds available from this kitty, should be partly used to finance the purchasing of ambulances, to equip at least every divisional centre, where there is a hospital with an ambulance to ease the pressure on the public. But more important, I want to suggest to the Minister that his Ministry enforces and emphasises more on the issue of public health. If you go to the countryside, and we all live there, I have not at any time seen public health officers doing what they ought to do. We have broken down sewerages, which are within the preview of

public health officers. I have not at any time seen public health officers going to inspect the safety of drinking water sources. This helps a great deal because we have a lot of water borne diseases. We have typhoid and many other diseases which, if the public health sector was active, would quite easily be controlled. The other day I was amused to hear of a District Commissioner (DC) quarrelling with members of the Luo community for bathing on the shores of Lake Victoria. I wish he directed his energies to public health officers to ensure that pollution is controlled, which soils drinking water instead of bothering about a naked man on the lake shore, who is keeping himself in good hygiene.

I also want to say something about Bungoma District Hospital, which is in a horrible state and I want to urge the Minister to do something about this Hospital. We have no properly functional ambulance, there is no mortuary to the extent when somebody dies, the body has to be taken to Webuye District Hospital, Kakamega or to Kitale, and this is very expensive to wananchi. Last year, I think the Minister promised in this House that money was going to be available to refurbish and/or reconstruct a mortuary in Bungoma District Hospital. To-date, nothing has been done, and if any money was allocated, I would want to know whether this money was returned to the Treasury or was fiddled with by some officers on the ground.

Mr. Temporary Deputy Speaker, Sir, another area of concern with this Ministry is the rampant theft of drugs by doctors. Everywhere you go, doctors are running "little kiosks" called private hospitals in their stations.

What they do is, they sit in Government hospitals, attend to patients, prescribe drugs and send the patients to go and buy such drugs from either their clinics or their pharmacies and these are largely Government drugs. An inspectorate section should be set up within the Ministry to carry out random checks in these private clinics, which one hon. Member once described as "sick homes", and check to find out whether the drugs being sold or being administered there, are in fact Government stores or drugs purchased elsewhere. It is very painful to note that while wananchi are burdened with cost sharing, even the little that there is for them is stolen by people in privileged positions in terms of doctors who are employed and paid salaries by the Government. Some punitive measures should be taken to control this kind of misconduct.

I want to call upon the Minister to look into a small dispensary in Bungoma, called Ingalasia Health Centre. The construction of this health centre was started five years ago. The foundation was laid, walls were built, roofing terraces were put up and that was all. For over five years nothing has been done and the structure is now crumbling into a ruin. I do recall the Minister saying here last year that something was going to be done at that health centre, but to-date, nothing has been done. There is also a health centre called Tamlega in Malakisi area of Bungoma. Structures at the cost of over Kshs15 million have been put up and left halfway. They are falling into ruin now from the ravages of the weather. I want to call upon the Minister to see to it that something is done to complete this already expensive structure so that wananchi can benefit from the facilities available.

Last but not least, I want to urge the Ministry of Health to liaise with the Ministry of Land Reclamation, Regional and Water Development to ensure that all water points in the country are kept clean in order to control water borne diseases. We also have diseases like Malaria. Almost everyday, we hear hon. Members demanding Ministerial Statements about the outbreak of Malaria in certain parts of the country. These are easily controllable diseases if public health officers did their jobs correctly.

With those few remarks, I support the Motion.

**Dr. Lwali-Oyondi:** Thank you, Mr. Temporary Deputy Speaker, Sir.

I will start with the health facilities in my constituency. Nakuru town is in the middle of the country and it affects everybody in this country, because there is no way one can pass through Kenya without passing through Nakuru town. Nakuru town is the actual seat of the Government.

**Prof. Mzee:** On a point of order, Mr. Temporary Deputy Speaker, Sir. This is the second time in this House when Nakuru town has been referred to as the seat of the Government. I cannot understand. Is it because the President is residing there that the hon. Member has referred to Nakuru town as the seat of the Government?

**Dr. Lwali-Oyondi:** It is obvious and we do not need to substantiate the obvious.

**The Temporary Deputy Speaker** (Mr. Ndotto): Dr. Lwali-Oyondi, Nakuru is not the seat of the Government. Nairobi is the seat of the Government.

**Dr. Lwali-Oyondi:** This is where the President resides and where most of the important decisions by the Government are made. I would like to point out that the Nakuru District Hospital is quite dirty. The toilets are terrible and the general upkeep of the compound is very poor because grass is everywhere. But, the most important thing which I would like to state here is the question of the ICU. I did ask a Question here about it. There are too many accidents on this highway because, the road is utterly congested with vehicles and there are usually very serious accidents. We had to walk at one time in order to get money to put up an ICU. The ICU was put up, but there are no instruments to be used in monitoring the progress of patients when they are being

treated. I, therefore, ask the Minister to put up ICU facilities used for brain scanning, such as the electron-sefalograms and the electro-cardiograms should be put there, so that the doctors can have a better way of looking after a seriously injured patient. It is very important because anyone of us can be involved in an accident, because all of us pass through that road. And he should not treat it as a Rift Valley or Nakuru thing. I would also like to say something about the cost-sharing programme. The Government should have a policy on cost-sharing so that we know whether this money is to be used for capital or for improvement of buildings or it should be used for the actual treatment of patients. I would suggest the latter because we would like most of the emergency materials to be available---

**Mr. Boy:** *(inaudible)*

**Dr. Lwali-Oyondi:** Mr. Speaker, Sir, can you, please, protect me from hon. Juma Boy?

We would like to suggest to the Government that the cost-sharing money which is a lot of money be used for treatment purposes. In a hospital like Nakuru Provincial Hospital, it something in the range of Kshs40,000 to 100,000 a day. That money should be accounted for first of all and we as Members of Parliament should be involved in looking after this money because they are the ones who suffer a lot from their constituents trying to get money from them in order to seek treatment. First, it should be accounted for. Secondly, this money should be used for purchasing essential and emergency materials which include X-ray films, stitching material and plasters which must be used when a doctor treats fractures, oxygen, anaesthetics, blood and other tests that must be done in emergency before a patient is treated so that there is no question of a patient being asked for gloves when he is unconscious. There should be no reason why a doctor should tell a patient "You go and buy stitching materials for this particular person" because that patient may be alone when the accident occurred. He might have been a lone motorist who has had an accident and, therefore, he cannot get these other materials that are usually demanded from patients or their relatives. I would also like to say something about other things like anti-rabies vaccine. In places like Nakuru and Machakos for example, somebody gets bitten by an animal suspected of harbouring the rabies virus and when he goes to the hospital, he is told to go and buy this anti-rabies vaccine. Sometimes you cannot get it. At times it is there in the chemist shop but you need about Kshs10,000 to have a full dose and yet it should be there and it should be given as a service because once one suffers from rabies and once you clinically show signs of rabies, then you are as good as dead.

Now, I would also like to talk about the municipal hospitals. Most of the money from the municipalities is squandered by the various local authorities. In Nakuru the municipal council has forced hawkers to pay Kshs10, but would prefer this money to be used in the treatment of the wananchi themselves and not to be used or pocketed by the municipal authorities.

Mr. Temporary Deputy Speaker, Sir, preventive medicine is very very important. The Ministry of Health should stress preventive medicine. Apart from vaccination we should have health officials going round and killing mosquitoes from pools of water. That would go a long way in reducing the amount of money used in buying curative drugs which are very expensive for malaria. The other thing is that Nakuru Town is full of rats and because of the shortage of food they eat faeces. In a place like Flamingo Estate, wananchi there are forced to go to the toilets while standing because the rats will nimble at them if they squat. This is not a laughing matter, but the rats are so big because there is so much food for them in form of human waste. These are the places where the Ministry of Health should work in conjunction with the local authorities to get rid of these rats. Also, most of the water in municipalities is not well treated.

I would like to say a word or two on AIDS. AIDS is going to finish our people. You have read in the papers that now Nakuru Town is leading in AIDS cases in Kenya. First, the Ministry of Health should do research to establish why is it that in Europe homosexuals are the ones who get AIDS more easily and why is it that heterosexuals get AIDS more easily here in Kenya, but it does not happen in Europe. It may be, and this is my theory, that one of the reasons is that there is little water available so that personal health is not effected.

If you have no water even to wash yourself, how would you have to wash yourself after sex? Another thing that I said one day here, and the hon. MPs took it as a joke, has now been proved true that circumcision is very important in the prevention of AIDS. This has been proved by research workers in Kenya and we have papers on it.

Lastly, Mr. Temporary Deputy Speaker, Sir, the doctors should treat venereal diseases and tell the people that venereal diseases are the source of AIDS because they make wounds through which the AIDS virus cripple through and infect them.

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

**The Assistant Minister for Lands and Settlement** (Mr. Sumbeiywo): Thank you, Mr. Temporary Deputy Speaker, Sir, for allowing me to say something on this very important Motion. From the onset, I would like to congratulate the Minister for Health, hon. Angatia and his team, led by the Permanent Secretary and the

Director of Medical Services. This team has done a wonderful job under very difficult conditions because in the past few years medical facilities in this country had come to a halt, had crumbled, but today, we can see that something has been done and we are on the right track, although we have not reached there yet.

Mr. Temporary Deputy Speaker, Sir, I would like to say something about the National Hospital Insurance Fund (NHIF). This Fund has a lot of money, but that money is not properly utilised. I would like to suggest that the Fund should establish a bank so that that money can be borrowed by people to do business with it because the contributors do not seem to be benefiting from that Fund. I would also recommend or suggest that that money be refunded to the contributors when they retire from active service. I would also like to suggest to the Minister for Health that he should concentrate his efforts in the rural and remote areas instead of providing medical services in urban areas where there are better medical services offered by private doctors, municipal hospitals and so forth.

Most Kenyans live in rural areas, and what they require are the services of medical staff because most of them cannot move to the urban areas or townships.

I would also like to touch on medical doctors, nurses and other staff. These officers are earning very little salaries and that is why most of them opt to go and get employment in private hospitals and earn more money. If there is a way that these people can be retained in the Public Service, it is by giving them incentives like allowing them to import cars duty free, especially the senior officers, and their terms of service ought to be different from the other civil servants because these are people who work for 24 hours or even 48 hours in shifts. They are called during the odd hours of the night to attend to patients. So it is only fair that these people are considered separately from the other main body of the Civil Service.

I would like to thank the Minister for Health for his recent visit to Keiyo, and in particular Kerio Central, which I represent. His visit has brought the medical staff closer to the people. I am sure what the Minister noted together with his team during his visit, will be rectified so that our people in the rural part of the country can also benefit from the money that is now being asked to be voted for use by the Ministry. I have in particular a dispensary called Serigoit in my constituency. That dispensary was put up during the colonial administration and it has never been expanded because it is in an area where the people have no resources like money to expand that dispensary. I can see that there is no money voted for the expansion of that dispensary as well as Kapteren the centre of the dispensary which is in the constituency. I am happy that Msekekwa Dispensary has some money although it is little. The lower part of Keiyo District is very far away from the District Hospital and the means of communication are very poor. When somebody falls sick in Kerio Valley, there is now way that, that patient can reach the hospital for treatment because there are no transportation means unless they are carried on the back of a relative.

Mr. Temporary Deputy Speaker, Sir, I would like to see the Ministry concentrating on preventive care as opposed to curative measures through educating the people. By so doing, the Ministry will save a lot of money because once you educate somebody on what to eat and how to conduct himself, you minimise cases of illnesses. In this way you also reduce medical expenditure. Mobile clinics are very important in the rural areas so that people in remote areas are reached by the medical staff.

One of my colleagues spoke on selection of candidates in medical training colleges. I would like these candidates to be equitably distributed so that each and every area in this country gets its share of medical staff.

Before I end my contribution, I would like to request that mission hospitals which are scattered all over the country be considered by the Ministry of Health for some kind of assistance. Some are operating in very remote areas. I keep on talking about remote areas because I represent most of the remote areas in Kerio Valley. The mission hospitals there are operating under very difficult conditions. So, I would like them to be assisted.

With those few remarks, I beg to support.

**Mr. Farah:** Thank you very much, Mr. Temporary Deputy Speaker, Sir. The Ministry of Health deserves much more than has been allocated by the Treasury. There are a lot of problems here which we think the cause is the personnel of the Ministry of Health. If we do not get appropriate allocation for the services that are going to be rendered by the Ministry, then we cannot blame the Ministry for it.

At the face value today, it looks like health services in the country are in a pathetic condition. For those of us who came to this House in 1993, health services have come a long way from the way they were when we first came here. As I talk to you now, in 1993, we did not have a single doctor in the whole of Garissa District except the MOH who did not have any time to treat any patient. As of today, I am glad to say that we have a good number of doctors. It is still very much short of the requirement but with the resources and available manpower they have, I can only commend them and compliment their work over this period. In that respect, I would not be fair if I do not complement the Minister, PS and the Director of Medical Services for the effort and interest they have taken in North-Eastern Province over this period of time.

Having said that, I would like to say that we have our health resources overstretched in sectors that can

adequately be served by other Ministries. One of the biggest problems we have is adolescent pregnancies. Pregnancies of girls between the ages of 15 and 19 is a problem, and I think the Ministry of Social Services, the Minister of Education and the Ministry of Health have got to be able to come up with a policy to address the health needs of these girls.

Mr. Temporary Deputy Speaker, Sir, as it is, I have some small statistics here which show that, at any given time, we have over 2,000 girls between the ages of 15 and 19 years old, who are occupying beds in hospitals.

Those pregnancies should not be there in the first place. The Government should have a policy on the youth. The youth development policy should also address this vital sector regarding the health of the youth.

By the turn of the century, we are going to have in excess of half a million adolescent HIV carriers in this country. It is the same adolescents who are right now carrying the virus because the productive age of girls is as low as 11 years. We have 11-year old girls who have given birth in hospitals. If you go to the maternity wing of Kenyatta National Hospital right now, you will be amazed by the number of teenagers who have delivered babies. They have dropped out of school and cannot be productive to the society in any way. They cannot contribute in any way to the economic welfare and development of this country. They become a heavy burden on our health facilities. We need to address that problem. Whereas there has been a lot of outcry over the introduction of the so-called family life education in schools, something must be done to educate these young children who are falling into these problems because of ignorance. The appropriate Ministries and departments concerned should see the gravity of this problem. Statistics show that by the turn of the century, by the year 2005, we are going to have 2 million deaths from AIDS. We are also going to have 1 million orphans whose parents will have died of AIDS. We are going to have 571,000 very productive adolescents between the ages of 15 and 19 years who will be HIV carriers. At the rate we are going right now, we are going to lose the backbone and future of this country. That is where other arms of the Government ought to see the gravity of this problem, and come up with a proper national youth development policy to address, among other things, the problem we are talking about.

Mr. Temporary Deputy Speaker, Sir, as it is today, we blame doctors, nurses and workers in the Ministry.

You cannot put an investment of Kshs10 into a place and expect to get Kshs1 million at the other end. Those doctors and nurses are not getting appropriate remuneration. They work day and night for 24 hours, and yet they have families. They do not have proper housing because the houses have been sold, one way or the other, by politicians who have grabbed them. The doctors are earning peanut salaries of Kshs15,000 and Kshs12,000. How do you expect these doctors to live on that, and yet you want to deny them the possibility of opening clinics? They are not our slaves. We have to take care of them because they work in very high risk situations. They stand the risk of contracting professional hazard diseases, such as hepatitis and AIDS which are killer diseases. They stand to destroy their families because, sometimes they work for two, three or four days in a row without attending to their children and wives. We must be able to compensate these people adequately, and have a scheme of service for them. We must give them a scheme of service. Why should we give pay rises to other Ministries and all they do is to sit in their butts doing nothing? They have not developed this country in any way.

We are not in a state of war. There has to be a separate scheme of service for workers in the Ministry of Health. It is only when you have taken good care of those young people that we can come out here and blame them for misconduct and not giving us their best.

Mr. Temporary Deputy Speaker, Sir, there is also the question of Asian doctors who are in the country in big numbers. We know that Asians do not believe in being treated by Africans, but that is not a problem created by the Minister for Health; it is a problem created by politicians who get work permits for them, it is a problem created by the Department of Immigration. That is where the work permits are given from; they are not given from the Ministry of Health. So, you have to address yourself to the root cause of some of these problems. Whereas our own African doctors here; some of the best; a lot better than these Asians, could still work in the same hospitals and be remunerated adequately--- The Asians do not do it because we know they are racists and we have lived with racism for all these years; I do not know how much longer we are going to live with Asian racism here in the country.

Mr. Temporary Deputy Speaker, Sir, we have in excess of 250,000 abortions every year and those abortions are as a result of the pregnancies not being right from the beginning. I think we have to own up to the real problems. We do not have to try and please the churches, we do not have to try and please a section of the community for political convenience, we have to own-up to some of these problems. I think it is high time that we legislated in this House, the minimum age for marriage of girls. I would put that age as high as 18 years because then, you understand the girl can use her mind very well. We have got to have proper penalties, and the Attorney-General has to come up with good laws to punish rapists and punish them adequately and appropriately because 95 per cent of the rape cases in the country, which end up in pregnancies, are not reported. And most of them are committed by people who are known to the victim; they are done by adults and the rest. We have to



have legislations that are going to protect that sector because the whole thing is a chain effect. When you have 250,000 abortions in a year, you have medicine that goes into treating those people; they occupy beds for so long; there are complications, at times the girls die and end up in the mortuaries and make our mortuaries over-crowded. So we do not have sufficient facilities for them. Then the Ministry of Land Reclamation, Regional and Water Development does not do its job right and you end up with typhoid cases in Garissa Hospital. We have the Tana River there; there are water-borne diseases as some hon. Member said. I think the public health officers should close some of those water facilities even when they are run by the Government. The Ministry of Health staff should close those facilities.

Mr. Temporary Deputy Speaker, Sir, there is then the issue of ambulances. I have had a lot of promises by the Minister here that I am going to have an ambulance in Garissa General Hospital, but I still do not have one.

I have a whole division called Santa Abak in my own Constituency which does not even have a health facility. Whereas I know that our resources are stretched, and I am imploring the House, the decision-makers and the policy-makers of this country to allocate sufficient funds to the Ministry for it to become efficient and complimenting your good work for the last couple of years, I still would want to have some dispensaries if you can spare the money.

Thank you, very much and with those remarks, I support the Motion.

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

It is true that the work of the Ministry of Health, and we must all accept it is a heavy responsibility, and it is true that the Minister has done very well, together with his senior staff from the Permanent Secretary and provincial medical officers of health to the district medical officers of health. I come from Trans Nzoia and we have our MOH; a very able man, who despite shortages, has helped us to set up some dispensaries in the district and through this, many people; in fact, the poor people, have been helped. We have dispensaries in places like Kobos, Kapkoi, Toba Farm and Bondeni among others. So, I am appealing to the Ministry of Health to do something about these dispensaries, so that they can do their best. The Ministry is doing much to control theft of drugs. In fact, we are most gratified to note that, though some drugs may still be stolen, the theft is not on the same scale as it was before. The credit for this goes to the Minister himself, his Assistant Ministers, Permanent Secretary and other members of staff. We are happy that with scarce resources, the Ministry is able to keep Kenyans alive and in good health.

Mr. Temporary Deputy Speaker, Sir, we have a problem in Trans Nzoia District in connection with Saboti Health Centre. This health centre was built to near-completion some five or six years ago, but up to now, it is not operational. Around this health centre, we have no means of transport. Should somebody fall sick, the only means of transport is by use of donkeys. Even expectant mothers are carried on donkeys to the nearest midwife. I am appealing to the Ministry of Health to, as a matter of priority, ensure that Saboti Health Centre becomes operational. In fact, in Trans Nzoia District, we have three constituencies, but all the health centres in the district are in one constituency, namely Cherangani. We have three operational health centres in Cherangani Constituency but there is no health centre in Saboti and Kwana Constituencies. I am appealing to the Government to ensure that, at least, there is one operational health centre in Saboti and Kwana Constituencies.

As for training, we have no training facilities in Trans Nzoia District for training medical staff. I am appealing to the Ministry to see if it can set up a medical training centre in Trans Nzoia District. Such a centre can be used to train staff on a part time-basis. Lodwar is a very remote place, which is 200 kilometres from Trans Nzoia District. So, training people in Lodwar so that they can come and work in Trans Nzoia District is cumbersome, because of the distance involved. If one medical training centre is set up in Trans Nzoia District, it will help us a lot.

I am appealing that the Minister ensures that some funds are voted for Saboti Health Centre. I have noticed that this health centre is not even mentioned in the printed estimates. Instead, a non-existent health centre called "Cherangani" is mentioned. Such a health centre does not exist at all. Therefore, I am appealing to the Minister to respond to the wishes of our people to be kept healthy through availability of drugs.

With those few remarks, I beg to support.

**Mr. Achola:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Motion.

*(There were loud consultations in the House)*

Mr. Temporary Deputy Speaker, Sir, can you protect me? I wish I could have some silence in this House!

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! Order! My protection is available.

**Mr. Achola:** Mr. Temporary Deputy Speaker, Sir, I would like to start my contribution by criticising the Ministry with respect to the National Hospital Insurance Fund (NHIF). You will remember that towards the end of last year, many private hospitals in Nyanza and Western Provinces were closed down, because it was alleged that they were involved in fraudulent activities. I do not think there is anything wrong with that, but why is the Ministry continuing to penalise the contributors to the NHIF by insisting that they must pay for their treatment in advance, before they can claim a refund from the Fund? I was going to suggest that the Minister allows---

#### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Ndotto): Order, hon. Achola! You have some seven or eight minutes to go in your contribution. So, remember to be here on time tomorrow.

Hon. Members, it is now time to interrupt business, and the House is now adjourned until tomorrow Wednesday, 10th June, 1996, at 9.00 am.

The House rose at 6.30 p.m.