

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Tuesday, 7th August, 2007

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

### PRAYERS

### ORAL ANSWERS TO QUESTIONS

*Question No.232*

CANCELLATION OF JUDGES'  
SWEARING-IN CEREMONY

**Mr. Speaker:** Mr. Osundwa! He is not in the House! The Question is dropped!

*(Question dropped)*

*Question No.111*

COLLECTION/UTILISATION OF SUGAR  
CESS BY MUHORONI TOWN COUNCIL

**Prof. Olweny** asked the Minister for Local Government:-

(a) how much cess Muhoroni Town Council has collected from sugar-cane farmers within the last four years; and,

(b) what projects the Town Council has undertaken with the money collected.

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

(a) For the four years, the cess collected is Kshs5.8 million.

(b) The money has been spent in all the wards of the town council, namely, Koru Ward, Muhoroni Ward, Oaka Ward and Got Nyithindo Ward. About Kshs5.3 million has been spent over the period of four years.

**Prof. Olweny:** Mr. Speaker, Sir, this Question was answered partially last week. It was deferred to today because I wanted the details. I would like to narrow down on Muhoroni Ward, which is basically a town. There are only two roads passing through Muhoroni Town.

There is a tarmac road, which is maintained by the Ministry of Roads and Public Works. Then there is another road which joins the tarmac road and passes through the town. This road is also maintained by the Ministry of Roads and Public Works.

Which particular road in Muhoroni Ward, which is basically a small town, was done using the Kshs1.1 million? That is what I wanted the Minister to tell me because I know there are no roads there.

**Mr. Kombo:** Mr. Speaker, Sir, what my officers in the field have told me is that they have

done grading in Muhoroni Ward to the tune of close to Kshs600,000. They have also done some drainage. I cannot tell the hon. Member the name of the road in Muhoroni, but that is the answer that I received from the field. If the hon. Member is in doubt, then I will send inspectors to go and check specifically, what roads were done.

**Prof. Anyang'-Nyong'o:** Mr. Speaker, Sir, access roads in the sugar belt are in a pathetic state. Traditionally, these roads have been maintained by cess money from the county councils.

I would like to appeal to the Minister to visit the area or send very serious officers to inspect these roads in order to see what conditions they are in. They are really hurting the transportation of sugar from the fields to the factories. They are in a really pathetic situation.

**Mr. Kombo:** Mr. Speaker, Sir, I accept the challenge. We will visit the area.

**Capt. Nakitare:** Mr. Speaker, Sir, it is deplorable for the Ministry of Local Government to be collecting cess--- We very well know that county councils have graders. Who does the grading of roads? County councils have the necessary equipment. Who is in charge of grading the roads? Is it the county councils or the contractors? Why did the Minister authorise county councils to buy road graders?

**Mr. Kombo:** Mr. Speaker, Sir, to maintain a road, you do not need just a grader. You also need to buy murrum, hard-core and fuel the grader. So, I really do not see how the question of having a grader should absolve people from paying cess.

**Prof. Olweny:** Mr. Speaker, Sir, given the fact that the Minister has said that he will send a team of his officers to the ground to check on this issue, may I ask the indulgence of the House to defer this Question, so that he can bring to the House the report of the team?

**Mr. Speaker:** We cannot have the Question on the Order Paper all the time! I think you had better trust your colleague. I am afraid I will not! I cannot defer the Question!

**Prof. Olweny:** Mr. Speaker, Sir, but then, how shall we handle---

**Mr. Speaker:** You will have to trust him! Questions are not supposed to be shackles to chain Ministers into a particular position. We have to build a certain amount of trust and reliance. I am sure the Minister knows that when he is answering Questions here, he is just not addressing the House. He is addressing the people.

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

**Mr. Speaker:** Will you sit down, please? He is addressing the Kenyans who are affected. If he is not saying the correct thing, the elections will be in December and he will be punished!

**Mr. Omondi:** On a point of order, Mr. Speaker, Sir. The Minister has stated that money to the tune of Kshs5 million has been spent on roads in Muhoroni and its environs. He has not specified which roads have been done. I think his answer is unsatisfactory.

**Mr. Speaker:** That is not a point of order! If it is unsatisfactory, you know how to proceed!

**Mr. Omondi:** Mr. Speaker, Sir, I support Prof. Olweny that the Question be deferred.

**Mr. Speaker:** Order, my friend! This is---

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

**Mr. Speaker:** Order! I do not think we can hold the House to a standstill because of this particular Question. I think I have given enough time to it and we must proceed to the next Question.

**Prof. Olweny:** On a point of order, Mr. Speaker, Sir. His Excellency the Vice-President and Minister for Home Affairs is the one who was answering this Question last week.

The same issue that I am raising is what made this Question to be deferred. The Minister has not dealt with the issue. He has actually repeated the same things that His Excellency the Vice President and Minister for Home Affairs told the House last week. He did not bring the information that made the Question to be deferred.

**Mr. Speaker:** Order! I have a problem with that kind of argument. In essence, you have a

set answer that the Minister must deliver. What is the set answer? What answer do you want?

**Prof. Olweny:** Mr. Speaker, Sir, we want transparency. This is public money, which, according to me, has not been spent properly. There are no roads in Muhoroni Ward. On which roads has the county council spent Kshs1 million? This is public money!

**Mr. Kombo:** Mr. Speaker, Sir, I was very categorical that I will not name the specific roads in Muhoroni, but Kshs600,000 has been spent. I do not know where the hon. Member is getting Kshs1 million. The Kshs600,000 has been spent in Muhoroni Ward. I will send my officers to ascertain the hon. Member's claim and I will come back to him.

*Question No.132*

NUMBER OF NURSES RECRUITED BY  
GOVERNMENT SINCE 2006

**Mr. Speaker:** This Question is deferred, at hon. C. Kilonzo's request, to tomorrow afternoon.

*(Question deferred)*

*Question No.371*

EQUIPMENT/MEDICAL PERSONNEL FOR  
CDF-SPONSORED DISPENSARIES  
IN KAJIADO CENTRAL

**Maj-Gen. Nkaisserry** asked the Minister for Health when she will equip and provide medical personnel to dispensaries funded by the CDF in Kajiado Central Constituency.

**The Assistant Minister for Health (Dr. Machage):** Mr. Speaker, Sir, I beg to reply. My Ministry has no immediate plans to equip and post personnel to the dispensaries funded by the CDF in Kajiado Central, because they are not yet completed. They are still under construction. I will consider equipping them immediately my Ministry, through the Medical Officer of Health (MOH), confirms that our standards have been met.

**Maj-Gen. Nkaisserry:** Mr. Speaker, Sir, could the Assistant Minister then equip and post personnel to the four completed dispensaries in my constituency?

**Dr. Machage:** Mr. Speaker, Sir, I have requested the MOH in Kajiado to give me the most recent report on the progress of the construction. I will do exactly that if the report shows that the dispensaries are completed.

**Mr. Nderitu:** Mr. Speaker, Sir, the intensity of this Question goes beyond boundaries of the Member who asked it. It also goes beyond those four dispensaries. There are nine new dispensaries in Mwea Constituency. Right now, it is the community paying salaries to the nurses. When will the Ministry ensure that all the new dispensaries are equipped and staff posted to man them?

**Dr. Machage:** Mr. Deputy Speaker, Sir, I appreciate the efforts being made by Members of this House to establish dispensaries in the rural areas. I will endeavour to equip and post personnel to each of the completed facility in the country. We have employed nurses and posted them to some of those dispensaries. We are also in the process of employing more nurses and other medical personnel. At the same time, the facilities constructed must satisfy our level of completion before we post personnel to man them. I have already gazetted 300 medical facilities put up using the

CDF funding. Another 300 facilities are in the process of being gazetted. I believe in one or two weeks, they will all be gazetted. We will have a total of 600 health facilities by the end of next month.

**Mr. Mukiri:** Mr. Speaker, Sir, my question is on the issue of policy. The Assistant Minister is aware that so many dispensaries are coming up, courtesy of CDF funds. We are not just speaking about nurses, but also provision of quality health services. We cannot have dispensaries being built all over the country, without working together with the Ministry. Eventually, these dispensaries will land into problems. What planning mechanisms has the Ministry put in place to make sure that these dispensaries have enough personnel to provide quality healthcare?

**Dr. Machage:** Mr. Speaker, Sir, we intend to have dispensaries whereby people will only have to walk for a distance of 10 kilometres or less to get medical service. We are still far short of attainment of this. The policy is that before an hon. Member and his CDF committee decide to construct a dispensary at a certain place, they must consult the medical officer in charge of the district. The facility must be approved by the District Development Committee of that area for it to be gazetted by the Ministry of Health once it is completed. So, please, let us follow the procedure and we will not go wrong.

**Mr. Ndolo:** Mr. Speaker, Sir, this complaint regarding CDF-funded medical problems is not only found in Kajiado, but also in other areas. Here in Nairobi, especially in my constituency, Government dispensaries do not even have cleaners. Sometimes, we as hon. Members take our own initiative to ensure that we hire cleaners to clean those dispensaries. What is the Assistant Minister doing to ensure that they employ more cleaners to clean dispensaries in Nairobi which are now in a very bad state?

**Dr. Machage:** Mr. Speaker, Sir, I have accepted that we have a shortage of personnel manning some of our health facilities. The problem in Nairobi, should be dealt with by Nairobi City Council. It does not fall directly under the docket of the Ministry of Health. However, I will send inspectors to see the level of facilitation in terms of personnel in the dispensaries in the hon. Member's area.

**Mr. Speaker:** Maj-Gen. Nkaisserry, are you happy?

**Maj-Gen. Nkaisserry:** Yes, Mr. Speaker, Sir. I am quite satisfied with the answer the Assistant Minister has given. Thank you.

**Mr. Speaker:** Very well. It is very rare to hear that!

*Question No.147*

NUMBER OF IDS PROCESSED/ISSUED  
IN THE LAST THREE MONTHS

**Mr. Speaker:** This Question is deferred to Thursday, afternoon.

*(Question deferred)*

*Question No.354*

STATUS OF DISBURSEMENT  
OF YOUTH FUND

**Mr. Weya,** on behalf of **Mr. Omingo,** asked the Minister of State for Youth Affairs:-

(a) what the current status of the disbursement of the Youth Fund is; and,

(b) how much money has so far been disbursed and received by the youth of the three constituencies in Gucha District.

*(The Vice-President stood up  
in his place)*

**Mr. Speaker:** I thought youth are full of energy! The Minister is youthful himself and so is the Assistant Minister! Where are their energies?

**The Vice President and Minister for Home Affairs** (Mr. Awori): Mr. Speaker, Sir, on behalf of the Minister of State for Youth Affairs, I beg to reply.

(a) The Ministry reserved Kshs210 million for the constituencies of which Kshs118 million has been disbursed to finance 2,902 enterprises of youth groups. The amount set aside for disbursement through the financial intermediaries was Kshs690 million. Of which Ksh305 million, has been released to finance 8,035 youth businesses.

(b) Disbursement status for Gucha through constituency fund is as follows:

<u>Constituency</u>	<u>Youth Groups Amount(Kshs)</u>
South Mugirango	21 1 million
Bomachage	201 million
Bobasi	241 million
Subtota	1653 million

A further Kshs170,100 has been disbursed to Gucha District through the Financial Intermediary by Family Bank.

**Mr. Weya:** Mr. Speaker, Sir, my understanding was that each constituency was supposed to get Kshs1 million each across the board. Could the Vice-President and Minister for Homa Affairs tell me why the answer clearly shows that only Kshs118 million has, so far been disbursed? This means that only 118 constituencies have received this money. What about the 92 constituencies that have not received this money? Why have they not received the money?

**Mr. Awori:** Mr. Speaker, Sir, they will receive their money as quickly as possible. They will get their money in the next few weeks.

**Mr. Karaba:** Mr. Speaker, Sir, we were promised in this House by the Minister that the first disbursement of Kshs1 million which was to be given to every constituency was supposed to be a grant. Every group was supposed to get Kshs50,000.

Is the Vice-President and Minister for Homa Affairs aware that we have not even received the Kshs50,000 per group? We are getting less than Kshs50,000 per group.

**Mr. Awori:** Mr. Speaker, Sir, I know that they are giving out Kshs47,500. An amount of Kshs2,500 is used for expenses.

**Mr. Omondi:** Mr. Speaker, Sir, in disbursing these funds to the youth groups, the financial intermediaries have been insisting on collateral and other securities. We are aware that these youth are beginners in life; they do not have these documents. What does the Ministry think about this?

**An hon. Member:** We cannot hear you!

**Mr. Omondi:** Mr. Speaker, Sir, I want to inform the Vice-President that the financial intermediaries---

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! We are finding it difficult to communicate. Could you, please, listen?

Mr. Omondi, proceed and use the microphone.

**Mr. Omondi:** Mr. Speaker, Sir, I was saying that before disbursing funds to the youth groups, financial intermediaries insist on collateral and other securities. The Vice-President and Minister for Home Affairs knows very well that these youths are beginners in life. They do not have title deeds nor houses to offer as security. They have nothing. Therefore, this means that they are not capable of accessing these funds. What does he think about this?

**Mr. Awori:** Mr. Speaker, Sir, it is really not collateral that is being requested. The intermediaries are using groups, so that when there are, for example 20 youth, each one of them is guaranteeing the other. This is a system that has been used very successfully in helping people in rural areas. It is very satisfactory.

**Mr. Weya:** Mr. Speaker, Sir, one of the critical concerns is that whereas this money is being given to youth across the board in each constituency, there is no capacity building for them on how to manage funds.

What is the Ministry doing to educate the youth on financial management issues and how to get returns from the money that is being given to them to invest?

**Mr. Awori:** Mr. Speaker, Sir, every district has got a Youth Officer and intermediaries who are training these youths. We also had a UNDP conference where we addressed the issue of training. We are not just disbursing the money. We have got to make sure that the youths are properly trained in entrepreneurship, so that they can get the money to benefit them.

*Question No.422*

SUPPLY OF ELECTRICITY TO  
KAPTIENI PRIMARY SCHOOL

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

(a) whether he is aware that Kaptieni Primary School in Serem Sub-Location applied for electricity supply and paid a deposit of Kshs800,000 on 24th February, 2006, having received a quotation of Kshs1,208,000 from the Kenya Power and Lighting Company Limited;

(b) why the quotation has been varied by Kenya Power and Lighting Company to Kshs2,522,500; and,

(c) whether he could direct the Kenya Power and Lighting Company to revert to the initial figure of Kshs1,208,000 given that the electricity supply will benefit a public institution and the community.

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

(a) I am not aware that the school paid the Kenya Power and Lighting Company Limited (KPLC) Kshs800,000 on 24th February, 2006. Information availed to me by the KPLC indicates that payments were made in two instalments of Kshs689,655.20 and Kshs110,344.80 on 26th September and 2nd October, 2006, respectively.

(b) The quotation of the Kshs1,208,000 to the school was an estimate and valued for 90 days effective on 21st February, 2006. At the expiry of this period prices are adjusted to accommodate fluctuation of exchange rates, inflation and other costs. A firm estimate is then prepared after the applicant has made a commitment fee. In this particular case, the quotation of Kshs1.2 million validity period of 90 days had expired by the time the commitment fee was paid and thus the quotation was no longer valid.

(c) It is not possible for the hon. Minister to direct the KPLC to revert to the initial figure of Kshs1.2 million because the actual cost of extending power to the school is Kshs2.17 million to Kshs418 million. Secondly, financial assistance under rural electrification policy does not cover

primary schools, except those in ASAL areas which are provided with solar energy electric generators.

*(The Assistant Minister for Finance  
(Mr. Kenneth) consulted loudly  
with some hon. Members)*

**Mr. Speaker:** All right! Could we have one meeting chaired by me? In the meantime, hon. Peter Kenneth and your group, please, relax! Enjoy listening to the debate.

The hon. Member for Hamisi Constituency!

**Mr. Khaniri:** Mr. Speaker, Sir, I must state that I am very dissatisfied with the answer given by my friend, the hon. Assistant Minister. I would like to inform the House that, that electrification project is fully funded by the Hamisi Constituency Development Fund (CDF) Committee. We made a payment of Kshs800,000 based on the quotation that we were given by the Kenya Power and Lighting Company. We have a cheque of Kshs400,000 which is the balance of the quotation that they gave us. I have given a receipt to the hon. Assistant Minister to prove to him that we paid within the specified period of 90 days. Now that the Assistant Minister is informed that we paid within the 90 days, could he ensure that the school and the community are supplied with electricity?

**Mr. Kiunjuri:** Mr. Speaker, Sir, it is true that a receipt was provided to prove that they paid in good time. The only alternative for us is to take up that project and include it in the Rural Electrification Programme. That way, it will be considered for financing in this financial year.

In any case, when the Rural Electrification Programme takes over that project, then we shall have to refund the money back to the CDF Committee.

**Mr. Speaker:** Well! You cannot just do that. Can you?

**Mr. Arungah:** Mr. Speaker, Sir, could the Assistant Minister tell this House or the nation as a whole whether they have a flat rate figure that they charge schools for connecting electricity, specially when they are within the 600 metres of a transformer? Do they have a flat rate or they keep varying that figure? I am asking that because I have a situation where we are getting different quotations for different schools when they are within 600 metres radius from the transformer!

**Mr. Kiunjuri:** Mr. Speaker, Sir, we have a flat rate of Kshs126,000. That is uniform across the country. If there are quotations that are going beyond that, then, I am not aware. If I am informed, we shall take the appropriate action.

**Prof. Oniang'o:** Mr. Speaker, Sir, electricity prices keep on going up everyday. Could the Assistant Minister tell us what plans they have to use solar to power institutions? We have God given sunshine in this country.

**Mr. Kiunjuri:** Mr. Speaker, Sir, we have started doing that. But it is an affirmative action starting from arid and semi-arid areas. As we continue receiving funds, and with the continuity of this Government next year, we shall go ahead and take action in other areas.

**Mr. Deputy Speaker:** Last question! The Member for Hamisi!

**Mr. Khaniri:** Thank you very much, Mr. Speaker, Sir. I have a reason to believe that, that particular project, and many others in my constituency, are being sabotaged by one of the officers at the Kenya Power and Lighting Company in Kisumu. Now that the Assistant Minister has confirmed that we made that payment in time, could he give an assurance that if I make the other payment of Kshs400,000, which we already have the cheque, he will supply us with electricity immediately as he investigates that matter?

*(Loud consultations)*

**Mr. Speaker:** Order, hon. Members! I do not know whether you have heard the Assistant Minister. He said that they are going to take over that project as a Rural Electrification Programme Project and give you your money back! That is what he said. Did you hear him say that?

**Mr. Khaniri:** Mr. Speaker, Sir, I did not get that.

**Mr. Speaker:** Exactly! What he said is that he has looked at your receipt and confirmed that you paid within the specified period. Now, he is going to go a step further than what you are asking. He is going to take over the project, complete it and pay back your money! Is that not what you said, Mr. Kiunjuri?

**Mr. Kiunjuri:** Mr. Speaker, Sir, I said that I have seen the receipt. They paid in good in time. Therefore, the only alternative left now, because of the variation from Kshs1.2 million to Kshs2.2 million, is to take over the project and refund him the CDF money. Then, the Rural Electrification Programme will take it over.

On the other issue of somebody sabotaging programmes in Western Kenya, especially Kisumu, if there is anything of that sort going on, we will take action. I would like to have more information from the Member of Parliament.

**Mr. Speaker:** Mr. Khaniri!

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

**Mr. Speaker:** Order! This is Question Time!

**Mr. Khaniri:** Thank you very much, Mr. Speaker, Sir. I want to sincerely thank the Assistant Minister for that good gesture. But could he tell us exactly when that is going to happen?

**Mr. Kiunjuri:** Mr. Speaker, Sir, we are allocating funds. In the next two to three weeks, I can tell him exactly when we shall take action.

**Mr. Speaker:** Very well. Next Question by the Member for Gwassi.

*Question No.408*

IMPLEMENTATION OF EMERGENCY PROGRAMME  
TO SAVE LIVESTOCK FARMERS IN GWASSI

**Mr. Syongo** asked the Minister for Livestock and Fisheries Development when his Ministry will implement a comprehensive emergency remedial and mitigation programme to save livestock farmers in Gwassi Constituency from further losses of their livestock due to trypanosomiasis disease spread by tsetse flies.

**The Minister for Livestock and Fisheries Development** (Mr. Munyao): Mr. Speaker, Sir, I beg to reply.

The Ministry, through the Department of Veterinary Services, is currently implementing a Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC) project in the whole country. Phase 1 of the project covers six years with a co-funding of Kshs700 million in form of loans and grants from the African Development Bank (ADB). The eradication exercise started in 2005 in Lambwe Valley, which also covers Gwassi Constituency.

**Mr. Syongo:** Mr. Speaker, Sir, Lambwe Valley is not an administrative area. Much of it, as you well know, falls within Ruma National Park. The real problem is outside the National Park and in areas which, in fact, are also outside Lambwe Valley.

Could the Minister explain who specifically is responsible for that programme? Where is the operation co-ordinated from and what form is it taking in form of methods of eradication?



**Mr. Munyao:** Mr. Speaker, Sir, I agree that Gwasssi is within that region. The areas we are combating the disease are in the belt. Gwasssi is within the Lake Victoria Basin Tsetse belt. We are fighting Tsetse flies through our Veterinary Department.

**Mr. Syongo:** Mr. Speaker, Sir, I really want to know where that operation is based. We have a District Veterinary Officer. Could the Minister confirm who exactly is responsible? There is no evidence of any work going on in terms of the eradication of tsetse flies.

**Mr. Munyao:** Mr. Speaker, Sir, you will agree with me that the Question did not ask about a particular officer. I have got officers in all those areas. If I knew that he wanted the name, I could give him the name of the officer who is handling that problem in that area. But my Veterinary Department officers are in that region.

**Mr. Syongo:** Mr. Speaker, Sir, if you read that Question, it is very specific. If the hon. Minister does not have sufficient information to give a satisfactory answer, I am quite willing, and I will request that we have this Question deferred so as to give the hon. Minister more time to find out.

**Mr. Munyao:** Mr. Speaker, Sir, I am ready to abide by what the hon. Member wants because our intention is to satisfy him. What I am saying is that we have spent, at least, Kshs12 million out of the Kshs58 million, in Lambwe Valley. Even this year, in the Budget, if the hon. Member cares to look at it, we have Kshs198 million to spend around the belt. One of the areas will be Lambwe Valley, where I visited sometime back in 2006 with the hon. Member. I am ready to go back there again and I am sure that we will find the same thing.

**Mr. Speaker:** Order, Members! Just before I call the end to Question Time, there was a Question by hon. Gideon Ndambuki, which I deferred to Thursday. I will now bring it back to tomorrow afternoon. Since the Minister of State for Immigration and Registration of Persons, who was here, would like to have it tomorrow rather than Thursday. So, I do order that it comes tomorrow, afternoon.

*Question No.147*

NUMBER OF IDS PROCESSED/ISSUED  
IN LAST THREE MONTHS

*(Question deferred)*

**Mr. Speaker:** Hon. Members, that is the end of Question Time! The hon. Munya has a Ministerial Statement to make.

**MINISTERIAL STATEMENT**

INSECURITY IN KHWISERO CONSTITUENCY

**The Assistant Minister, Office of the President (Mr. Munya):** Mr. Speaker, Sir, on 31st July, 2007, hon. Julius Arungah, Member of Parliament for Khwisero Constituency rose on a point of order to ask for a Ministerial Statement from the Minister of State for Administration and National Security on an incident that took place at Khushikoo Sub-location of Khwisero Constituency. He specifically wanted to know under what circumstances these people died and what the Government is doing to make sure that the perpetrators of the crime are brought to justice.

Mr. Speaker, Sir, I am aware that on 28th July, 2007, at about 11.30 a.m. a group of an

unknown number of armed gangsters broke into the houses of Mr. Jackson Eshiwani Lukoye and his son, Mr. Johnstone Lukoye of Ekambuli Village and stole money and household goods. In the process, they inflicted injuries on the occupants. An alarm was raised and some neighbours responded, but they could not match the number of the thugs, who had sealed off the whole compound, including the entry point leading to the homestead.

Mr. Speaker, Sir, security personnel at Khumusalaba Police Patrol Base and those based at the Khwisero District Officer's office were also informed of the incident and they promptly responded. The officers found the thugs removing and carrying away household goods, which included radios, television sets and other items. The gang was ordered to stop, but they shot at the officers. A shoot-out ensued between the officers and the thugs, who fled leaving behind some of the stolen items. The officers were later joined by the area Officer Commanding Police Division (OCPD), District Criminal Investigations Officer (DCIO) and the Officer Commanding Police Station (OCS).

Mr. Speaker, Sir, on inspection, the officers found out that a total of eight people had been injured by the thugs; two of them seriously and had to be rushed to Kisumu for medical attention. An immediate search was conducted in the neighbourhood and four suspects were arrested. A joint operation comprising of the regular police and the Administration Police (AP) was conducted within Vihiga and Siaya districts and a total number of six suspects were arrested in Mungoya Area of Vihiga District.

Mr. Speaker, Sir, on 30th July, 2007, a joint security public *baraza* was held at Khushikoo Sub-location comprising of security personnel from Butere, Vihiga and Siaya districts. The Member of Parliament for Khwisero Constituency, hon. Arungah, was also in attendance. The purpose of the meeting was to discuss security concerns in the area. On the same day, three suspects, who were involved in the earlier incident, were arrested following information given by the members of the public. A total of 13 suspects have so far been arrested and are assisting the police with investigations. They will soon appear before court once investigations are complete.

Mr. Speaker, Sir, out of the eight victims who were rushed to Kisumu for treatment, two succumbed to their injuries. The Government has put in place the following measures to address incidents of insecurity in Ekambuli Village and its environs:-

1. Additional police officers have been deployed to Khumusalaba Police Patrol Base.
2. Public *barazas* on insecurity have been intensified by the District Security and Intelligence Committee.
3. Sensitization of the community on community policing.
4. Intensifying day and night patrols and collection of intelligence reports.
5. Conducting regular raids on suspected gang hideouts.

Finally, Mr. Speaker, Sir, I wish to point out that the police will intensify crackdowns on all gangs operating in the area to bring about normalcy. The introduction of community policing policy is bearing fruit and hon. Members are requested to assist the Government in sensitizing their constituents to embrace the policy.

*(Loud consultations)*

**Mr. Speaker:** Order, Members! I must, again, bring to the attention of the House that Ministerial Statements are not Questions. Secondly, they are not to be the basis of debate. Thirdly, you can only seek clarification and not questions. So, Mr. Arungah, you have heard the Assistant Minister read the Statement. Is there anything that is unclear?

**Mr. Arungah:** First of all, Mr. Speaker, Sir, I want to thank the Assistant Minister for the report that he has given. It is true and I am grateful that the Government took immediate action and,

indeed, the measures taken are in place.

However, he said that there was a shoot-out between the police and the gangsters and two people are said to be dead. I want to believe that some cartridges were collected. Did the police establish the possibility that these people could have died of gunshots or did they simply die of the injuries inflicted by the thugs?

**Mr. Marende:** Mr. Speaker, Sir, the clarification I want from the Assistant Minister is to this effect: In his Ministerial Statement, the Assistant Minister has said that the gangsters who caused the incident in Khwisero are unknown. However, it is common knowledge that there is a known group of gangsters calling itself "42 Brothers" which is causing mayhem and terror in Mumias, Butere, Emuhaya and Vihiga districts. Could the Assistant Minister take definite steps to contain this group of gangsters who are known? From the ground, it is also common knowledge that there appears to be complicity between the gangsters and the police.

**The Assistant Minister, Office of the President (Mr. Munya):** Mr. Speaker, Sir, the information we have is that the two people succumbed to injuries that were inflicted by the gangsters and not as a result of gunshots. I have already given the information that a total of 13 suspects were arrested. The police have been able to collect crucial information that will lead to some of them or all of them being taken to court.

Mr. Speaker, Sir, about that known gang, the police usually act when they have information and evidence that they can pin on individuals. We, of course, also rely on information that is given, but the police usually have to investigate the information. When they find reliable information, that is when they can act. You cannot just act on mere suspicion that certain individuals are members of a gang. When we get the intelligence, we use that information to put them under scrutiny so that we are able to arrest them and lock them in when we have information on them. Already 13 of them are in custody and they are helping police with investigations.

**Mr. Speaker:** Very well. Let us go to the next issue by Maj-Gen. Nkaisserry.

## POINT OF ORDER

### INTIMIDATION OF POLICE OFFICERS BY CABINET MINISTER

**Maj-Gen. Nkaisserry:** Mr. Speaker, Sir, last week, I stood to seek a Ministerial Statement from the Minister of State for Administration and National Security. The Chair directed that the Statement be given today. I can see we still have time, maybe, he can issue it now.

**Mr. Speaker:** Maj-Gen. Nkaisserry, I have a little problem with that. If I can remember, you were asking the Minister to give a Statement in the House in respect to an hon. Member of this House and a Member of the Cabinet. I do not know how you read the Standing Order regarding the conduct of Members. What is your reading?

**Maj-Gen. Nkaisserry:** Mr. Speaker, Sir, I agree with you. However, the law was broken by a Cabinet Minister who is supposed to defend it. I expect---

**Mr. Speaker:** Order, Maj-Gen. Nkaisserry! You can exactly see where I am coming from! You are already discussing the conduct of an hon. Member, without a substantive Motion! If you really want to do so, go ahead and file a substantive Motion. That is what the law says! I think that is the end of the story.

Next Order!

## COMMITTEE OF SUPPLY

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

**MOTION**

THAT MR. SPEAKER DO NOW  
LEAVE THE CHAIR

Vote 11 - Ministry of Health

*(The Minister for Health on 31.7.2007)*

*(Resumption of Debate interrupted  
on 1.8.2007)*

**Mr. Speaker:** Was there somebody on the Floor?

**An hon. Member:** The Committee of Supply!

**Mr. Speaker:** Order! I heard an hon. Member interject that this is the Committee of Supply. Indeed, it is the Committee of Supply. This is the Eighth Allotted Day. I think we have already lost two days. Therefore, they actually mean zero or nothing on this Vote! They are wasted! So we start from the beginning again! Hopefully, we will be able to go to the Committee of the Whole House. I suppose that, that is what worried the hon. Member. There is a Committee of Supply and then we move on to the Committee of the Whole House which, hopefully, we will be able to get to one hour before the conclusion of business.

In the meantime, Mr. Mwaboza was on the Floor. You have eight minutes to conclude your contribution. Is he there?

**An hon. Member:** He is not there!

**Mr. Speaker:** Well, he is deemed by law to have concluded his speech. Any other interested hon. Member?

Hon. Members, I need to give a little direction to the House. This is the Third Day that this Vote is on the Floor. Hon. Members sometimes worry if the Vote is exhausted before the time for Committee. It is very simple: When there is no hon. Member contributing, the Speaker will call upon the Minister to respond. The House will then go into Committee of the whole House immediately after the Minister responds. Once the Committee is finished, we will have done our job. Do we understand that now?

**Hon. Members:** Yes! Yes!

**Mr. Speaker:** Thank you! Anybody interested in contributing?

*(Eng. Muriuki stood up in his place)*

Eng. Muriuki, please, proceed!

**Eng. Muriuki:** Thank you Mr. Speaker, Sir, for giving me this opportunity to contribute to this Vote. I stand to support it.

Mr. Speaker, Sir, the Ministry of Health has done a fairly good job over the last few years. We now see medicines in hospitals. Our health centres are being equipped. Children who are supposed to go to health centres and dispensaries are going---

*(Loud consultations)*

Mr. Speaker, Sir, I am not being heard!

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

**Eng. Muriuki:** There is too much loud consultation!

**Mr. Speaker:** Order, hon. Members! Let us listen to what the engineer has to say! Listen to him very carefully because he may say something that you disagree with and you may rise to remind him of a few things. He may also say some things that you agree with and you applaud him. That is how debate goes!

Eng. Muriuki, please, proceed!

**Eng. Muriuki:** Thank you Mr. Speaker, Sir, sometimes I say things that become controversial.

Mr. Speaker, Sir, I also wish to note that very many health facilities have come up, courtesy of the initiative of the Constituencies Development Fund (CDF). However, we have had problems in the last one to two years because most of these facilities are not operational. I would wish to appreciate the efforts of the Ministry of Health, particularly the Director of Medical Services (DMS), who deals with the CDF select committee in Parliament. They use that system to agree on the appropriate method on how these facilities will be operationalised.

As hon. Members are aware, next week on 17th, there will be a workshop for all of us. We want to understand or determine how these facilities can be operationalised.

Mr. Speaker, Sir, all said and done, there is also a problem in the appointment of boards of hospitals and district health boards. At the moment, the way these boards are appointed leaves a lot to be desired by hon. Members. Many of them are being appointed without due consideration of the leaders in their areas. They do not even consult the hon. Member of Parliament of that area where the hospital is located. I hope that a mechanism, in which the Member of Parliament and other leaders of areas can be appointed, will be put in place.

Mr. Speaker, Sir, the Ministry of Health has also gone ahead and declared free medical services in hospitals and health centres. I urge the hon. Minister to do this with caution. This is because many areas in which free medical services are declared do not have enough drugs and other facilities for testing. Although the Government may have done this in good faith, when patients go to hospitals, they are still required to contribute some money. They are still given a note to look for the drugs somewhere else. This means going to private pharmacies where they buy the drugs at exorbitant prices. A case in point is when free maternity service was declared. I think this is a very good initiative. We had a problem in a number of cases. This provision was declared when not all health providers were ready. In Ol Kalou Constituency, for example, a maternity wing in Mirangiini Dispensary, the staff are willing to implement this directive, but they did not have money to do so. The Ministry did this in good faith. However, money is required for the implementation of this free service. They need money to buy food for those mothers. I would wish to call upon the hon. Minister to revisit this issue, so that a little more is done to ensure that this good gesture is realised on the ground.

Mr. Speaker, Sir, I would wish to talk about the selection of students who go to the medical training colleges in Nairobi and other areas. It leaves a lot to be desired. We find that selections are done, but some areas are left out. I would wish to appeal that when the selections are done, we focus on the constituency level. That way, we can ensure that there is reasonable distribution of students who join medical colleges throughout the Republic.

To be losing very many nurses and other medical personnel to other countries, especially, to the West. I think it is only fair that the training of new nurses and the technical personnel is intensified, maybe, by introducing more medical training centres, perhaps, at the provincial and district levels, so that we can have more nurses.

Notwithstanding my few comments regarding unpreparedness in some cases, I beg to support.

**Mr. Sambu:** Thank you, Mr. Speaker, Sir, for giving me time to support the Vote of the Ministry of Health.

Mr. Speaker, Sir, I would like to urge this Ministry to employ health workers who have been trained in the various medical training colleges. These are mainly nurses, clinical officers and laboratory technicians. As it came out during Question Time, health centres and dispensaries have been built in many constituencies through the CDF money, but they are now lying unused. In my constituency, there are over 20 such facilities which are ready, but they are lying unused. This is because they do not have staff and equipment. They are also not receiving any drugs from the Ministry, because we are told that they have not been registered.

Once the District Development Committee (DDC) - and this is what the Minister said earlier on when replying to a Question - of a particular district, has approved the construction of a health centre or dispensary, when its construction is complete, then drugs should be supplied to it. I really want to stress the issue of the drugs. This is because some drugs may not even require any equipment. If a person is checked and found to be suffering from malaria, for example, then drugs should just be prescribed and given to that particular person. Therefore, I am requesting the Ministry, as I support its Vote, to supply drugs to the newly-built health centres.

Mr. Speaker, Sir, whenever the Committees of this House visit the Kenya Medical Supplies Agency (KEMSA), they find out that there is a lot of equipment lying idle at KEMSA. Why is it not being supplied to the health facilities in the constituencies? Did we buy the equipment using public funds just to be kept idle in the KEMSA? Why are we keeping it idle there, when health facilities, especially, maternity wards need this equipment? Why do we have to use the Constituencies Development Fund (CDF) money to purchase medical equipment, when we have used some of it to construct health facilities? I am asking the Minister to get the equipment from the KEMSA and supply it to the health facilities which have been completed in the constituencies.

I wish to bring up the issue of the high cost of treating patients in many Government health facilities. Patients in many Government health facilities are paying---

*(Mrs. Ngilu consulted loudly with  
other hon. Members)*

Mr. Speaker, Sir, I hope that the Minister is not holding another consultation directly--- I seek your protection! What is the point of contributing if they do not want to listen? Hon. Members will run away, because they do not want to listen!

**Mr. Speaker:** Order! Could we listen to the Member of Parliament for Mosop Constituency?

Proceed, Mr. Sambu!

**Mr. Sambu:** Mr. Speaker, Sir, what is the point of contributing if they do not want to listen?

Mr. Speaker, Sir, I was saying that the KEMSA has a lot of equipment which was bought using public funds. This equipment should be delivered to the newly-completed health centres. The special equipment for maternity wings cannot be bought from many pharmacies. We need to get this equipment from the KEMSA. So, I am requesting the Minister to direct that any Medical Officer of Health (MOH), who requests for this equipment from the KEMSA, should be supplied with it.

Mr. Speaker, Sir, I want to talk about the high cost of treating patients. Once again, I will speak about the Moi Teaching and Referral Hospital in Eldoret. If anyone does not know that, that

hospital is the property of the public, then that person does not live in Kenya. That hospital charges patients more than the nearby private hospitals, yet it was built as a grant from China. They took over the Uasin Gishu Memorial Hospital for free and, yet, the man, who is in charge of the hospital, is still charging patients very expensively. The essential staff, that is, the people who deal with patients in that hospital are so few, and yet the management employs so many non-essential staff, including drivers and cleaners. They spend a lot of money on non-essential staff. I am going to lead a march with the other hon. Members from the North Rift Region, to remove that man from Eldoret---

**Mr. Speaker:** Order! Order! Mr. Sambu, you could be at liberty to do exactly that outside the House at your own risk. But, I, certainly, will not allow you to use the Floor of this House for rebellion or breach of the law!

Now, please, proceed!

**Mr. Sambu:** Thank you, Mr. Speaker, Sir. That hospital has been allowed to break the law. It retains the identity cards of patients who fail to pay their medical bills. When you retain someone's identity card, you disenfranchise that person. This is because when you get to a roadblock - and they are many these days - the first thing you are asked to produce is your identity card. If you say: "I left it in Moi Teaching and Referral Hospital," they will ask you: "Where is Moi Teaching and Referral Hospital? There is no law called Moi Teaching and Referral Hospital. It is not a law. So, I am not starting to break the law here. They have allowed the law to be broken.

Therefore, the man who is charge of that hospital should be asked to return all the identity cards and title deeds that he is retaining. It is a very serious matter because some people have been locked up in police stations for several weeks for lack of identity cards. When they explain that they left them in the hospital, they are told that, that is no excuse for breaking the law. Is this person, who is in charge of Moi Teaching and Referral Hospital, above the law?

Recently, he allowed, more or less, several millions of shillings to be "taken" straightaway from the hospital. Why does he keep millions of shillings in the hospital? That hospital is being mismanaged and, yet, it is public property. It is part of the Vote which we are passing today. It is our function, as Members of Parliament, to question the management of public utilities, including the Moi Teaching and Referral Hospital. I will get a permit from the police - I only need to give a notice of three days - not to go and stone him, but to demonstrate and tell him: "When you retain identity cards, you are breaking the law."

So, I am forewarning the Government that they should not allow this person to mistreat Kenyans. We are the taxpayers and that hospital, like I said, was built with the taxpayers' money. They have taken the Uasin Gishu Memorial Hospital, which was built by our people. So, we should not allow him to mistreat the people. He should return---

Finally, Mr. Speaker, Sir, in my constituency, I would like those hospitals which have been upgraded to sub-district hospitals to have resident doctors. These are mainly Chepteruai and Mosoriot, although the doctor for Mosoriot has reported. However, in Chepteruai, for some reason, apparently the people who were posted there refused to go on transfer there. Why? Are they still doctors working for the Government? I am asking the Minister, when she replies, to say why the doctor to Chepteruai Sub-District Hospital is not reporting and yet we are passing the Vote here.

With those few remarks, I beg to support.

**The Assistant Minister, Office of the President** (Mr. Mganga): On a point of order, Mr. Speaker, Sir. It looks like this Ministry's Vote has been discussed exhaustively. There being no other serious need to discuss it further, am I in order to request you to ask that the Mover be now called upon to reply?

**Mr. Speaker:** Order! Technically, you are wrong! I think what would happen is, if there is

no contributor, then I will call upon the Minister to respond. I can understand the position from where you come. Ordinarily, the Vote takes two days. This is the third day; so, I can understand but I cannot break the law. Can I? I must not!

**Mr. Sungu:** Mr. Speaker, Sir, I just stand to support the very beautiful Minister for Health, and to say---

**Mr. Speaker:** What?

*(Laughter)*

**Mr. Sungu:** Mr. Speaker, Sir, I support the Minister's Vote.

*(Mrs. Ngilu stood up in her place)*

**Mr. Speaker:** Order, Mr. Sungu! What is it, Madam Minister?

**The Minister for Health** (Mrs. Ngilu): On a point of order, Mr. Speaker, Sir. Could you ask the hon. Member to support the work that the Ministry of Health is doing, much more than supporting my beauty?

**Mr. Speaker:** Order, hon. Members! There may not be, in fact, an argument as to the looks of the Minister, but I prefer that the hon. Member compliments--- It is supposed to be a compliment, but I think you compliment the Minister by saying "the able Minister". That is what she is! She is able. She may be anything else, but able first!

*(Laughter)*

**Mr. Sungu:** Mr. Speaker, Sir, it was with a light touch, but I would like to thank the able Minister for the good work she is doing, the Assistant Minister as well and the staff of the Ministry for doing a good job at the Ministry.

I will just raise a few issues because am acutely aware that this Vote has been discussed over several days. One of the issues close to my heart is the question of tobacco control. I am glad to note that the Ministry is now pushing the Bill on tobacco control on the Floor of the House, and we might get to the Committee Stage soon. The Minister, when moving the Vote, talked about drug-resistant Tuberculosis (TB). I want to draw the attention of the House to the fact that drug-resistant TB is somehow related to tobacco. If this House would go ahead and do that, it will be a very great thing for the Ministry.

The other thing that I wanted to say is what my colleague was saying about memorial hospitals. If there was any justice in this world, then the Jaramogi Oginga Odinga Hospital in Kisumu, otherwise known as "Russia" or "Nyanza General Provincial Hospital" would by now have been a referral hospital because of population density. The area it covers, from Kuria all the way to Northern Tanzania, Kisii Highlands, Kericho, parts of Nandi, Busia and Kitale, make it really deserve to be upgraded to referral status. I hope that the Minister is listening, because these are some of the issues that are very important to the people of this country. As we are talking, I note that the allocation for the provincial hospital is talking about purchase of equipment but there is no allocation for it. However, they have allocated a mere Kshs746,907 for X-ray equipment. For a hospital serving such a large population, we should be having better provision for more equipment, so that people do not have to come to Nairobi. We are so lucky, because I can see a host of professionals from that Ministry sitting in this place, who come from that same area. Their parents and relatives go to this hospital.

Mr. Speaker, Sir, as I talk about the allocations, even for the Kisumu District Hospital, the



allocation in the Recurrent Vote is a mere Kshs111,709. That is for buildings, and another Kshs1.6 million for development of buildings. Kisumu District Hospital is one of the oldest hospitals in this country. It is a shame that in this hospital, almost all the buildings are dilapidated. They are old and falling into pieces, and it is difficult to imagine how patients can sit in a so-called "amenity ward" when the ceiling is coming down, or the paint is peeling off. This is a case for exercising what is called "affirmative action" to make sure that some sort of financing is provided for some of these old hospitals.

I note that the total net Recurrent Estimate has increased by some Kshs411 million from Kshs22.2 billion last year to Kshs22.6 in the current year. I am glad to note that some of this is because of increased salaries. It is so bad that we can have somebody training for five years and more, because they have to spend another one year as an intern to become a doctor, and then pay them peanuts. That is the reason why we have some professionals who have been trained at a great expense by this country, using our meagre resources, going to some other countries like Botswana, Namibia, South Africa, Zimbabwe, Lesotho and others. You will be shocked to note that we are now even exporting medical personnel to the UK and the USA. Our nurses are going there. Why? It is because we have refused to remunerate them accordingly, or to give them enough money. When they are doing risky jobs, jobs which require them to work almost 24 hours a day at odd hours, they should get proper remuneration. It is unfair and illogical that we should underpay our professionals in that manner. If we do not make sure that our people are properly remunerated, then we will never have enough personnel. We might not even have some of the personnel we have in this House if they are not satisfied that they are well paid.

Mr. Speaker, Sir, the other thing that I wanted to note is the question of the National Aids Control Programme. I note that the Ministry has allocated some Kshs56 million for this programme. This is despite the fact that the National Aids Control Council (NACC) is still in the Office of the President. I want to say, and we have said it here year after year, that the Office of the President does not have the professionals to address the issue regarding HIV/AIDS as effectively as the Ministry of Health. On that note, we want to appeal to this Government once again to ensure that this Council is brought to where the professionals are, namely in the Ministry of Health.

Let us now look at the question of mental health services. This is an area which has been largely ignored. I do not know whether it is because of stigma, or why we do not give enough attention to our people. The situation is so bad that we do not have enough facilities for mental patients. It is a shame to us, as a country and a people, to see people walking in the streets naked, because of mental illness. I dare to say that an illness is an illness, whether it is malaria, HIV/AIDS or mental illness. It should be treated as such, and people should not attach stigma to any of these diseases. When talking about that, I would like to draw the Minister's attention to the fact that, because of the lack of medical facilities to take care of mental patients, some people have resulted to exotic means of treating these patients. In my own constituency, there is a church called "the Coptic Church of Africa", which is now treating mental patients. That is despite the fact that, the hospital does not have any licence to do so. That is happening right in front of the eyes of the Ministry and the Government. It is inhuman to chain somebody because he or she is sick, to the extent that bones and wounds are showing! Those people are not trained to handle mental patients. That so-called church is taking people there, detaining them and the Government is watching. If I was the Minister today, I would order that facility to be closed. If we do not have enough facilities we can, at least, convert one room to make sure that those patients are treated under qualified medical attention. I do not know of any church that can treat mental patients without proper medical professionals.

In addition to prayers, there are efforts. We need professional effort. I want to ask this Ministry to ensure that, that facility is closed down forthwith. If the Minister wants information on

where that facility is, I will gladly show her.

Mr. Speaker, Sir, there are other issues like environmental health, which are very important. But people are still not looking at them properly. The mere allocation of Kshs287 million is simply not enough. The question of control of communicable diseases is very serious. We have had cases of Bird Flu and *Ebola*. God knows what will come tomorrow. We also need to sensitize that department to ensure that our borders and people are well-guarded against foreign diseases that we are ill-equipped to control.

Mr. Speaker, Sir, finally, I want to appeal to this Ministry to, at least, with the professionals that we have, ensure that foreign bodies carrying out research in this country are well controlled and supervised. Only the other day, after making a small contribution to some home somewhere in Karen, we were ashamed to find out that they were doing research on our children on HIV/AIDS without the permission of the Ministry. That sort of thing should not be allowed to happen. There are some things going on at KEMRI in Kisumu. The CDC is doing things that even our people are not aware of. I want the Ministry to assure me that KEMRI has full control of CDC. There is no country which can boast of being independent and sovereign if it will let its matters be handled by other countries, however powerful or rich they are.

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

**Mr. Speaker:** Madam Minister, apparently, nobody else is interested in contributing to the Motion. You can now respond!

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I would like to take this opportunity to thank all hon. Members for the support they have given to the Ministry of Health through their contributions. I have noted some of the concerns that have been raised on the Floor of this House. Since our technical team is here and they have noted those issues, we will see how the resources available will be distributed once this Vote is passed. We can make good some of the proposals that have been made.

Mr. Speaker, Sir, hon. Members have invested Constituencies Development Fund (CDF) money to put up additional health facilities. We thank them for what they have done. Some of the resources have also been spent by hon. Members to upgrade some of the facilities and we thank them. They have also spent money to put up medical training colleges. We appreciate their support. The Ministry has gazetted 600 dispensaries. We will make them fully operational by providing them with medical supplies and health personnel. I will instruct medical officers of health to participate in the implementation of CDF facilities, to ensure that they are part and parcel of our plans, whenever they come up. We have heard from some hon. Members that they have completed some health facilities, and they are waiting for official opening and gazzettment. We will look into that as we continue to employ and hire more health workers.

Mr. Speaker, Sir, hon. Members have indicated that majority of diseases that are affecting our people are preventable. That is true. To that end, we will embark on the implementation of a community strategy whose focus will be on prevention and primary health care. Hon. Members are aware that in order to ensure primary health care is given to our communities, we have opened up dispensaries and health centres for everybody. We have also reduced the fees that is charged. At the moment, at the dispensary level, people are expected to pay Kshs10. At the level of health centres, it is Kshs20. We have enhanced the medical kits. Members of the community can now access fairly quality health care from our facilities nearly for free.

Mr. Speaker, Sir, we will re-vitalise our *Afya Bora* Programme and strengthen our programme health officers to enforce the Public Health Act. We have started training on environmental health at Moi Teaching and Referral Hospital, Eldoret. However, we require support from the Ministry of Local Government to enforce the Public Health Act in municipalities where garbage and sanitation pose a major health challenge.

Mr. Speaker, Sir, my Ministry is committed to ensuring that the recent policy announcement of free maternity services in all health centres and dispensaries is implemented. I have listened and heard the concerns of hon. Members, with some asking about our preparedness. At the level of health centres and dispensaries, we are very prepared. Women can, therefore, access those services without any problems. We will be providing each rural facility unit with a delivery bed and a kit. In the past, if you visited our health centres and dispensaries, you would find out that we did not have very important components such as gloves, cotton wool and sanitary towels. Those are the items that women really need during their delivery. That is now history. We have got all that and other facilities. We encourage our women to visit our facilities and be assisted by qualified health workers whenever they are having babies.

Mr. Speaker, Sir, human resource still continues to be a major challenge in the Ministry of health. We would be doing better if we could employ close to 7,000 health workers, over and above the 4,200 that the Ministry has been able to employ with the support of our donors in the last two years. Although we have employed those health workers, there is still an acute shortage of health workers numbering, as I said, close to 7,000. As hon. Members are aware, there still exists unemployment of health personnel in the market. But because of the ceiling on personal emoluments, I am unable to absorb those health workers.

Mr. Speaker, Sir, you heard some hon. Members raising the issue of drivers. Towards that end, we intend to hire up to 140 drivers for the ambulances that we distributed last year and this year to all the districts.

In order to improve the referral system, we will identify a satellite health facility that will be provided with an ambulance, where each facility could call for assistance. Towards that end, we, in the Ministry of Health, have also put in place plans to ensure that each facility has a mobile telephone to help call for support when it is needed.

Mr. Speaker, Sir, lack of adequate water in our facilities inconveniences both the staff and patients. I would like to request hon. Members to use part of their CDF allocation, once again, if possible, to put up boreholes near our health facilities so that they can be used, not only in our facilities, but also by the community living within the catchment area. This will support the Kshs150 million that we have put in our Budget for provision of water.

Discussions are ongoing between the relevant arms of Government over the National Social Health Insurance Fund Bill. Once discussions are concluded, I shall be introducing the Bill for discussion by this House. In the meantime, we have embarked on the process of re-engineering the National Hospital Insurance Fund (NHIF), with the aim of reducing the high administration costs which was also observed by Members of Parliament. In the next three months, the NHIF will be announcing new rebate levels for the contributors. I would like to request Kenyans to enrol with the NHIF so that they can take advantage of enhanced medical cover.

Mr. Speaker, Sir, hospital management boards are very critical in the management of our health institutions. Under the new arrangement of disbursement for funds, board members will be trained and we will rely on them to improve governance and accountability of funds. I agree with hon. Members that the cost of medical care is very high in this country. My Ministry is engaging professional bodies with the aim of coming up with reasonable fees. I, totally, agree with hon. Members that many times, people are charged by the way they appear or their standing in the society. This is unacceptable. Therefore, I will be getting the right professional bodies to look into that. When that is done, and discussions are concluded, we will publish the guidelines.

We are partnering with the Ministry of Education on school health programmes, especially on de-worming, education on proper hygiene and nutrition. We will continue strengthening this in order to inculcate the culture of good health at an early age. We would like to request Kenyans to exercise regularly and eat healthy foods to stay health. This also applies to hon. Members of

Parliament.

Mr. Speaker, Sir, Nairobi Province, with about 3 million people, is still served by two public hospitals. As a result, the Kenyatta National Hospital continues to be used for the management of simple ailments. To make the Kenyatta National Hospital a truly referral hospital, I intend, with the collaboration of Provincial Administration, to establish and upgrade three hospitals within Nairobi. These are namely; Mathare, Pumwani and Kayole. I also intend to strengthen provincial hospitals to offer specialised care which would otherwise have been referred to the Kenyatta National Hospital.

*(Applause)*

The Ministry, in collaboration with the Ministry of Planning and National Development, will soon be developing a policy on herbal medicine.

**Mr. Speaker:** Order! Order! It appears like the hon. Minister is not responding! You are reopening debate. Are you not? You are bringing in fresh things to the fore. You should be responding to hon. Member's contributions. You are now bringing up a new issue that requires debate, which hon. Members cannot debate. Please, just respond to what hon. Members contributed.

**The Minister for Health** (Mrs. Ngilu): Thank you, Mr. Speaker, Sir. I will do that.

Let me, in conclusion, respond to one issue that was brought by hon. Kipchumba. He criticised, heavily, the Ministry of Health terming it as very tribal in terms of employment in its parastatals. Just to correct him, I would like to say that out of our six parastatals, four of the chief executive officers come from his own home. Therefore, it is high time that he got this right. We have the Kenyatta National Hospital, Moi Teaching and Referral Hospital, the NHIF, Kenya Medical Research Institute (KEMRI) and the Kenya Medical Supplies Agency (KEMSA). Out of these, four of them are headed by people from his own home.

I would like to put that record straight so that in future, when he wants to make such a contribution, he ensures that he has his facts right.

Once again, I would like to thank all hon. Members who made their contributions. We are encouraged that they have seen the good work that the Ministry of Health has done. At long last, the Ministry of Health is no longer what used to be called *Mafia House* but now, *Afya House* or *Wizara ya Afya!*

I thank you very much.

**Mr. Speaker:** Could you move?

**The Minister for Health** (Mrs. Ngilu): I beg to move.

Thank you.

*(Question put and agreed to)*

*[Mr. Speaker left the Chair]*

IN THE COMMITTEE

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

Vote 11 - The Ministry of Health

**The Temporary Deputy Chairman** (Mr. Khamasi): Hon. Members, we are now at the Committee Stage. I will ask the Minister to move her Vote.

**The Minister for Health** (Mrs. Ngilu): Mr. Speaker, Sir, I beg to move:-  
THAT a sum not exceeding Kshs15,891,461,370 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 2008 in respect of:-

Vote 11 - Ministry of Health

**The Temporary Deputy Chairman** (Mr. Khamasi): Right, for the sake of clarity, the Speaker left the Chair and it is now the Temporary Deputy Chairman in the Chair.

*(Question proposed)*

#### VOTE R11 - RECURRENT EXPENDITURE

##### SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

###### *Head 311 - Headquarters Administrative Professional Services*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, on Head 311, page 457, new Sub-Head 0166, Item 2640100 on Scholarships and other Educational Benefits, I note that there is a provision of Kshs9,120,000. I presume that this is for the continuous training of health personnel like doctors who may want to go for special training overseas. Could the Minister ensure us that there is a provision that when these professionals are trained using taxpayers' money they will actually remain in Kenya?

**The Minister for Health** (Mrs. Ngilu): Yes, Mr. Temporary Deputy Chairman, Sir. They will remain in Kenya, but of importance, is that you notice that this is the first time we are putting money in the International Health Office. We only opened a Geneva office last year.

###### *Head 313 - Physiotherapy Services*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, last year, there was a provision of Kshs1.5 million. However, this year there is no provision. Could the Minister kindly explain as to why there is no provision? Is there no further need for physiotherapy services, or is it covered elsewhere in the budget?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have moved this vote to Head 311 on page 456.

###### *Head 454 - National Aids Control Programme*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, the actual provision for this time round is precisely Kshs8,017,032. During debate time, I actually raised questions with regard to the existence of the National Aids Control Council (NACC) at the Office of the President and yet the Ministry also has a National Aids Control Programme. I am worried about the taxpayers' money. This appears to be a duplication. This Government has to decide whether this body has to be under the Office of the President or the Ministry of Health, so that there is no provision of this money which can be used for other things.

Could the Minister confirm whether there is duplication with regard to what is going on at NACC or not?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I can confirm that there is no duplication between the NACC and the National Aids Control Programme of the Ministry of Health. The Ministry of Health is about treating the sick. At the same time, doing advocacy and education. The NACC is about doing advocacy and prevention.

*Head 550 - Occupational Therapy*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, a paltry Kshs1.2 million was allocated last year. This year, there seems to be no allocation. Could the Minister tell us why there is no allocation this year? What is this occupational therapy all about?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this has also been moved to Head 311.

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

*(Sub-Vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

*Head 294 - Procurement of Medical Spare Parts Unit*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, there is again no provision whatsoever this year. Could the Minister tell us where this money has gone to, because last year, there was provision?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this has also been moved to Head 321 on page 467.

*Head 316 - Provincial Health Services*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I am on page 464 which is about Provincial Health Services, Head 316 - Headquarters.

**The Minister for Health** (Mrs. Ngilu): Could the hon. Member repeat that so that I can hear him.

**The Temporary Deputy Chairman** (Mr. Khamasi): The Head is 316.

**Mr. Sungu:** Yes. It is 316 - Provincial Health Services. In the middle of that, there is Item 2211000 - Specialised Materials and Supplies. The provision for this year is Kshs416,684,186. Are we together?

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

**Mr. Sungu:** It is on page 464, Item 2211000 - Specialised Materials and Supplies. It is in the middle. The amount allocated this year is Kshs416,684,186. I am concerned and would like to ask the Minister what these specialised materials and supplies are, and out of that, how much is going to Nyanza Provincial Hospital? How much is going to Jaramogi Oginga Odinga Hospital? If you want me to approve, I will do so but I need to know what these specialised materials are.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have increased the amount of money for drugs and non-pharmaceuticals which will be going to our provincial hospitals. It is for drugs and non-pharmaceuticals.

**The Temporary Deputy Chairman** (Mr. Khamasi): Address his question, Madam Minister!

**The Minister for Health** (Mrs. Ngilu): When we say "provincial hospitals" your provincial hospital is included.

**The Temporary Deputy Chairman** (Mr. Khamasi): Yes, your provincial hospital is included. Are you alright?

*Head 318 - Mental Health Services*

**Mr. Sungu:** Yes, I am. The next issue is on the next page 465, Head 318 - Mental Health Services.

**The Temporary Deputy Chairman** (Mr. Khamasi): Which Item?

**Mr. Sungu:** All of them. We have a total provision for the whole Republic of Kshs262,324,998. My concern is whether this is enough. Could you not have provided more for this Item because in the entire Republic of Kenya, mental services cannot be serviced by Kshs262,324,998. There are a lot of mad people in the streets, we are even ashamed. Could you tell us whether this money is enough and whether you want us to add you more?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, what we have provided for is what is in the Printed Estimates. I do not think that we have so many people in this country who have gone crazy.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I am not satisfied with that answer.

**The Temporary Deputy Chairman** (Mr. Khamasi): Order, Mr. Sungu! I think you are asking the Minister a very unfair question.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, when I was asking that, there is a point that there are some quacks who are not qualified in the name of churches like the Coptic Church in Kisumu who are holding many patients there without the consent of their relatives. They are chained. If there was enough money, then they would not be in those places. I am concerned that you do not have enough money and that is why you allow those patients to be mistreated by people who are not qualified in religious institutions which are not like hospitals with qualified personnel.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I appreciate the concerns of the hon. Member but may I also encourage Kenyans to seek healthcare services from our public facilities because they are still within reach. They can go there instead of going to those quack places.

*(Heads 294, 296, 316, 317, 318,  
319, 320, 321 and 351 agreed to)  
(Sub-Vote 111 agreed to)*

SUB-VOTE 112 - PREVENTIVE MEDICINE AND  
PROMOTIVE HEALTH

*Head 325 - Communicable Disease Control*

**Mr. Sungu:** Mr. Temporary Deputy Speaker, Sir, I am on page 469, Head 325 - Communicable Disease Control. I am talking about the whole Sub-Vote, so all Items are included. The entire provision amounts to Kshs38,459,121. I will also address the issue of our border being prone to infection by diseases that we have no control over because of the current trends in the world of things like *Ebola*, bird flu and so on and which are difficult to treat. You note that in other countries, when there is an outbreak of foot and mouth disease it becomes a national issue which is

broadcast everywhere in the media. We might be living in ignorant beliefs, but these diseases are there and we are ill-prepared. I am concerned that this provision is not enough to cater for a disaster.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I agree with him but whenever we get an emergency, we always get support from the Consolidated Fund and donors.

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

*(Sub-Vote 112 agreed to)*

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

*(Heads 335 and 336 agreed to)*

*(Sub-Vote 113 agreed to)*

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

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

*(Sub-Vote 114 agreed to)*

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

*(Heads 355 and 356 agreed to)*

*(Sub-Vote 116 agreed to)*

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

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

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I have a question regarding Head 315, Item 2630100 - Current Grants to Government Agencies and other Levels of Government. The estimate for this year is Kshs3,116,791,765. May I just say the figure as it is in the provision, so that any mistakes made could be corrected?

Mr. Temporary Deputy Chairman, Sir, I am concerned that, that figure is being given to Kenyatta National Hospital (KNH). Other hospitals in the diaspora, like the Coast and Nyanza provincial general hospitals, which cater for millions of people--- All right! That is, probably, the only national referral hospital we have. But the others must also be provided for. The Minister should explain the disparity because I know that the amount allocated to Nyanza, when I look at the provisional allocation, it is much, much, much less. It could never reach Kshs1 billion.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I would like the hon. Member to make a clear difference between a provincial hospital and a teaching and referral hospital. KNH, and like below it, Moi Teaching and Referral Hospital, are teaching and



referral hospitals and, therefore, they are not provincial hospitals.

**Mr. Sungu:** But, Mr. Temporary Deputy Chairman, Sir, that still does not explain why KNH has over Kshs3 billion while Moi Teaching and Referral Hospital has got only Kshs855 million! They are both referral hospitals! We ought to get a proper explanation from the Minister!

Mr. Temporary Deputy Chairman, Sir, I want that explanation because I am looking at the population of Kenya equitably. Not all of us can reach Nairobi!

**The Temporary Deputy Chairman** (Mr. Khamasi): Madam Minister, do you have any comment on that?

**The Minister for Health** (Mrs. Ngilu): I will comment, Mr. Temporary Deputy Chairman, Sir. Let me consult my officers.

**The Temporary Deputy Chairman** (Mr. Khamasi): Yes, do!

*(Mrs. Ngilu consulted her officers)*

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, you see, just below that, we have Moi Teaching and Referral Hospital.

**The Temporary Deputy Chairman** (Mr. Khamasi): You are right.

**The Minister for Health** (Mrs. Ngilu): So, Mr. Temporary Deputy Chairman, Sir, could I do both?

**The Temporary Deputy Chairman** (Mr. Khamasi): Do so!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, on the Moi Teaching and Referral Hospital, it is true that---

**The Temporary Deputy Chairman** (Mr. Khamasi): Order! Order! Order, Madam Minister! We have not called for that Vote Head yet! Let us deal with KNH. So, do not jump the gun! Deal with KNH!

**Mr. Sungu:** I beg your pardon, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman** (Mr. Khamasi): When we go to that Vote Head, then you can raise that question referring to what has already been done.

**Mr. Sungu:** Okay, Mr. Temporary Deputy Chairman, Sir.

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*

*(Loud consultations)*

**The Temporary Deputy Chairman** (Mr. Khamasi): Order! I require some silence! Order!

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, they are only providing quorum! They are not interested!

SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

*Head 623 - Moi Referral and Teaching Hospital*

**The Temporary Deputy Chairman** (Mr. Khamasi): Now, Mr. Sungu, I think you can raise the issue, if you want.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, the Minister heard what I raised earlier, but I can raise it again. The allocation to Moi Referral and Teaching Hospital, which is supposed to be a referral hospital for the whole of western Kenya, including my own village in Kisumu - although we have the Nyanza Provincial General Hospital - is Kshs885 million as opposed to what you have already seen for KNH - Kshs3,116,791,765. I want to know why there is such a huge difference, because we have to look at the question of equity and where the population is, so that they can get services! We need that in Coast Province and also in Nyeri, and not just in Nairobi! Not all of us can reach Nairobi.

**The Temporary Deputy Chairman (Mr. Khamasi):** Why the disparity, Madam Minister?

**The Minister for Health (Mrs. Ngilu):** Mr. Temporary Deputy Chairman, Sir, I would like to say here again that both of them are referral hospitals. However, KNH has about 2,000 beds and, usually---

*(Loud consultations)*

**The Temporary Deputy Chairman (Mr. Khamasi):** Order! Order, hon. Members! Let us listen to the Minister! If you feel you cannot consult quietly, there is a solution to that.

Proceed, Madam Minister!

**The Minister for Health (Mrs. Ngilu):** Thank you, Mr. Temporary Deputy Chairman, Sir. As I said, KNH has about 2,000 beds. But, at any one time, there are about 3,000 people who are admitted in that hospital. Moi Referral and Teaching Hospital has a capacity of 400 beds. That is a quarter of the capacity of KNH and that is how the money is divided. But the allocation will continue to grow.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, my concern, then, is that, if you are looking at the number of beds, Nyanza Provincial General Hospital has over 600 beds and, therefore, should have more provision than Moi Referral and Teaching Hospital!

**The Minister for Health (Mrs. Ngilu):** That is fine. In fact, many provincial hospitals have big bed capacities due to the number of people they have to treat from the provinces. But that is noted. We will continue to develop bed capacities in those hospitals.

*(Head 623 agreed to)*

*(Sub-Vote 118 agreed to)*

*(Vote R11 agreed to)*

**The Temporary Deputy Chairman (Mr. Khamasi):** That concludes Recurrent Expenditure. I think we will now move on to the Development Expenditure.

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

*(Heads 310, 311 and 454 agreed to)*

*(Sub-Vote 110 agreed to)*

## SUB-VOTE 111 - CURATIVE HEALTH

*Head 316 - Provincial Health Services*

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I would like to raise an issue on Head 316 - Provincial Health Services. I am concerned with Item 3110200 - Construction of Building. That means it is one building.

I would like the Minister to tell me whether that building is an extension of the New Nyanza Provincial General Hospital or whether it is somewhere else. What is it? It has been allocated Kshs170 million.

**The Minister for Health (Mrs. Ngilu):** Thank you, Mr. Temporary Deputy Chairman, Sir. Actually, it is not for Kisumu Provincial--- It is for Embu. This is support coming from BADEA.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on the same issue raised by Mr. Sungu, the Minister said that this is the money which is going to come from BADEA. However, if you look at the details, you will see that it has been indicated that the source of the finances is "various". I can refer her to the specific page where it is indicated that the source of finances is "various" and not BADEA. The one that is indicated BADEA---

**Mr. Sungu:** What is BADEA, anyway?

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, Construction and Civil Works is provided for under Item 31105500, which is under New Sub-Head 0164, Health Sector Reform Secretariat, **[Mr. Muturi]**

Head 311 - Headquarters Administrative Professional Services - whose source of finances is shown as "Various". What is BADEA in refurbishment of buildings? In fact, I was going to raise this issue because, in the last two financial years, the sums which were allocated to cater for that hospital were to come from BADEA. I am surprised today that they are now coming from various sources, including, supposedly, the Constituencies Development Fund (DCF).

**The Minister for Health (Mrs. Ngilu):** Mr. Temporary Deputy Chairman, Sir, we have indicated "Various" as the source of finance because we are getting Kshs150 million from BADEA and Kshs20 million from the Government of Kenya (GoK). So, "Various" includes the GoK, and not the CDF.

**Mr. Sungu:** The CDF money is also GoK money!

**The Temporary Deputy Chairman (Mr. Khamasi):** Very well! I will now put the Question---

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I beg your pardon!

**The Temporary Deputy Chairman (Mr. Khamasi):** Order, Mr. Sungu!

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, there is another Item on which I would like to seek clarification.

**The Temporary Deputy Chairman (Mr. Khamasi):** You did not rise to raise the issue! That is why I was going to put the Question.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, I am sorry, I was---

**The Temporary Deputy Chairman (Mr. Khamasi):** Okay. I will allow you.

*Head 317 - District Health Services*

**Mr. Sungu:** Thank you, Mr. Temporary Deputy Chairman, Sir. Under Head 317, District Health Services, again, there is Item 3110200, Construction of Building, and the next, Item 3110300, Refurbishment of Buildings, where Kshs120 million has been allocated. I want to know what these buildings are. If it is in Kakamega District, I want to know where it is. I am concerned

that my area is being ignored when I sit here. I am one of the few hon. Members in the Opposition, trying to approve this Budget for the Ministry, which is ignoring our areas. This money is going to benefit other areas, whose representatives are not even here to approve the Budget!

**The Temporary Deputy Chairman** (Mr. Khamasi): Order, Mr. Sungu! Madam Minister, would you, really, like to respond to that one?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I thank the hon. Member very much. The money provided under this particular Item will go to all the district hospitals, including the one in his district.

**The Temporary Deputy Chairman** (Mr. Khamasi): Would you like to raise something, Mr. Muturi?

**Mr. Muturi**: No, thank you, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman** (Mr. Muturi): Very well. I will now put the Question.

*(Heads 316 and 317 agreed to)*

*(Sub-Vote 111 agreed to)*

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

**Mr. Muturi**: Mr. Temporary Deputy Chairman, Sir, I need to get some clarification, starting from page 304; on Head 112, Preventive Medicine and Promotive Health. From the Item dealing with nutrition, I just want to get the Minister's clarification, all through to page 305. We are now dealing with the Development Vote. Is it the case that those various Items have ceased to exist or have been transferred to some other areas within the allocations? It is very clear that, in this financial year, there is no provision for them, be they for Domestic Travel, Training Expenses, Nutrition or Specialised Materials and Equipment, which they like buying every now and then. Why are there no provisions for those Items this financial year?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is financial support we used to get from the UNICEF, which they have now stopped giving us.

**The Temporary Deputy Chairman** (Mr. Khamasi): Perhaps the natural question would be: What happened which made them stop giving us that help?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we have put in some money from the GoK for those purposes in our Recurrent Expenditure. The money we used to get from the UNICEF used to be put in the Development Expenditure. We have now put some money for nutrition in our Recurrent Expenditure. I can get for you the page where that provision is reflected in the Recurrent Expenditure.

#### *Head 510 - Kenya Expanded Programme on Immunization*

**Mr. Sungu**: Mr. Temporary Deputy Chairman, Sir, I would like to refer the Minister to page 305, Head 510 - Kenya Expanded Programme on Immunization. I believe that all the Items under this Head are applicable. You notice that all the Heads, including---

*(Loud consultations)*

Mr. Temporary Deputy Chairman, Sir, I would plead that the hon. Members on the Government side, who are not interested in what we are doing, consult quietly.

**The Temporary Deputy Chairman** (Mr. Khamasi): You are right, Mr. Sungu!

Order! Order, hon. Members! I do not think the Chair will continue doing this. We are voting monies here and some hon. Members are engaged in things other than listening and participating. So, would you, please, consult quietly to give us peace to do our job here? I do not think I want to repeat this!

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, if I may add, the most important duty of a Member of Parliament is to represent his people in this House. There is no taxation without representation. This is the very important job we are doing. So, they should listen!

Mr. Temporary Deputy Chairman, Sir, under the Head I have referred to, virtually all the provision - under Item 2210300, Domestic Travel and Subsistence other Transportation Costs; Item 2210500, Printing, Advertising and Information Supplies and Services; Item 2210700, Training Expenses, among others - except for Item 2211000, Specialised Materials and Supplies, where there is a provision of Kshs234,615,000 this year, and Item 2640400, Other Current Transfers, Grants and Subsidies, and Head 3111100, Purchase of Specialised Plant, Equipment and Machinery--- This is provision for immunization. We note that, in the other Items, there is no provision for them whatsoever. The effect of this is that, in fact, there is not going to be immunization because the Ministry may run out of transport. They may not be able to print warnings or things like that. All those are not provided for except for these special materials and the other two Items.

On this one also, the international concern about some of the vaccines that are in use is that, in some cases, they have been noted to have side effects. In the United Kingdom, there has been concern that a vaccine, which I cannot remember because I am not a doctor, was the sole cause of the increase in measles in that country. Is the Minister now telling us that, with this kind of provision, she is now withdrawing the Kenya Expanded Programme on Immunization?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the programme is not being withdrawn. We have put some money in the Recurrent Expenditure. A sum of Kshs234,650,000 will be used for purchasing vaccines. This money will come from the GoK. A sum of Kshs110 million has been set aside for other current transfers. We have been supported by GAVI in the past. One of the conditions that GAVI gave us was that we put some money in our Budget, so that they can also support us. Therefore, we have, for the first time, put in Kshs110 million for that purpose. The sum of Kshs233 million provided for specialised equipment is for cold chains around the country. The ones we have been using are now old.

**Mr. Sungu:** On a point of order, Mr. Temporary Deputy Chairman, Sir. The Minister has not taken up my query with regard to the safety of the vaccines in use, noting that most of those vaccines come from foreign countries, and that in those same foreign countries, their veracity and safety has been questioned by medical experts. In other words, are we safe in procuring these vaccines? I wish our people could be protected.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, our people are safe. Our technical people check the vaccines before they are received.

**The Temporary Deputy Chairman** (Mr. Khamasi): I want to believe so.

Mr. Muturi!

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

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I would like to refer to page 305, Head 509, Control of Malaria. Nothing has been provided under this Head this financial year. However, if you go to page 306, under Head 780, Special Global Fund - Malaria Control, we have several Items under which provision has been made for various purposes. The issue I want to raise is that, if I understand it correctly, the Global Fund is money which will come from outside Kenya. We do

not appear to have factored in anything under this Head from the GoK. Is it right that everything, including basic wages, has to come from the Global Fund, yet I thought that the Global Fund should actually address the issue of malaria control alone, without having to deal with wages and other small operational costs?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the hon. Member made a correct observation of this Vote. It is true that, in fact, the support that we got from the Global Fund include hiring of extra support-staff. Those are health workers such as nurses, clinical officers and medical laboratory technologists. That is why you are seeing it here. On our own part, the Government of Kenya has also put in some money, but in the Recurrent Expenditure.

*(Loud consultations)*

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

*(Heads 323, 325, 327, 334, 509, 510,  
622, 778, 779 and 780 agreed to)*

*(Sub-Vote 112 agreed to)*

SUB VOTE 113 - RURAL HEALTH SERVICES

*Head 335 - Rural Health Centres and Dispensaries*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on page 307 Sub-Vote 113 Rural Health Services - Head 335 - Rural Health Centres and Dispensaries, the first Head has an Item called "Training Expenses". I have complained, in the past, that these prints are so small.

**The Temporary Deputy Chairman** (Mr. Khamasi): Mr. Muturi, you must now buy spectacles! You have been trying to avoid them but this is now the time!

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I think I agree with you. I think I need to use them. Nevertheless, it is "training expenses". I believe the Minister can see that. Last year, there was a provision of over Kshs269 million. This year, there appears to be Kshs408 million. Could the Minister explain - because we are talking about health centres and dispensaries - who are the people being trained? Is it health personnel who are already serving? How is this to be explained anyway?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we are yet to train. I am sure hon. Members have noticed the number of people who are on anti-retroviral drugs (ARVs). They are being treated today more than ever before. So, that money will be used for that. We have also introduced new malaria drugs. We also have to train people on that. That is at the rural health facilities.

**Mr. Sungu:** Thank you, Mr. Temporary Deputy Chairman, Sir. My clarification from the Minister is on the entire Sub-Vote 113 - Rural Health Services. The Minister knows that we have constructed many dispensaries and health centres through the CDF. We were promised that some of those dispensaries will be gazetted. I hope they are being gazetted. They are still lying idle. They are political--- They are going to be like a bomb in future! We have got facilities that are not manned and equipped. I want the Minister to assure me that, under this general Item, she has provided for all those rural health centres that have been constructed countrywide through the CDF by Members of Parliament.

**The Minister for Health** (Mrs. Ngilu): It is the Ministry of Health, policy that wherever

we send health workers, we send drugs. So, once we send health workers, we know that we must send drugs to those facilities. But we will continue to gazette them.

Mr. Temporary Deputy Chairman, Sir, so far, we have gazetted about 600. We will continue to gazette them as we continue to employ more health workers.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, the Minister missed the clarification that I wanted. I wanted a clarification to the extent that, although they have been gazetted, there is no staff on the ground. The Ministry has not taken over those facilities. In fact, the CDF is still guarding them at our own cost. There is no staff. There is no equipment. So, even drugs would not apply because those things are just there as white elephants.

**The Minister for Health** (Mrs. Ngilu): Thank you. You have brought that to my attention. Where we have any facility that we have gazetted, we will open it. We will ensure that there are drugs and health workers. They only get one nurse. The nurse is supposed to work from Monday to Friday, so that he or she can take an off and come back to work on Monday.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on page 308, Rural Health Services, the Sub-Head is 335 - Rural Health Centres and Dispensaries. The first Item there reads: "Construction of Building". These issues continue to exercise my mind whenever I see them like this. You can see there is a provision there for this year, totalling Kshs30 million. We are talking about rural health centres and dispensaries. "Rural health centres" - is plural - and "dispensaries" means many. Here, the item is: Construction of Building. May I know which is that lucky rural health centre or dispensary that is going to benefit? That is because it is only one building.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, is that Siakago? But with that Kshs30 million, we will look at where the need is. We will be sending money to those facilities through the districts.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir!---

**The Temporary Deputy Chairman** (Mr. Khamasi): Yeah! If you have not understood, go ahead!

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, the point I am making is this: We have raised this severally. It is "Construction of Building". One! Yet, the Sub-Head is: "Rural Health Centres and Dispensaries". But the Item is "Construction of Building". It has been allocated Kshs30 million. Last year, there was nothing. The year after and the next two years, there is no provision for it. So, it is only one building. May we know where it is so that, as a collective measure, we will go and see that lucky health centre or dispensary?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, it is just that we did not put an "s". It is: "Construction of Buildings"!

**The Temporary Deputy Chairman** (Mr. Khamasi): Did you explain which buildings they are, Madam Minister?

**The Minister for Health** (Mrs. Ngilu): These are grants coming from some of our development partners. So, they say we are putting in Kshs30 million. When we sit down, we will decide on where to put the money.

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, if that is correct, then just below there, they should have put Appropriations-in-Aid, that is, on the expenditure side.

Mr. Temporary Deputy Chairman, Sir, for the umpteenth time, I want to say that it is not right to be given these explanations. Every Minister seems to be telling us the same thing, that there is an "s" missing. The next Item is "Refurbishment of Buildings." This Item runs through all the Ministries. I think the House now needs to take on all the Ministers on this issue. There is something that the technocrats, either through the Treasury or the Ministries, are not telling the House truthfully and are just telling Ministers to come and confuse the House. With regard to "Refurbishment of Buildings" and "Construction of Building", it cannot be that they missed putting

an "s". It is not so!

Mr. Temporary Deputy Speaker, Sir, in all the Ministries that we have covered here, if you go through these Printed Estimates, especially under the Development Expenditure, you will realise that there is an Item called "Construction of Building". The explanation we get for this particular Item is that it is only an "s" which is missing. When it comes to refurbishment, the Item is "Refurbishment of Buildings". That is not true!

With regard to rural health centres and dispensaries, nobody in their right mind would think that it is only an "s" which is missing. Maybe, the Minister could actually get a better a clarification. Either it has got to do with the coding or something like that from the Treasury. They should correct it because it is causing a lot of anxiety in the House.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I would like to tell the hon. Member that his observation is right. This is a grant of Kshs30 million that we got from Italy. They would like us to put it in our dispensaries. It will be decided where they will be put.

**Mr. Muturi:** Do I stand to benefit?

**The Minister for Health** (Mrs. Ngilu): Yes, you could benefit!

**The Temporary Deputy Chairman** (Mr. Khamasi): Order, Members! No personal exchanges here!

*(Heads 335 and 594 agreed to)*

*(Sub-Vote 113 agreed to)*

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

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

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, again, a very quick one because the Minister is very co-operative. On page 308, Head 340, Kenya Medical Training Centre, there is Item 2210700, Training Expenses. Although there was no provision for this last year, there is a provision this year; of Kshs49 million. My concern, and I would like to raise it on behalf of my constituents who have many complaints, is that there is some sort of discrimination when it comes to recruitment of trainees. I want the Minister to specifically comment on this matter as we approve this Vote. She should assure us that she will consider restructuring this institution; Kenya Medical Training Centre (KMTC), because they also have made provision for all training centres to ensure that the recruitment is equitable so that every constituency, say, Shinyalu or Kisumu Town East or even Kitui Central, gets some sort of consideration the same way other areas of Kenya are considered. For example, there are instances where you cannot get somebody from Kisumu to work in Garissa because it is a difficult terrain, but if you got somebody from Garissa, he will be able to work there. Could the Minister, please, assure us that there will be some fairness? This is because there have been a lot of complaints on this matter.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I can assure the hon. Member that, that will be done.

##### *Head 340 - Training Expenses*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, on page 308, the very first Item, 2210700, is Training Expenses. We know that during the last financial year, there was no



allocation under that Sub-Vote or even Item. We have just approved the Recurrent Vote. Mr. Temporary Deputy Chairman, Sir, could the Minister explain to us what is under the Item, Training Expenses, within the Development Vote for the KMTC? What is it that she is going to do with this Kshs49 million this financial year? We know that she intends to have another Kshs50 million in the next financial year under the same Item, Training Expenses. Training, to me, would appear to suggest that it is a Recurrent Expenditure. So, what falls under this Item? How is this money going to be spent? Is it going to be used to buy vehicles?

**The Minister for Health** (Mrs. Ngilu): No, Mr. Temporary Deputy Speaker, Sir. Training is not buying vehicles. Hon. Members know that, over a period of time, we have opened a few training colleges and even the tutors, who teach in these colleges, need to go through some training. In fact, this is one of the reasons we have not been able to open as many colleges as possible. So, this is money for that purpose. Actually, this is also a grant from USAID.

**The Temporary Deputy Chairman** (Mr. Khamasi): You want to follow that up, Mr. Muturi?

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, the only explanation I wanted from the Minister is this: She explained it very well, that this money will be used for training and the opening of new colleges. However, this is in the Development Vote and not in the Recurrent Vote, which we have just approved. Could she, please, explain why it is here and not in the Recurrent Vote?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I said that this is not money coming from the Government of Kenya (GoK), but money from the USAID.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, if you allow me, please, I think it is still not very clear.

**The Temporary Deputy Chairman** (Mr. Khamasi): You are allowed!

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, when you say "Training Expenses" - I am a student of literature in English - it actually means, training expenses and not building or construction or purchase of equipment for training. So, what are these training expenses? If it is about buildings, say so, and then put it under buildings. We cannot, as Parliament, pass something which is not clear. It is incongruous! This is not clear to me!

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we know that all donor funds come under the Development Vote. That is why you see that money from the Global Fund (GF), although it is for drugs, has been put under the Development Vote. That is why we have this Kshs40 million for training and training material coming under this Development Vote.

**Mr. Temporary Deputy Chairman** (Mr. Khamasi): I think that is all right.

*(Heads 340 and 643 agreed to)*

*(Sub-Vote 114 agreed to)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATION UNITS

*(Head 355 agreed to)*

*(Sub-Vote 116 agreed to)*

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

*Head 315 - Kenyatta National Hospital*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I would like to talk about Head 315, the first Item, 3110200, Construction of Building. I raised the matter during debate that we would want to know specifically--- This is because, again, you can see it is "Construction of Building at Kenyatta National Hospital".

We want to be told now, categorically, by the Minister, which building it is that they are going to put up at Kenyatta National Hospital so that as we pass by there, we will go and see whether it is being put up or not. We want to be told, specifically. They have talked, in the past, about Sisters' messes and so on.

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, we are putting up a special burns unit and we are spending Kshs400 million on this.

**Mr. Muturi:** You said "special" what?

**The Minister for Health** (Mrs. Ngilu): Special burns unit *kwa wale wamechomeka*. We are putting it up at Kenyatta National Hospital.

**The Temporary Deputy Chairman** (Mr. Khamasi): Order, Members! Mr. Muturi, I believe that you are not following the Minister! You want to move from your seat? Could you, please, go to the microphone?

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, I think that the Minister for Justice and Constitutional Affairs wants to assist. We mean well. We want to approve this Vote, but we also want to know where this Burns Unit will be located within the Kenyatta National Hospital (KNH).

I chair the Public Investments Committee (PIC). It is just last week that the management of KNH were before us. They talked about other buildings. I just want to know where this one will be put up. What stage of construction has it reached? Are they about to begin construction or tendering?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this is money that we are getting from Saudi Arabia through BADEA. This is a loan. The building will be near the Casualty Wing.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, as an off-shoot to that, you will see that, from the same Head, Item 1320200 - Grants from International Organisations, the provision is Kshs400 million. Could the Minister confirm whether this is the same money, or it is in addition to the Kshs400 million that is allocated under the other Item?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, it is the same. It just shows the total Appropriations-In-Aid.

**Mr. Sungu:** So, it is just a balancing Item?

**The Minister for Health** (Mrs. Ngilu): Yes!

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*

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

*Head 623 - Moi Referral and Teaching Hospital*

**Mr. Muturi:** Mr. Temporary Deputy Chairman, Sir, the only Item there is called "Capital Grants to Government Agencies and Other Levels of Government". Last year, there was an

allocation of Kshs70 million given to Moi Referral and Teaching Hospital. This year, and years to come, it is proposed to give zero. Could the Minister explain why this is the case? Could she explain what "those other levels of Government," which have ceased to exist this financial year, are?

**The Minister for Health** (Mrs. Ngilu): These are donors who had funded the hospital last year. It was a special unit for kidney dialysis and Intensive Care Unit (ICU). We finished it. Therefore, no more money is needed for it.

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, is the Minister stating that there is now no intention to develop further the Moi Referral and Teaching Hospital which is the only other referral hospital in the Republic of Kenya?

**The Temporary Deputy Chairman** (Mr. Khamasi): Mr. Sungu, I will not allow that! The Minister is very clear. This was a donor-funded project. It is complete. Therefore, no more funding is required. I cannot allow her to answer your question!

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, with your permission, what I am asking is that, we are doing the budget from the National Assembly of Kenya and there ought to be provision from this Government and not the donors, for some development for Moi Referral and Teaching Hospital.

As it is, there is no provision for that this year, next year and the year after. So, is this going to be stagnant or develop further?

**The Temporary Deputy Chairman** (Mr. Khamasi): Do you want to respond to that Madam Minister?

**The Minister for Health** (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I want to say that, in the past, we did not have an ICU at the Moi Referral and Teaching Hospital. A donor came along and said he was going to put it up. He said he would spend this much money. This was done and the project completed. When need arises, then we will look for more resources to do the next thing that needs to be done.

**The Temporary Deputy Chairman** (Mr. Khamasi): Mr. Sungu, are you all right?

**Mr. Sungu:** Mr. Temporary Deputy Chairman, Sir, the Minister is very capable!

*(Laughter)*

*(Head 623 agreed to)*

*(Sub-Vote 118 agreed to)*

*(Vote D11 agreed to)*

*(Question put and agreed to)*

*(Resolution to be reported  
without amendment)*

*(The House resumed)*

*[Mr. Deputy Speaker in the Chair]*

**REPORT**

## Vote 11 - Ministry of Health

**Mr. Khamasi:** Mr. Deputy Speaker, Sir, I am directed to report the Committee of Supply has considered the Resolution that a sum not exceeding Kshs15,891,461,370 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2008, in respect of Vote 11 - Ministry of Health, and approved the same without amendments.

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

**The Assistant Minister for Health** (Dr. Machage) seconded.

*(Question proposed)*

*(Question put and agreed to)*

**ADJOURNMENT**

**Mr. Deputy Speaker:** Hon. Members, there being no further business, the House stands adjourned until tomorrow, Wednesday, 8th, August, 2007, at 9.00 a.m.

The House rose at 5.20 p.m.