

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 2nd August, 2005

The House met at 2.30 p.m.

[Mr. Speaker in the Chair]

PRAYERS

QUESTIONS BY PRIVATE NOTICE

OPERATIONALIZATION OF GOVERNMENT FINANCIAL MANAGEMENT

Mr. Omingo: Mr. Speaker, Sir, I beg to ask the Minister for Finance the following Question by Private Notice.

(a) What is the position of the operationalization of the Government Financial Management Act, 2004, given assent by the President on 30th December, 2004?

(b) Why has the Minister not gazetted the operationalization rules and commencement date?

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

(a) The Treasury is in the process of making arrangements for the operationalization of the Government Financial Management Act, 2004, which was given assent by the President on 30th December, 2004. Towards this end, an inter-ministerial task force, which includes officers from the Office of the Attorney-General, has been constituted to drive the process.

(b) The task force has been given up to the end of August, 2005, to complete the assignment and thereafter we shall determine the effective date of the commencement of the Act. The two terms of reference for this task force are:-

(i) to advise on how and when transition from the current Exchequer and Audit Act to

the Financial Management Act should take place;

(ii) to ensure revision and development of the financial regulations and procedures to complement the Act.

Mr. Omingo: Thank you, Mr. Speaker, Sir. This House has been subjected to public scrutiny; that we have been unable to pass law. The few laws we have passed have either been returned, or are not operational. Seven months have lapsed since the President assented to the Government Financial Management Act. Mr. Speaker, Sir, could the Assistant Minister tell us what is so technical to have a technical bench to operationalize the Act eight months from the date of assent?

Mr. Obwocha: Mr. Speaker, Sir, there is nothing technical about the Government Financial Management Act. It is almost similar to the Exchequer and Audit Act. We are making transitional arrangements in order to harmonise the two Acts.

Mr. Kajwang: Mr. Speaker, Sir, listening to the Assistant Minister answer the Question, we are left wondering whether the Government brought that Bill before this House without thinking of

how it will be operationalized.

We debated the Bill and passed it. It was put somewhere in a cold room. The Government has appointed an inter-ministerial task force to look into how the Act could be operationalized.

Could the Assistant Minister tell us why he is paying the members of the task force to operationalize this Act?

Mr. Obwocha: Mr. Speaker, Sir, I have already given the terms of reference for that task force. First, it is supposed to advise on how the transition from the Exchequer and Audit Act to the Government Financial Management Act can be done.

Secondly, it is supposed to ensure that the development and revision of the Act are complementary.

Mr. Billow: Mr. Speaker, Sir, you will recall that the amendments to the Banking Act were also returned by the President with a memorandum containing some amendments. This Ministry has also left that Act to die because of influence. These legislations are left to die or lapse because of the influence by the banking industry and other financial institutions in this country. There is an attempt to circumvent the authority of this House to legislate by going around. After we have passed some legislations, they set up task forces to do some other things.

Mr. Speaker, Sir, could the Assistant Minister confirm to this House that they failed to publish the Act because of the amendments which were made to the Bill by this House?

Mr. Obwocha: Mr. Speaker, Sir, I deny that.

Mr. Omingo: Mr. Speaker, Sir, internal conscience will continue to haunt us, whether we deny or confirm that. Could the Assistant Minister tell this House how long he will take to implement this Act? What explanation and apology does he owe this House and Kenyans for the delay?

Mr. Obwocha: Mr. Speaker, Sir, once a Bill has been passed by this House and it has been assented to by the President, the Minister has to gazette the commencement date. Basically, that is what the Minister is doing. In "a" of my answer, I said that we will implement this Act by the end of August, 2005.

DESTRUCTION OF EMUTONO PRIMARY SCHOOL ROOFS

Mr. Osundwa: Mr. Speaker, Sir, I beg to ask the Minister for Education, Science and technology the following Question by Private Notice.

(a) Is the Minister aware that pupils of Emutono Primary School in Mumias Division are learning under tree sheds after roofs of four classrooms at the school were blown off by strong winds last week?

(b) Is he further aware that learning at the school has also been disrupted by the current heavy rains in the area?

(c) If the answers to (a) and (b) above, are in the affirmative, what urgent measures is the Minister taking to ensure the classrooms are rebuilt?

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

(a) I am not aware that pupils of Emutono Primary School in Mumias Division are learning under tree sheds after roofs of four classrooms at the school were blown off by strong winds last week. However, I am aware that the school management committee pulled down four mud classrooms constructed in the early 1990s after they became a health hazard in early June, 2005. As a result, the nursery, classes six and seven are learning under trees.

(b) I am also not aware that learning at the school has been disrupted by heavy rains because the rains in the area have been reported as scanty. Learning, however, is still going on in the

remaining classrooms and within the church building.

(c) The Ministry has allocated Kshs47,124 to Emutono Primary School through Repairs, Maintenance and Improvement Head for the 2005/2006 financial year, based on the current enrolment of 374 pupils.

To complement the efforts of the Ministry, the local leaders, parents and the community are encouraged to participate in the provision of physical facilities in their areas. The Ministry has also been funding this school alongside other public schools in the country since the inception of free primary education.

Mr. Osundwa: Mr. Speaker, Sir, I am surprised by the answer the Assistant Minister has given us. In (a), she said that she is not aware that pupils are learning under trees, but admits it in the last sentence. This is a very ridiculous answer because she has said that the Ministry has provided Kshs47,000 to build four classrooms.

I do not know whether this amount is enough because, right now, it costs over Kshs350,000 to build one classroom. This Government is cheating Kenyans that it is providing free primary education when we know that it is doing nothing. Could this Ministry assure this House that they are going to provide sufficient funds to put up classrooms, together with the parents in the area, because Kshs47,000 is insufficient?

Mrs. Mugo: Mr. Speaker, Sir, the hon. Member has used unparliamentary language. I do not know whether the Chair has heard him and whether he should use it, especially being an experienced hon. Member.

The Government is not cheating anyone. We are providing free primary education through the stated format we have pointed out many times. I do not need to repeat this here. Building of classrooms should be done by the local and church leaders and the Government. The Kshs47,000 that the Government sent to Emutono Primary School is meant to repair it and not for building. It is on record that in 1995, Mumias Sugar Company built three classrooms, which are still incomplete to date.

In June, 2005, the area Member of Parliament visited the school over a weekend and promised to build five classrooms using the Constituency Development Fund (CDF). This has not yet been done. The children will not learn under trees if the hon. Member lives up to his word.

(Applause)

Mr. Manoti: Mr. Speaker, Sir, it is common for roofs of schools to be blown off and for hon. Members to ask such Questions in this House. The answer by the Assistant Minister indicates that the Ministry has not set aside money to cater for such emergencies. Why can the Assistant Minister not tell us that the Ministry does not have such a provision, instead of giving us answers which do not assist anybody?

Mrs. Mugo: Mr. Speaker, Sir, if the hon. Member listened carefully, I gave a very satisfactory answer. I said that the Government has not built all schools. Recently, we launched a programme on how we will build classrooms because we do not do things haphazardly. If the hon. Member looks at the Budget carefully, he will find how much money has been set aside for building or reconstruction of schools, where and when.

Mr. Mwanicha: On a point of order, Mr. Speaker, Sir. The Assistant Minister has said that we are aware of a programme meant to build classrooms. I am not aware of such a programme and neither are other hon. Members. Could she tell us more about that programme which all of us, except her, are not aware of?

Mrs. Mugo: Mr. Speaker, Sir, as I have said in this House before, the OPEC project is on course. In fact, this project targets at least four primary schools and one secondary school in each constituency. I would also like to inform hon. Members that last week, my Ministry launched the

Kenya Education Sector Support Programme (KESSP). The launch was very well covered by the *Daily Nation* newspaper. They even highlighted the money earmarked for building schools and when this project would commence. However, I strongly believe that we must have a budget for these projects to commence. As we all know, we cannot put all the money in the Ministry of Education, Science and Technology because other Ministries, especially Health, Water and Irrigation, Roads and Public Works also require funds for their operations. So, the hon. Member should give us time to implement this programme.

Mr. Osundwa: Mr. Speaker, Sir, granted that the Ministry is funding schools at the rate of Kshs47,000 per year, could the Assistant Minister explain to this House whether there is any budget allocation for emergencies of this nature? If so, could she withdraw some funds for us to roof this school?

Mrs. Mugo: Mr. Speaker, Sir, we do not provide Kshs47,000 per school. These allocations are based on the per capita level of each school. The allocation depends on how many children are in a particular school. Some schools, based on their population, get more money than others. For emergencies, the Government has provided funds, through the Constituency Development Fund (CDF)---

Hon. Members: No! No!

Mrs. Mugo: Mr. Speaker, Sir, what else is an emergency if we cannot use some of the CDF money to re-build such a school? In fact, 3 per cent of the CDF funds are set aside for emergencies. Hon. Members should use that money wisely.

Mr. Speaker: Hon. Members, let us move on to Ordinary Questions.

ORAL ANSWERS TO QUESTIONS

Question No.552

HARMONIZATION OF AIR TRAVEL WITHIN EAST AFRICAN REGION

Mr. J.M. Mutiso asked the Minister for Transport:-

(a) if he is aware that Kenya Airways is charging US\$500 per passenger to Entebbe International Airport and US\$150 per passenger to Mombasa from Jomo Kenyatta International Airport;

(b) why the charges are so different when the flight time to the two destinations is approximately 45 minutes; and,

(c) what measures he is taking to harmonize travel in the East African Region pursuant to the Treaty for the establishment of the East African Community.

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

(a) Kenya Airways charges a fare of US\$483 for business class between Jomo Kenyatta International Airport (JKIA) and Entebbe International Airport (EIA). The economy class fares range between US\$270 to US\$345, depending on the time the ticket was purchased. Kenya Airways charges US\$189 for business class between JKIA and Moi International Airport, Mombasa. The economy class fares on this sector range between US\$107 to US\$146.

(b) Inter-territorial or international fares such as those between Nairobi and Entebbe are determined by IATA conferences held annually. These fares may be reduced or increased, depending on the state of the international aviation industry. The last conference held by IATA recommended a 3 per cent increase on international fares with effect from June, 2005.

(c) Discussions are on-going within the East African Community (EAC), particularly within

the transport and communication sector, to harmonise travel policies in the East African Region.

Mr. J.M. Mutiso: Mr. Speaker, Sir, first of all, I would like to thank the Assistant Minister for that answer. This House passed the Report on Fast-Tracking the East African Community about a month ago. In that Report, it is affirmed that under the East African Protocol, there will be harmonisation of issues, including those in the aviation industry. It is very interesting that a trip from Nairobi to Istanbul in Turkey is US\$489, and a return trip from Nairobi to South Africa is US\$380. A return trip from Nairobi to Entebbe is US\$500. Could the Assistant Minister explain to this House what this disparity is all about? Could he tell us more about the considerations of IATA?

Mr. Ligale: Mr. Speaker, Sir, the hon. Member is insisting on the US\$500, but the figures I quoted in my reply are well below that. In any event, the fares are determined by market forces. We, as a Ministry, do not determine fares.

Mr. Speaker, Sir, as I said, we are having discussions within the transport sub-sector of the EAC to see if these rates could be harmonized. I hope this will come into effect fairly soon.

Mr. K. Kilonzo: Mr. Speaker, Sir, could the Assistant Minister tell us what criteria is normally used by IATA to arrive at these fares? The Assistant Minister is not helping us when he refers to IATA and market forces.

Mr. Ligale: Mr. Speaker, Sir, I am quite happy to give the criteria. When IATA holds its annual conferences to determine the fares, they take the following into account:

(i) The over-flight and landing airline aviation charges, which are charged in every particular country.

(ii) The handling fees in any particular airport.

(iii) The fuel costs that are charged in a particular airport.

(iv) Airport and insurance charges.

Mr. Speaker: Last question, Mr. J.M. Mutiso!

Mr. J.M. Mutiso: Mr. Speaker, Sir, it is very clear that there is a very huge disparity within the regional transportation system. Could the Assistant Minister put a very strong case in the IATA committee to try and harmonise the fares within the region because they are quite immoral?

Mr. Ligale: Mr. Speaker, Sir, I do not know what the hon. Member means by the word "immoral". But as I said, we are holding discussions in the transport sector under the EAC. We are putting a strong case as possible and we hope to bring these fares down.

Mr. Speaker: Next Question, Mr. Koech!

Question No.495

COMPLETION OF SIMOTI WATER PROJECT

Mr. S.C. Koech asked the Minister for Water and Irrigation:-

(a) if she is aware that Simoti Water Project in Konoin Constituency, which was initiated by the local community and the National Water Conservation and Pipeline Corporation in 1995, has stalled; and,

(b) when the project will be completed and commissioned.

The Minister for Water and Irrigation (Ms. Karua): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that implementation of Simoti Water Project in Konoin Constituency started in 1997, but stalled due to lack of funds after only 30 per cent of the rising main had been completed. By the time the project stalled, my Ministry had spent Kshs2.5 million.

This project shares the same intake and treatment works with Litein Water Project, which is operational.

(b) My Ministry has allocated Kshs7 million in the current Budget for completion of the

project.

(Loud consultations)

Mr. Speaker: Order, hon. Members! We were just at peace a few minutes before some hon. Members came in.

Hon. Members: From outside!

Mr. Speaker: Order! It does not matter where they came from, but they came certainly with disorder. Will you, please, keep the peace? We are at business. Could we transact business quietly?

Mr. S.C. Koech, did you get the reply?

Mr. S.C. Koech: Yes, Mr. Speaker, Sir. I wish to thank the Minister for that fairly satisfactory answer. We all know that water is life. Once upon a time, there was a Government policy to provide water in every corner of this Republic by the year 2000, but that never happened. Could the Minister give an undertaking to this House that Simoti Water Project will be completed in this financial year?

Ms. Karua: Mr. Speaker, Sir, it is up to the hon. Member, his constituents and also the Ministry officials charged with implementation of this project. So, I am inviting the hon. Member to be part of the group that ensures that the money which has been allocated completes this project. We will do our part.

Mr. Speaker: Next Question, Prof. Oniang'o!

Question No.016

NUMBER OF KENYAN STUDENTS
IN UGANDAN UNIVERSITIES

Prof. Oniang'o asked the Minister for Education, Science and Technology:-

- (a) how many Kenyan students are studying in Ugandan universities;
- (b) what the breakdown of the population of those students in each of the universities is; and,
- (c) what guarantee the Ministry has that these universities meet the required standards for human resource development for this country.

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

- (a) There are 6,409 Kenyan students studying in Ugandan universities.
- (b) The breakdown of the population of students in the universities is as follows:-

UNIVERSITY	NUMBER OF STUDENTS
Makerere University	1,500
Bugema University	800
Kampala International University	3,000
Islamic University	400
Kampala University	250
Busoga University	300
Uganda Martyrs University	9
Uganda Christian University	50
Nkumba University	100
TOTAL	6,409

- (c) Those universities have been accredited by the National Council of Higher Education in

Uganda and are recognised by the Inter-University Council of East Africa (IUCEA). It would, therefore, be expected that they offer education of acceptable standards. However, there are continuous efforts co-ordinated by the IUCEA in collaboration with respective national higher education commissions in East Africa to ensure that all the universities in East Africa, offer education that will support national and regional development.

Prof. Oniang'o: Mr. Speaker, Sir, I asked this Question because, all of a sudden, there have been advertisements both in print and electronic media about universities in Uganda. We would like to know whether our children will get quality education, the qualifications required, and what the Kenyan Government is doing to open up university education for students in this country.

Dr. Mwiria: Mr. Speaker, Sir, let me say that it is not easy for our Government to control university education standards in Uganda or Tanzania. However, with IUCEA, there is co-ordination to ensure that standards are the same across the board. I also know that students going to Ugandan universities have lower grades than our students who are in our public universities. They also have many universities which are cheaper. As we discussed in the Sessional Paper, we are trying to expand university opportunities by opening many distant learning centres, so that students outside Nairobi can access university education. We are supporting the private sector to expand and be much more involved in the provision of education. We are upgrading polytechnics by expanding their mandate in such a way that those who excel in the two-year diploma programmes can progress to the universities. We are completing stalled projects in our public universities, so that we can expand capacity. We have realised that the capacity is extremely limited, but in the long run, and with those measures in place, we will have more students in our public universities.

Mr. Mureithi: Mr. Speaker, Sir, parents in this country have been crying and shedding blood because fees in our public universities are too high. None of the parents can afford the parallel degree programmes. We have read in the Press that the Government is not willing to license local universities. We have one that tried to provide degrees and the Ministry---

Mr. Keter: On a point of order, Mr. Speaker, Sir. Is it in order for the hon. Member to say that parents are shedding blood, when we know that people shed tears?

Mr. Speaker: Were you there when they were doing that?

Proceed!

Mr. Mureithi: Mr. Speaker, Sir, he does not understand what I mean! But what is the Ministry doing to ensure that local universities are offering degrees in the country, without any bureaucracy?

Dr. Mwiria: Mr. Speaker, Sir, I have already given that answer when I was replying to the second supplementary question by Prof. Oniang'o. It was in relation to what the Government is doing to encourage the private sector to participate more in offering university education. However, any university cannot just be licensed because it has decided to put up structures. There must be a bureaucracy. That bureaucracy is not supposed to delay the process. It is supposed to ensure that any institution that is applying to become a university has physical facilities, human resources and an acceptable curriculum that provides good university education. So, those procedures are there to ensure that our universities are offering quality education.

Mr. Twaha: Mr. Speaker, Sir, recently, we read in the newspapers that there is Kshs1 billion available for students loans. Could the Assistant Minister take this opportunity to tell us more about that money?

Dr. Mwiria: Mr. Speaker, Sir, we have money for university students through the Higher Education Loans Board (HELB). We have increased that money, so that we can support more students. I think that is good enough, Mr. Twaha.

Mr. Speaker: Last question, Prof. Oniang'o!

Prof. Oniang'o: Mr. Speaker, Sir, we are aware that the cost of university education in this

country is prohibitive, and yet our minimum entry requirement is Grade "C+". Students who go to Makerere or any other university in Uganda pay half of the fees paid by universities students in Kenya, and yet the minimum requirement is only Grade "C".

Mr. Speaker, Sir, could the Assistant Ministry tell us whether they are going to lower university fees, just the same way they have lowered and controlled secondary school fees?

Dr. Mwiria: Mr. Speaker, Sir, going by Kenyan standards, the amount of fees charged in our universities, compared to the cost of living in Uganda, is still fairly competitive. I know that the cost of studying medicine is high, but that is because even those who go through the regular programme are heavily subsidised by the Government. I agree that we must make university education affordable, and one way of doing that is to allow more day scholars and start other programmes that do not require students to pay boarding expenses. It is true that something is being done, but let us not forget that, once we leave it to the private sector and other providers, there are limitations on the Government. That is because education, just like many other commodities, is also tradable.

Mr. Speaker: Next Question.

Question No.436

REHABILITATION OF CATTLE
DIPS IN NYAMIRA DISTRICT

Mr. Masanya asked the Minister for Livestock and Fisheries Development what plans he has to rehabilitate cattle dips and revive artificial insemination services for dairy farmers in Nyamira District.

The Assistant Minister for Livestock and Fisheries Development (Dr. Wekesa): Mr. Speaker, Sir, I beg to reply.

The task of controlling ticks and managing communal cattle dips was passed over to farmers in early 1990s. However, the Government continues to give assistance to communal dips by training farmers on basic dip management practices and making sure that only effective acaricides are sold to them. Farmers countrywide are, therefore, advised to seek funding from Local Authorities Transfer Fund (LATF) and even the Constituency Development Fund (CDF) to revive the communal dips. My Ministry will, however, provide technical services to ensure that dip strengths are adequate and monitored on continuous basis.

Secondly, my Ministry has no plans to resume artificial insemination services in Nyamira District and other areas in the country where such services are not provided. Further, my Ministry has harmonised a training curriculum and stepped up the training of more artificial insemination service providers to encourage more public and private sector partnership in the provision of cost-effective services.

Mr. Masanya: Mr. Speaker, Sir, you have heard the Assistant Minister say that his Ministry no longer rehabilitates cattle dips and also does not offer artificial insemination (AI) services to farmers.

(Loud consultations)

Mr. Speaker: Order, hon. Members! Let me make it absolutely clear that the business of the House is in progress! Please, let your colleague be heard.

Proceed!

Mr. Masanya: Thank you, Mr. Speaker, Sir. You have heard the Assistant Minister say that his Ministry ceased rehabilitating cattle dips and offering AI services to the farmers in 1990. Could the

Assistant Minister inform the House what arrangements his Ministry has put in place to make sure that farmers are offered artificial insemination services, and cattle dips are rehabilitated?

Dr. Wekesa: Mr. Speaker, Sir, I would like the House to know that this change of policy came as a result of the Structural Adjustment Programmes (SAPs) that were introduced in early 1990s. However, I would like the hon. Member to know that our Ministry is still offering services to the livestock farmers in terms of training and supervision, but the actual maintenance of cattle dips throughout the country has been left to individual farmers and communities. However, we continue to give technical guidance and training both to the farmers and young trainees through our agricultural training colleges.

Mr. Abdirahman: Mr. Speaker, Sir, delivery of animal health services is greatly affected by lack of staff. There are trained doctors and other staff in other cadres who are unemployed. What plans does the Ministry have of recruiting staff in this current financial in any of the cadres which I have just mentioned?

Dr. Wekesa: Mr. Speaker, Sir, I do agree with the hon. Member that we are facing a shortage of staff in our Ministry in all cadres. However, through our budgeting process, we have realised that there must be enough funding for us to be able to have enough technical staff in the field, and we are looking forward to this in the next budget. I also implore my colleagues in the House that when it comes to budgeting, they should support my Ministry when we apply for more funds.

Mr. Mwandawiro: Bw. Spika, umesikia Waziri Msaidizi akisema kwamba Wizara ya Ustawi wa Mifugo na Uvuvi imejitoa katika karibu huduma zote ambazo zinahusu mifugo kama uboreshaji wa mbegu za mifugo, uogeshaji wa mifugo na hali yote ya kujaribu kuboresha hali ya mifugo katika nchi yetu, ambayo ni sehemu kubwa sana ya uchumi wa nchi yetu. Je, Wizara hii ina mipango gani ya kurudia shughuli zake, kando ya kulazimishwa na wafadhili kutoka nje?

Dr. Wekesa: Mr. Speaker, Sir, I do not think I said that. I said that we have left the running of dips and provision of artificial insemination services to the communities, co-operatives and individual farmers, but my Ministry is still responsible for the actual training of staff, providing education to farmers so that they know exactly what to do and giving technical advice to both farmers and stakeholders who are concerned with getting these services. However, the actual running of dips has been left to the farmers. However, I would like to implore my colleagues that many of the constituencies, including my own constituency, are now using the Local Authorities Transfer Fund (LATF) and the Constituency Development Fund (CDF) to provide services that are requested by the hon. Members.

Mr. Sambu: On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to mislead the House that the veterinary department has no control over dips when, in actual fact, the acaricides which are to be used in every dip are dictated by this Ministry? For example, in Nandi District, they are dictating that we use Almatick and yet it no longer kills the ticks.

Dr. Wekesa: Mr. Speaker, Sir, the technical aspect of usage of acaricides is our responsibility and we have to indicate two different areas, and they are: What type of acaricides to be used, because some of them are not effective, and it is up to my veterinary officers on the ground to advise the farmers which acaricide is suitable because there is resistance to some of these acaricides.

Mr. Masanya: Mr. Speaker, Sir, you have heard the Assistant Minister say that his Ministry is offering so many training programmes. How many programmes has the Government carried out in Nyamira District and other places in the last one year?

Dr. Wekesa: Mr. Speaker, Sir, on 21st April this year, my Ministry organised a workshop in Kisii Town where all the AI providers, including farmers, were able to attend.

Mr. Masanya: On a point of order, Mr. Speaker, Sir. I have not asked the Assistant Minister to tell me about the training programmes in Kisii Central. I have asked him about those in Nyamira District.

Dr. Wekesa: Mr. Speaker, Sir, this workshop that we organised in Kisii Town covered the whole province and all the farmers were asked to come there, including farmers from Nyamira District. However, we have technical officers in Nyamira District, and if the hon. Member of Parliament wishes to have specific training programmes organised in his area, I will be very willing to do that.

Question No.027

ALLOCATION OF PUBLIC UTILITY
PLOTS IN MUHORONI DIVISION

Prof. Olweny asked the Minister for Lands and Housing:-

- (a) whether he could inform the House the amount of land set aside as special purpose/public utility plots in Chemelil, Tamu, Got Nyithindo, Muhoroni, Koru and Fort Ternan locations of Muhoroni Division by 1980;
- (b) how much of this land had been allocated to private developers by the year 2000; and,
- (c) whether he could give the names of the beneficiaries, indicating how much land was allocated to each.

The Assistant Minister for Lands and Housing (Mr. Mungatana): Mr. Speaker, Sir, after further consultations with the hon. Member after giving us time, I wish to add the following information.

(a) Apart from the trading centres, land set aside for special purposes/public utility is as follows: For Chemelil Location, there is Songhor and Got Abuoro Settlement Schemes. Songhor Settlement Scheme has 137 acres. Got Abuoro Settlement Scheme has 67.5 acres. Tamu Location has two settlement schemes which are: Tamu Settlement Scheme, 67.5 acres; and Oduor Settlement Scheme, 50 acres. Muhoroni Location/Got Nyithindo has 100 acres. Koru Location has 116 acres. Fort Ternan Location has 103 acres.

(b) Approximately 60 per cent of the land set aside for public utility was allocated to private developers by the year 2000.

(c) There are two categories of beneficiaries from the allocations to the private developers referred above. In the first category, there were those plots that were swapped to private developers in exchange for the loss they suffered for the plots they lost during the tarmacking of Chemelil-Muhoroni-Fort Ternan road.

Secondly, there is a discrepancy between the structure on the ground and the holder of the title deed in the following areas: In Chemelil Location, Plot No.275, measuring four acres, is for Guru Primary School, but the title deed is in the name of Dan Nyanyomu. Plot No.157, measuring 80 acres, is supposed to be for paleological site, but the title deed is in the name of Norman Angaro Juma. In Tamu Location, the title deed to Plot No.847, measuring 3.5 acres, which is supposed to be for a cattle dip is in the name of Gilbert Deya. In Koru Location, Plot No.275, on the ground is Nyando Primary School, but the title deed is in the name of Maj. Okaro. Plot No.947, set aside for the construction of a secondary school, was given for construction of Muhoroni Town Council Hall by the District Development Committee. In Fort Ternan Location, Plot No.452, originally was meant for public utility. However, it was later subdivided into 79 plots to settle Kipsamwe squatters. In Muhoroni/Got-Nyithindo Location, Plot No.L.R.11685 originally, was for the nucleus firm for Muhoroni sugar---

Mr. Speaker: Order! It is almost the end of Question Time.

The Assistant Minister for Lands and Housing (Mr. Mungatana): Mr. Speaker, Sir, I am just about to finish.

Mr. Speaker: I think you had better lay it on the Table. It is long!

The Assistant Minister for Lands and Settlement (Mr. Mungatana): Mr. Speaker, Sir, I am just about to finish.

Mr. Speaker: Why do you not lay it on the Table?

The Assistant Minister for Lands and Settlement (Mr. Mungatana): Mr. Speaker, Sir, I now wish to lay it on the Table.

(Mr. Mungatana laid the document on the Table)

Prof. Olweny: Mr. Speaker, Sir, I thank the Assistant Minister for that good answer. That is exactly what I wanted. He has given a detailed reply. The other question I want to ask him is--

(Loud consultations)

Mr. Speaker, Sir, could you, please, protect me from my colleagues here who are consulting very loudly?

Mr. Speaker: Order, hon. Members! Those of you who are not interested in the affairs of the House, please, take leave, so that the rest can hear!

Proceed, Prof. Olweny!

Prof. Olweny: Thank you, Mr. Speaker, Sir. The information the Assistant Minister has given us is that there were about 600 acres originally, but about 400 acres of these have now been given out.

Mr. Speaker, Sir, some of these schools which were constructed on public utility land; for example, Nyando, Mashambani and Guru primary schools, are now standing on land which has been allocated and formalised to other people. What is the Government doing to ensure that, that land is given back to those schools and other public utility sites like the museum?

Mr. Mungatana: Mr. Speaker, Sir, the question by the hon. Member is a good one. Indeed, that is part of the work that was done by the Ndung'u Land Commission. So far, in our Ministry, we have allocated Kshs3 million to start an inter-ministerial task force which is a precursor to the establishment of the Land Titles Tribunal, which will have powers to cancel, rectify and validate titles. Before this Land Titles Tribunal starts, we have sent our recommendations to the Attorney-General, who will bring miscellaneous amendments to this House for debate. Hopefully, the legal framework will be done and we will be able to address what the hon. Member is asking today.

Mr. Speaker: That was a continuation of the answer. It is sufficient.

Next Question by the Member of Parliament for Aldai Constituency!

Question No.320

PAYMENT OF INSURANCE
DUES TO MR. NOAH SANG

Mr. Choge asked the Minister for Finance:-

(a) whether he is aware that Mr. Agaga Noah Sang, holder of life policy number 2015063 has not been paid his dues by Kenya National Assurance (2001) Limited despite the policy having matured on 1st March, 2000; and,

(b) when the claimant will be paid his dues.

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

(a) Mr. Agaga Noah Sang's Elimu Assurance Policy No.2015063 commenced on 1st March,

1995. Premiums were received from that date up to 1996 when the Kenya Railways Corporation stopped remitting premiums to the insurer. Premiums were paid for only 14 months instead of 24 months to enable the policy attain a surrender value. The policy lapsed as a result of non-payment of premiums and, therefore, nothing is payable.

(b) Premiums which were deducted from Mr. Sang's salary and not remitted to the Kenya National Assurance Company are to be refunded by his employer, the Kenya Railways Corporation.

Mr. Choge: Mr. Speaker, Sir, the answer satisfies me. I would, therefore, not want to bother further the Assistant Minister.

Mr. Speaker: Thank you! Very well. Next Question by the Member of Parliament for Kapenguria Constituency!

Question No.580

KILLING OF MR. MANUEL AMBETSA

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

(a) whether he is aware that Mr. Manuel Buliba Ambetsa was killed on 5th May, 2004, at Makutano Trading Centre;

(b) whether he is further aware that four suspects were arrested, but set free after three days by police officers at Kapenguria; and,

(c) what measures he is taking to ensure that the suspects are arrested.

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

(a) Yes, I am aware that Mr. Manuel Buliba Ambetsa was found murdered on the night of 5th and 6th May, 2004, between 11.00 p.m. and 12.30 a.m., at Mathare Estate within Makutano Trading Centre.

(b) I am aware that four suspects were arrested for the murder. They were, however, released after the interrogation revealed that they were not connected to the murder of Mr. Manuel Buliba Ambetsa.

(c) Investigation into the death of the late Buliba Ambetsa is still on-going. Anybody with relevant information that may lead the police to the arrest of the perpetrators of the crime is requested to share it with the relevant authorities for appropriate action to be taken.

Mr. Moroto: Mr. Speaker, Sir, the answer given by the Assistant Minister is totally misleading. If he will continue in this way, many Kenyans will suffer. Mr. Buliba was killed almost one-and-a-half years ago.

Up to now, no action has taken place against those people who killed him. When Mr. Buliba was killed, he was in the company of other people. It is the same people who assisted in the identification of those who were arrested. Mr. Buliba---

Mr. Speaker: You are giving a speech now!

Mr. Moroto: Mr. Speaker, Sir, this is a serious matter.

Mr. Buliba was a businessman and he had money which was used to secure the release of these four people. The police took money from him, and that is why the four killers were not identified by the witnesses. What measures is the Assistant Minister putting in place to ensure that these people are brought to book immediately?

Mr. M. Kariuki: Mr. Speaker, Sir, the police act with absolute independence in carrying out their investigations. They do not go by rumours. In this particular case---

Mr. Moroto: On a point of order, Mr. Speaker, Sir. If the Assistant Minister cannot assist in solving this case, he should say so, so that we can decide what course of action to take. I come from

there and this man is a known---

Mr. Speaker: Order, Mr. Moroto! You are supposed to be asking questions not giving evidence. If you have that information, go to the police.

Mr. M. Kariuki: Mr. Speaker, Sir, there is no other way of carrying out investigations, other than the lawful way. I do not know what the hon. Member has in mind when he says that he will carry out investigations his on way. The allegation that the police have been given money to cover up requires to be substantiated.

We will be quite happy to receive evidence from the hon. Member or any member of the public who is aware that there is a cover-up in this particular case. The four individuals who were arrested; John Obulo, Tito Biketi, Joseph Oshago and Bernard Lokile, were held in custody for some time. All the relevant evidence that was received by the police pointed to their innocence rather than their guilt.

Mr. Serut: Mr. Speaker, Sir, there seems to be some allegation of compromise on the part of the police by those suspects. Could the Assistant Minister consider appointing an independent investigation officer to replace those who are currently charged with the responsibility of investigating that particular case?

Mr. M. Kariuki: Mr. Speaker, Sir, I do not have any evidence of impropriety on the part of the investigating officer. I will be quite happy if the hon. Member has any witnesses who wish to record a statement or offer to the police some leads which could lead to the arrest of the suspects who committed this heinous act.

Mr. Moroto: Mr. Speaker, Sir, I am tongue-tied; I have nothing to say. In fact, there are people who went to the police station to record statements, but they were harassed and, even one of them was beaten and is now in hospital. I have nothing to say.

(Laughter)

Mr. M. Kariuki: Mr. Speaker, Sir, I will be quite happy to assist the hon. Member in ensuring that the witnesses record statements without any form of interference at all.

Mr. Oparanya: On a point of order, Mr. Speaker, Sir. I am an interested party in this Question, so I should be given time.

Mr. Speaker: What is your interest?

Mr. Oparanya: Mr. Speaker, Sir, the man who was murdered was my step-brother.

Mr. Speaker: That is not an interest!

Mr. Oparanya: It is, Mr. Speaker, Sir! I wanted to say something.

Mr. Speaker: Order! In any case, Question Time is over. The Questions by Mr. Ndolo and Mr. Kagwe will take priority tomorrow.

Question No.503

SEIZURE OF NCC PUBLIC TOILETS
BY PRIVATE DEVELOPERS

(Question deferred)

Question No.566

BENEFICIARIES OF CO-OPERATIVE

SOCIETIES DEBT WRITE-OFF

(Question deferred)

Any Minister who was supposed to give a Ministerial Statement will do that tomorrow morning.

Next Order!

COMMITTEE OF SUPPLY

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

MOTION

THAT MR. SPEAKER DO NOW
LEAVE THE CHAIR

Vote 11 - Ministry of Health

The Minister for Health (Mrs. Ngilu): Mr. Speaker, Sir, I beg to move:-

That Mr. Speaker Do Now Leave the Chair.

This enables me initiate debate on Vote 11, Ministry of Health. The Ministry of Health is charged with the responsibility of providing integrated health services that meet the basic needs of the population.

However, the Kenya Demographic and Health Survey of 2003 showed that almost all indicators of health in Kenya have been on the decline over the past years.

Mr. Speaker, Sir, the factors that attribute to the declining health status are: Lack of access to health, primarily due to poverty levels, long distance to health providers, fear of discovering serious illnesses, cultural and religious reasons and under-funding. The 2003 Household Expenditure and Utilisation Survey estimated that 23 per cent sick patients do not seek medical care due to financial barriers.

Unless drastic action is taken to reverse the declining health status trends, Kenya is unlikely to achieve the Millennium Development Goals by 2015. The process of achieving the Ministry's mandate of providing and promoting quality, preventive, curative and rehabilitative health care to all Kenyans has been stipulated in the 2005/2009 National Health Sector Strategic Plan. In 2005/2006--

(Loud consultations)

Mr. Speaker: Order, hon. Members! Are you sure you are following what the Minister for Health is saying? This is such an important Ministry. I think you need to be attentive. Please, give your colleague audience.

Proceed!

The Minister for Health (Mrs. Ngilu): Mr. Speaker, Sir, one of the themes of the National Health Sector Strategic Plan is emphasis of a cost effective essential health package which will accelerate the attainment of MDGs. The achievement of MDGs calls for a dramatic reduction in poverty and marked improvement in the health of the poor. As a step towards this end, my Ministry has re-defined a resource allocation criteria to direct resources to poor and disadvantaged districts.

Mr. Speaker, Sir, rehabilitation and equipping of all health facilities is a major priority to the Ministry in this fiscal year. In this regard, a total of Kshs1,898,098,646 has been set aside towards

rehabilitation work and procurement of equipment. It is envisaged that with the improvement of physical facilities and provision of equipment, many of the poor people will have access to health care.

The NARC Government inherited a health care system that was under-funded and inefficient. Two major areas prone to inefficiency were wastage in drug procurement and irrational use of human resources.

Mr. Speaker, Sir, my Ministry has sealed leakage points. Consequently, we have more drugs available in our facilities. I wish to notify hon. Members that enough drugs have been distributed and have reached all dispensaries and health centres. Efforts are being made to do the same for the hospitals. In addition, the process of restructuring of the Kenya Medical Supplies Agency (KEMSA) to make it a more viable entity is at an advanced stage. To date, the KEMSA has hired the critical staff and will be mandated to procure drugs this financial year.

Mr. Speaker, Sir, my Ministry undertook a human resource mapping exercise in the year 2004, in order to rationalise staff deployment and identify wastage. This activity identified wastage estimated at Kshs200 million. Our payroll has been cleaned. The savings were used to employ additional health workers who have been posted to health facilities in the rural areas.

The exercise has extended to Kenyatta National Hospital (KNH) and the Moi Teaching and Referral Hospital. Nevertheless, the public health sector faces a serious shortage of staff. Currently, I need additional 4,000 nurses, 2,500 clinical officers and 1,500 doctors, for effective health care delivery.

Mr. Speaker, Sir, our development partners have realised the need to support employment of health workers to close the human resource gap. I intend to employ an additional 1,120 health workers on contract basis, with the support provided by the Clinton Foundation, the President Bush's Fund and the Global Fund. I would like to take this opportunity to thank these institutions for their support.

Mr. Speaker, Sir, in the Financial Year 2004/2005, the per capita public health expenditure was US\$7, which is the equivalent of about Kshs560, compared to the US\$34 recommended by the World Health Organisation (WHO). Due to this under-funding, households are forced to dig deeper to finance health. According to the 2003 Household Expenditure and Utilisation Survey, households contributed 51 per cent of the total expenditure through out-of-pocket expenditure. The survey also estimated that catastrophic health expenditure put 1.5 per cent of the households below the poverty line every year. Consequently, if Kenya is to attain the MDGs of poverty reduction, effective ways must be found to reduce out-of-pocket expenditure on health.

In the current financial year, my Ministry has received 30 per cent more resources than in the last financial year. This is a reflection of the Government's commitment on the health of her people. The additional increase translates to US\$12 per capita. This is the highest allocation to the health sector in independent Kenya.

Mr. Speaker, Sir, I would like to notify hon. Members that the Government has achieved the allocation target for the health sector set by the Economic Recovery Strategy for Wealth Creation and Employment, 2003-2007. Over the last two years, my Ministry has been collaborating with the Ministry of Local Government to improve health care services in Nairobi, which is the home of approximately 10 per cent of the Kenyan population. I have seconded staff to Nairobi City Council clinics and continue to provide drugs to all the facilities in Nairobi.

These efforts are aimed at decongesting KNH and Pumwani Maternity Home. These efforts have borne fruits. The workload of the Outpatient Department at KNH has reduced by 50 per cent, allowing the hospital to concentrate on the most sick and referral cases. I will continue to collaborate with the Nairobi Health Management Board to ensure that the Nairobi community gets quality and efficient health care services.

Mr. Speaker, Sir, as hon. Members are aware, in July, 2004, the Government introduced the Ten-Twenty Policy; that is, Kshs10 at the dispensary and Kshs20 at the health centre levels in order to harmonise fees charged at primary level facilities. This policy resulted in increased utilisation in some of the facilities, as well as in retrenchment of casual workers. The sustainability of this policy requires

uninterrupted supply of drugs in dispensaries and health centres.

I intend to spend Kshs2.4 billion, or 12 per cent of my Ministry's Recurrent budget, on procurement and distribution of drugs and non-pharmaceuticals in the current financial year. This will ensure that primary level facilities have adequate drugs all year round. I would like to request hon. Members and members of the public to keep an eye on these commodities and report any health worker who might divert drugs for other purposes. My Ministry is setting up a hotline for anyone who finds any facility without the essential drugs to report to us, so that we can deal with the situation.

(Applause)

Mr. Speaker, Sir, the district management boards play a key role in the management of health services at the district level. However, the boards have been confined to supervision of cost-sharing funds. To make these boards more effective, there is need to extend their roles and responsibilities, and define the calibre of people who are eligible for appointment. In addition, the health centre and dispensary committees will be reconstituted and trained in preparation for management of funds to be used through the grant system.

Mr. Speaker, Sir, the greatest challenge facing the health sector is the HIV/AIDS pandemic. Over 50 per cent of our hospital beds are occupied by patients with HIV/AIDS-related infections. There are over 200,000 people who require ARVs, but we have only been able to put 45,000 people on ARVs, up from 2,000 people in the year 2003. I would like to inform hon. Members that, through the assistance of the Global Fund, our target is to put 95,000 people on ARVs by the end of this year. I would like to assure this House that this target will be met.

Mr. Speaker, Sir, my Ministry will collaborate with, and involve faith-based organisations, as well as players in the private sector, in the control of this pandemic. We will also involve long-distance truck drivers, commercial sex workers, teachers, women, the youth and others, in the control of the pandemic.

Mr. Speaker, Sir, malaria accounts for 30 per cent of morbidity rate and 5 per cent of all deaths. What is more disturbing is the fact that, malaria is now found in areas which were, in the past, considered malaria-free zones. In the Financial Year 2005/2006, funds have been allocated for lavisiding and indoor spraying in order to reduce the mosquito density. A total of 1.1 million nets will be procured and distributed to pregnant mothers and children under five years. My Ministry recognises the need to intensify preventive health programmes in order to reduce the disease burden on our population. It is against this background that I intend to increase the allocation to preventive health programmes; from 16 per cent of the Ministry's Recurrent Vote in the year 2004/2005, to 20 per cent in the year 2005/2006.

Communities will be encouraged to take care of their own health through adoption of simple preventive actions to avert outbreak of cholera and other diseases. The *Afya Bora* officers will intensify community supervision and education as was the case before, and funds have been allocated for that purpose.

Mr. Speaker, Sir, according to the 2005 Public Expenditure Review, only 1 per cent of the Ministry's budget is allocated for replacement of equipment in public health facilities. As a result, most of the equipment is not functional. I intend to allocate over Kshs500 million to replace that equipment. Emphasis will be made to procure basic equipment necessary to make primary level facilities fully operational.

Mr. Speaker, Sir, in the past, we have continued to rely wholly on donors for financing critical preventive health programmes such as immunisation and reproductive health. Whereas the support is welcome, it poses the challenge of sustainability. In the year 2005/2006, my Ministry has earmarked Kshs500 million to those two programmes. It is expected that, in future, Government contribution will be increased in order to reduce reliance on external financing.

Mr. Speaker, Sir, Kenyatta National Hospital has been allocated 14.5 per cent of the Ministry's

budget this year. Although that may not be enough to make Kenyatta National Hospital operate fully as a national referral hospital, there is need to take action aimed at improving efficiency. I intend to particularly rationalise the human resource in the hospital, so that only the required staff are retained. The savings from that exercise will be ploughed back to buy equipment and medical supplies. Other areas include out-sourcing non-core activities such as security and catering services.

Non-Governmental Organisations (NGOs) and traditional health practitioners play a very important role in delivery of health care services in this country. The Government will continue to create an enabling environment for that sector to grow. I have also established a joint inter-agency coordination committee where those stakeholders sit and participate in the deliberations to define the way forward for the health sector.

Mr. Speaker, Sir, health centres improvement is determined by very many factors such as education, nutrition and household income among others. One fundamental question which we should ask ourselves is: What good does it do to treat people's illnesses and put them back to the same conditions that made them sick in the first place? If we are to reduce the disease burden, efforts must be made to address the social determinants of health. We must think and act in a holistic manner, if health indicators are to improve.

Mr. Speaker, Sir, the health sector is faced with many challenges. Some of them emanate from failure by other sectors to respond in good time. Some of those include, for example, the aflatoxin poisoning in Makueni and Kitui, cholera in Nairobi, consumption of methanol brew in Machakos, numerous road accidents and others. They put a heavy burden on the health care system. I would like to request hon. Members to assist by educating *wananchi* on the dangers of those vices. One of the most powerful contributors to reduce child mortality is the literacy of the mother. That is a product of an education system that ensures widespread access to education for the poor, including girls and boys. The investment that the NARC Government has made to provide free primary education will have a long-term positive impact on health care in this nation.

Mr. Speaker, Sir, in the Development Vote, Kshs1.3 billion has been earmarked to rehabilitate the existing infrastructure. I will, therefore, endeavour to undertake a rehabilitation programme based on prioritised needs. I would like to recognise the contribution of our development partners who contribute 75 per cent of our Development Vote. Without such support, it would have been difficult for us to achieve the health sector objectives. I would also like to thank hon. Members who have used some funds from their Constituencies Development Fund (CDF) to support the health sector.

In conclusion, I wish to request this House to approve a gross total of Kshs30,152,840,306 for Vote 11 - Ministry of Health. Of the amount requested, Kshs20,209,665,817 will go towards supporting Recurrent Expenditure. An amount of Kshs9,943,174,489 will support the Development Expenditure.

With those few remarks, I beg to move and ask Mr. Wetangula to second.

The Assistant Minister for Foreign Affairs (Mr. Wetangula): Mr. Speaker, Sir, I beg to second this Vote. As we have heard, the NARC Government has increased the allocation to the Ministry of Health by 30 per cent. That shows the commitment that the Government has towards the improvement of health care. Indeed, there are many positive things that have been happening in the health sector that are worth noting. There are just a few things that the Ministry needs to do to get its act right, so that Kenyans can fully enjoy the health services and facilities available to them.

Mr. Speaker, Sir, if you went round the country this time, each and every elected Member in this House is involved in one, two, three or even ten projects where they are constructing health facilities in their constituencies. I would want the Ministry to take up from where the MPs have left and provide the basics of drugs, nurses and other facilities.

*(Ms. Mbarire crossed the Floor
without bowing to the Chair)*

Mr. Speaker: Order! I want to inform hon. Mbarire that she shall not cross the Floor that way! Proceed to the Bar!

*(Ms. Mbarire went to the Bar
and bowed to the Chair)*

Well done!

Proceed, Mr. Wetangula!

The Assistant Minister for Foreign Affairs (Mr. Wetangula): Thank you, Mr. Speaker, Sir. If the Ministry is able to provide the nurses, drugs and so on, then Members, through the Constituency Development Fund (CDF), are able to provide physical facilities and maintain them.

Mr. Speaker, Sir, for the last two years, we have been urging the Minister for Health to think of either building a referral hospital in every region of this country or, at least, have the existing referral hospitals establish referral branches in other parts of the country, so that people can access referral services a lot easier. I am thinking of the need to have a referral hospital around Mt. Kenya, in Nyanza, Western, Coast and other places, so that people do not have to come and congest Kenyatta National Hospital and Moi Teaching and Referral Hospital in Eldoret for services that could be available closer to them.

Mr. Speaker, Sir, I would also want to urge the Ministry to provide basic facilities at all district hospitals. One would wish to see that every district hospital is fully equipped with an operation theatre, functional mortuary and other facilities that are required to enable the district residents not to travel too far to get health services.

Mr. Speaker, Sir, we have for a long time been talking about AIDS. I think it is not enough for us to gloss over the issue of AIDS and how it spreads. It is time this country addressed the issue of prostitution or commercial sex and other related issues, boldly and openly. We know that prostitution is there. Every other day, you see police battling with young girls on the streets. A way must be found of how to control this social menace so that we can deal with AIDS. Of course, it is not only prostitution that spreads AIDS, but it is one of the determinants in the escalation of this disease.

Equally, there is the issue of illicit brews. We have many times seen the gracious lady, the Minister for Health, rushing to scenes of fatalities where Kenyans have consumed illicit brews, or sometimes industrial chemicals being marketed as brews. I would think that as a Government, we need to pay attention to how to provide reasonably priced alcohol to our people, so that they are not driven into drinking substances that are harmful to their lives.

Of course, you have heard the famous story of "*Hata mkizima taa, nitaendelea kunywa tu,*" when somebody has lost his eye-sight. These are all cases that we are quite unhappy with. But I would want to encourage the Minister, who has so far done very well, to involve her colleagues. This is a matter that will involve the Office of the President, Ministry of Trade and Industry and her Ministry. They should find ways and means of getting an acceptable well-priced alcoholic beverage that the people can access, so that they do not take illicit brews.

Mr. Speaker, Sir, one of the things that the Ministry of Health needs also to pay attention to is the area of research. I know they have the Kenya Medical Research Institute (KEMRI). But KEMRI and its operations has been shrouded in mystery to the extent that Kenyans do not really know what it does. Indeed, when you talk about KEMRI, one remembers the sad story of the KEMRON fraud and nothing else. We would want to see that whatever research they are doing is publicised well and brought to the benefit of Kenyans. If you go to countries like Cuba, you will find that their areas in bio-technology and medical research have made major strides using very few resources. We have enough resources in this country by now to have tackled the issue of malaria, water-borne diseases and other diseases that kill our people that are easily curable.

Mr. Speaker, Sir, I would also want to mention the issue of social security. Last year, we had a lot of hype about the National Social Health Insurance Bill, which we passed here but never saw the

light of day. I think it is time the Minister again told this House what she intends to do, because the cost of health care in this country is too high. It is so high that ordinary people cannot afford paying for treatment, especially where it requires them to go to private hospitals or areas where they get complicated and expensive services. I think a health care system that covers the entire public is long over-due in this country. We said here that we wanted the NHIF Bill to be operated on a graduated manner, and I think we need to re-look at it again.

Mr. Speaker, Sir, I would want to urge the Minister to find a way of training as many nurses as possible, and employ those that they have trained. Most rural health facilities do not need doctors. All they require are nurses, dressers and other health technicians who can address urgent cases.

With those remarks, I beg to second and thank the Minister for doing a good job.

(Question proposed)

Mr. Speaker: Order, Members! I understand that the Shadow Minister for Health, Dr. Galgalo, will be making his contribution tomorrow. That will be the Official Opposition Response. So, any other Member on my left will be making just a contribution and not a response.

Mr. Bahari: Thank you, Mr. Speaker, Sir. I want to support the Vote of the Ministry of Health because I believe the Minister has made a positive contribution to health service delivery in this country.

[Mr. Speaker left the Chair]

[Mr. Deputy Speaker took the Chair]

I recall in the previous year's Budget, we had requested the Minister to pay a lot of attention to rural health facilities. Looking through this Vote now, particularly the Development Estimates, I think some serious attention has been given to the rural health facilities. I would like to congratulate the Minister for having done that.

Mr. Deputy Speaker, Sir, I would, however, like to point out how that can be improved further. The Ministry should try and improve the supply of drugs to the rural areas where most of our people are, so that they stop coming to Kenyatta National Hospital. There is need to particularly look into how drugs are supplied to the Arid and Semi-Arid Lands (ASALs). This is because the distance between district hospitals where Kenya Medical Supplies Agency (KEMSA) supplies drugs to and the rural health facilities where services are mostly required, is quite inhibiting.

Mr. Deputy Speaker, Sir, the Ministry should provide drugs to the district hospitals, so that drugs are easily available to the local people. In my district, I have seen the Medical Officer of Health (MOH) going round and asking other departments to provide him with trucks, so that he can supply drugs which are stored at the district hospital. The Minister has been considerate before and I would like to urge her to look into this problem and see how it can be solved.

It has been mentioned that the Ministry has a programme for radio calls in rural health facilities, particularly in the Arid and Semi-Arid Lands (ASALs), so that there is easy communication when there are emergencies in these areas. These areas need to be properly attended to. Expectant mothers and children suffer most in these areas and most of the time, they die on their way to the district hospitals which are, in some instances, 300 kilometres away. I would like to request the Minister to consider factoring in the issue of radio communication in all health facilities to ensure that there is easy communication between the district hospitals, which are referral hospitals in those areas, and the rural health facilities.

One other issue which the Minister has alluded to is the issue of pilferage of drugs and she has introduced a hotline through which to report such cases. Most clinical officers have opened private clinics in areas where they serve and, in most of the areas, there are a lot of complaints. We, as hon.

Members, receive information that the Government drugs are finding their way from the public health facilities to the private health clinics, which are owned by the clinical officers and their friends. The Ministry must put in place measures to monitor and ensure that pilferage of drugs [**Mr. Bahari**] from the Government hospitals is completely eliminated.

Mr. Deputy Speaker, Sir, I would like to address myself to other supplies which the Ministry has not been providing in the past, particularly in the rural health facilities. For example, in case of an emergency, dressing materials are not part of the kit that the Ministry normally provides. I have had instances where patients who have been attacked by wildlife cannot be attended to in many health facilities, just because the dressing materials are not available and many patients die from bleeding. Dressing materials do not really cost much. The Minister should look into this issue and attend to it properly.

I would like to emphasise the fact that the focus in the ASALs should be on the health centres rather than the district hospitals. I am not saying that we should ignore the district hospitals, but because of the inhibiting distances, we should build the capacity of the health centres to a level that they can fairly attend to most of the illnesses in the rural areas. The focus, particularly in the ASALs, where distances are quite inhibiting, must be put on the health centres. Enough personnel and drug supplies should be provided to the health centres.

Mr. Deputy Speaker, Sir, once again, the Minister has done a good job and we would like her to do better, particularly in the provision of ambulances to the ASALs. In other areas, ambulances are available in sub-district and district hospitals. The distance between these hospitals and the health centres is about 20 kilometres while in the ASALs, the district hospital could be over 200 kilometres away. It is important that these areas are given priority and are provided with ambulances, so that they can transport the patients to where they can get referral services.

With those few remarks, I beg to support.

Mr. ole Metito: Thank you, Mr. Deputy Speaker, Sir, for giving me a chance to contribute to this very important Motion.

First of all, I would like to thank the Minister for Health for having done a very good job, especially in the allocation of resources in the Ministry's Estimates. I have looked at the Estimates and I think this Ministry is the most fair in the allocation of resources. In the Estimates, the Minister has tried to allocate resources fairly and she has devolved from the district hospitals, sub-district hospitals to the rural health centres. I would also wish to thank the Clinton Foundation, President Bush Fund and the Global Fund for having assisted our country in bridging this gap by assisting to employ 1,120 health workers.

A lot has been said about the importance of this Ministry at the grassroots level. I wish to emphasise the need for this Ministry to focus on the provision of personnel. It is true that all of us, through the Constituencies Development Fund (CDF), are constructing many health centres and dispensaries in the rural areas. If the Ministry is not going to provide drugs and personnel, then these structures are going to be white elephant projects. For example, in my constituency, we have constructed four dispensaries in four different locations. We still need more dispensaries, but we decided to first of all hand over the four completed dispensaries to the Government and see whether they are going to be operationalised by the provision of drugs and personnel.

The Ministry of Health should consider having, at least, a clinical officer and a nurse in each dispensary in the rural areas. It is true that most doctors, clinical officers and nurses who are working in public health institutions have opened their private clinics. The Minister should be very firm and ensure that these officers do not spend most of their regular working hours in the privately-owned clinics at the expense of the public health institutions.

Mr. Deputy Speaker, Sir, in Kajiado South Constituency, there is the Loitokitok District Hospital, which is along the Kenya/Tanzania border. More often than not, patients from the Loitokitok District Hospital are referred to hospitals in Tanzania for treatment. I know that the Ministry has done a lot in that hospital. For example, recently, there was a problem of water and the Ministry chipped in

and provided a pumping machine and that problem has been solved. However, in most cases, the theatre cannot function because of lack of oxygen and other facilities.

Mr. Deputy Speaker, Sir, I would like the Ministry to give more attention to this hospital, so that our people are not referred to Tanzanian hospitals for treatment. In fact, when they are referred there, they will pay more, because they are taken as foreigners. I know that the Minister for Health has assured this House that she is going to provide a laundry machine for this hospital. Now, cleaning of clothes and other linen is being done manually at this hospital. The hospital has 200 beds to cater for inpatients. In this regard, I would like to kindly request the Minister to provide the lacking facilities to this institution. She should, especially, ensure that there is a functional theatre at the hospital.

Mr. Deputy Speaker, Sir, my colleagues have talked about lack of ambulances at our hospitals. Provision of ambulances is very crucial, especially in the rural areas. For instance, an emergency case in Loitokitok will take a long time to get treatment. This is because the district hospital is over 400 kilometres from Loitokitok Town. Patients have to travel to Nairobi, then to Kajiado before reaching the district hospital. When there are emergency situations, relatives of such patients are asked to provide a vehicle for the medical personnel to take such patients to referral hospitals. It is, therefore, very important for the Ministry to harmonise provision of ambulances to ensure that each district and sub-district hospital in the rural areas gets ambulances.

With those few remarks, I beg to support.

Mr. Salat: Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Vote. First and foremost, I would like to thank the Minister for doing her best against all odds in trying to provide health services to the deserving Kenyans. Having listened to her speech while moving the Vote, I would like to commend her for saying that this year's Budget has actually allocated resources to the poor districts of this country. Special attention should be paid to district hospitals. It is reported that the Clinton Foundation will employ 1,120 nurses and clinical officers for our rural hospitals. I would urge the Minister to make sure that there is transparency in this recruitment and ensure that these new employees are distributed to all our hospitals.

I am also happy to note that among the hospitals set to benefit from rehabilitation and equipment is Longisa District Hospital. This particular district hospital is among hospitals where the Government has spent a lot of money in its construction. But it has been neglected for a long time. I am happy that we are going to be among the beneficiaries from this year's resource allocation by the Ministry.

I would like to urge that Minister to note that there are so many broken down vehicles in our hospitals. We are interested in purchasing new vehicles, and yet we have vehicles or ambulances that have broken down at our hospitals. I would like to urge her to note that it is actually cheaper to repair those broken down vehicles than buy new ones.

I would also like to mention a case that arose recently at Longisa District Hospital. A doctor prevented performance of a postmortem until an upfront payment was made. When asked for a receipt, he did not issue one. That means there is corruption still going on in this hospital. I would like to urge the Minister to make sure that doctors and officials at this particular hospital are asked to account for all monies that they collect from patients.

I would also like to urge the Minister to move fast and close down the mushrooming unlicensed clinics; many are operating without licences to do so. I wish to urge the Ministry to go to all corners of this country to close down these unlicensed clinics because our people are suffering as a result of their negligence.

Another issue that I would like to raise is the management of our hospitals. Going back to Longisa District Hospital, we do not have a board to manage it. I am told that the board that manages Longisa District Hospital was constituted in the early 1990s and up to now there is the same management. Perhaps, that is why this hospital is not properly managed. I would like to request the Ministry to ensure that there is an updated list of management boards for most of our hospitals.

With those few remarks, I beg to support

Mr. Deputy Speaker: let us have Mr. M. Kariuki.

The Assistant Minister of State, Office of the President (Mr. M. Kariuki): Thank you Mr. Deputy Speaker, Sir. I would like to join my colleagues in thanking the Minister for a job well done, and particularly for having obtained an additional 30 per cent allocation for her Vote.

I would like to say something about paramedics in our health facilities. I, particularly, wish to recognise the role played by traditional birth attendants. In my constituency, which is an urban constituency, there is a part of the town which is very far away from dispensaries and hospitals. We have traditional birth attendants in this area, who were trained by the Anglican Church. They took a six-month course, and they have been extremely useful to the society. These people need assistance, because they are not getting any formal support from the Ministry. Once in a while, I have approached the Provincial Medical Officer of Health to give them some hand gloves to enable them assist our women, who cannot reach maternity homes because they are far away. This is an area we can invest in. Even though we continue to train personnel, we also continue to expand our health facilities, and so it is going to take quite sometime before we have sufficient personnel. I think in the short-term we must be able to use traditional birth attendants who are properly trained, supervised, and also facilitated by way of giving them equipment. I think that will be a great service to our people.

Mr. Deputy Speaker, Sir, Nakuru District does not have a district hospital. We have some sub-district hospitals in Molo and Naivasha. With 1.7 million people, we still do not have a district hospital! The provincial hospital there doubles up as district hospital. There have been some efforts by Egerton University, with the assistance of the Japanese Government, to set up a medical school, or a referral hospital, next to the provincial hospital. I know that these efforts have been going on in the last two years. We are yet to know what hinderance there has been. A referral hospital run by the university would really turn the provincial hospital into a district hospital. So, we should have a referral hospital operating alongside a district hospital. We shall have a referral hospital working hand in hand with the district hospital. I would like to urge the Minister to facilitate the university to acquire the necessary land and permission to put up the referral and teaching hospital, next to the provincial hospital. That will be of great assistance to the people of Nakuru.

Let me say something about mobile clinics. Many of our people who are ailing from HIV/AIDS today prefer to die in their homes. Some of them are very weak while others are too embarrassed to come out and seek treatment. The greatest assistance we can give these people is to provide them with a mobile clinic, which can go to slum areas, especially in my constituency, where the Medical Officer of Health (MOH) is trying to facilitate mobile clinics, so that patients can get Anti-Retroviral (ARVs) drugs in their homes or the nearest places they can get to. We all appreciate that we have limited bed capacities in our hospitals and most patients can get treatment while they are at their homes. A mobile clinic would come in handy in this particular regard to ensure that people are treated while they are away from hospitals, and that needy cases that require admission to hospitals can acquire the bed capacity.

A lot has been said about the Global Fund. I have been a critique of the G8 leaders, and I must say that if there is anything good they have done for the developing world, it is to create the Global Fund to tackle malaria, tuberculosis and HIV/AIDS. It is very sad to hear that our National Aids Control Council (NACC) has failed to absorb the resources which are set aside by the Global Fund to combat malaria, tuberculosis and HIV/AIDS. It was even also sad for me to read in one of our local newspapers today, that money which was invested in dealing with HIV/AIDS has been lost. I think we need to be more accountable in the way we use donor funds. Donor funds are supposed to be of great assistance to our people and when they are misused through bureaucracy, NACC and other organisations, it becomes a sad story. I read in the *Economist* that Kenya is one of the beneficiaries of the Global Fund that cannot account for the money, yet our people continue to die of HIV/AIDS, malaria and tuberculosis. The Minister, or the Minister in charge of Special Programmes should look at the performance of the NACC. It should be restructured in a manner that will ensure that funds are properly utilised and that there is greater accountability in this regard. I keep asking myself how long

we will depend on foreign countries for donations and assistance. This is where the challenge is; the performance of KEMRI.

Sometime back, we got some good news that the Kenya Medical Research Institute (KEMRI) had come up with KEMRON. Thereafter, not so much publicity has come out from KEMRI and we do not know what it is doing. The only way we can liberate ourselves from depending on donors is to carry out our own research work, have our own research findings and translate them into some form of technology that our people can benefit from. We need to put more money into this, but KEMRI also needs to give us more positive results from the research work it is carrying out.

I think that the issue of patent rights is very critical. Intellectual property rights today are the norm. I understand that we lost KEMRON to some foreign--

The Minister for Health (Mrs. Ngilu): On a point of information, Mr. Deputy Speaker, Sir. The NACC is involved in education, advocacy, and creating awareness and not giving treatment. The Global Fund money we get, as Ministry of Health, is for the treatment of malaria, tuberculosis and part of it is for advocacy. So, this is a separate fund from what NACC gets and from what the Ministry does with the funds that it gets.

Assistant Minister, Office of the President (Mr. M. Kariuki): Thank you for that information. The point is this; somebody somewhere is supposed to have utilised the funds from the Global Fund; whether it is the Ministry of Health, NACC, or whatever organisation. The bottom line is that whoever is supposed to account for the funds must ensure that there is greater accountability in it.

I was making a point regarding research work. If we want to prepare our own drugs, market our findings, then we must invest more in KEMRI.

*(The Minister for Health
stood up in her place)*

My time is really running out and I wish the clock could stop for one minute!

Mr. Deputy Speaker: Madam Minister, please note down whatever you want to say and give Mr. M. Kariuki time to finish his contribution.

The Assistant Minister, Office of the President (Mr. M. Kariuki); Mr. Deputy Speaker, for a long time now, nurses in this country have been waiting for a statute to safeguard them. We do not have a Nursing Act and a Midwifery Act. It is important that our nurses can go into private practice when they retire. Today, they have to apply to the Nursing Council of Kenya (NCK) as a matter of favour. We need a legal framework, which can protect them as professionals so that they can take licences and practise in this trade like any other medical personnel. I know there is an Act regulating clinical officers and other medical practitioners. But I think nurses and midwives need a legal framework so that they can actualise their profession by practising outside their line of duty.

I wish to say something regarding the Children Act. For a long time now, we have focused on education as the main right of a child. But I think we need to look at the provisions of that Act more closely. If you are taking care of a child, you should also deal with the child's health. One of the basic rights of a child is good health care. I think as the Minister considers making health services free, one of the major steps she has to take is to ensure that our children get free medical services. A child is innocent, and it is the responsibility of the country, parents and the Government to ensure that a child's health care is taken care of. I know that way back, we used to have special provisions for children in our hospitals where they could get free medical services. I hope that our Government can look into this so that our first step in ensuring free medical services is to ensure that children access free medical health care.

With those few remarks, I beg to support.

Mr. Billow: Most hon. Members who spoke before me had praises for the Minister. There is no doubt that she did a good job. But I am surprised that she did not mention one of our pet subjects. When she took over the Ministry, she left no doubt in the minds of Kenyans that she was committed to

the health of the poor. Therefore, she came up with the National Social Health Insurance Fund (NSHIF), which she did not bother to mention today. Lest she forgets, the poor people of this country need medical services. They can no longer afford the cost of health services and whether the NSHIF has been set aside for political reasons or for any other expediency, it is important to note that we can no longer talk about a healthy population unless we provide health services.

The Minister said that it would be very difficult to achieve the Millennium Development Goals (MDGs), in regard to health because of the many challenges we face, including those of finances. There is no doubt that in the demography and health survey published last year, the health status in this country is getting worse. A good example from the survey, is the fact that, mortality rate rose from 74 per cent for every live birth in 1998 to 77 per cent in 2003, clearly, showing that the situation is getting worse.

Life expectancy too reduced from 57 years in 1985 to 49 years only in 2002. The Minister has said that part of the reasons why we cannot achieve the Millennium Development Goals (MDGs) is because of expenditure. The *per capita* expenditure on health is very low. It is about US\$7 compared to US\$34. We also need to look at other factors. Is there any other reason as to what ails this Ministry? Is it just the lack of funds? I expected the Minister to dwell on the issue of management of our health institutions in this country. I also expected her to talk about the priorities of the Government. Where are our priorities as a Government?

Mr. Deputy Speaker, Sir, in this year's Budget, the Government intends to spend close to Kshs10 billion to buy bullet-proof vests, police helmets, handcuffs and other things that are not a priority in this country yet our people are dying in hospitals and health centres for lack of medicine, staff and other basic necessities. The same Cabinet is allocating Kshs5 billion to write off domestic debts for non-Governmental institutions. Even within the Vote the Ministry of Health, you will find that this money could have been spent in more ways. You will see expenditures that are not a priority. I will come to that.

Mr. Deputy Speaker, Sir, one other factor that I thought the Minister should mention is the issue of capacity of the Ministry to spend the money. Of all Government Ministries that do not spend the money that is allocated to them completely, the Ministry of Health is leading. Early this year when the Supplementary Budget was being debated, we pointed out that close to Kshs3 billion was being relocated from the Ministry of Health's allocation of the rural health centres and services in general to other Ministries because the money was not spent. That is what the Ministry of Finance said.

In the context of management, we are also told that there are issues when the Ministry gets highlights in the media. Invariably, it is for the wrong reasons; for example, on the issue of pilferage of drugs that has been mentioned by a previous speaker. Indeed, studies that have been done by various institutions point out the fact that 30 per cent of the drugs supplies at the district headquarters do not reach the health centres and dispensaries. They disappear in between the dispensaries, health centres and the district hospitals because most of the staff who are working in those health facilities have their own clinics. Those drugs find their way to private institutions. The issue of theft and wastage of drugs must be dealt with by this Ministry.

Mr. Deputy Speaker, Sir, we have also seen and read about the fact that even at the Kenya Medical Supplies Agency (KEMSA) headquarters, significant amount of wastage of drugs is always being reported. We have heard about drugs that have expired because, for one reason or the other, they could not be distributed.

On the allocations of the Ministry, it is interesting to note that out of the Kshs30 billion, only Kshs4 billion is going to be spent by the districts. In these allocations to the districts, the total amount of money that is actually going to be spent by districts is only Kshs4 billion; leaving almost Kshs26 billion to be spent at the headquarters. However, I appreciate the fact that the Minister mentioned that there is more money that will go into preventive health. Most of the problems that we have in public health are preventable yet the amount is still substantially low; given that Kshs20 billion on the

Recurrent Expenditure that this Ministry gets, only Kshs1 billion is going to be spent on preventive medicine and public health. That is a very low amount given to a department that is very important; to make sure that we do not get sick.

Mr. Deputy Speaker, Sir, in addition to that, there are institutions which are taking a large proportion of the money that is being allocated to this Ministry. She mentioned the Kenyatta National Hospital (KNH), which is going to get close to Kshs3 billion. The KNH has again been in the news for the wrong reasons; mismanagement, corruption and nepotism. All kinds of ills have been reported about it. It is time that this referral hospital, which is the most important institution in health in this country, was improved.

The KEMSA, which gets a substantial amount of money, also has a problem in terms of distribution of drugs and procurement. The reason why a substantial amount of the money in this Ministry is being spent in Nairobi is because of centralisation of sourcing of drugs and virtually everything else from Nairobi, instead of ensuring that things are done at the district level. It is important that this Ministry looks at the possibility of decentralising most of these procurements so that we can avoid what we read in the media about the KEMSA.

Mr. Deputy Speaker, Sir, the previous speakers have talked about shortage of staff in health facilities. It is so critical that in a constituency like mine, we do not talk about staff. We do not talk about nurses or clinical officers! There is a question of policy in this issue. What is a sub-district hospital? What is a health centre? Is there a definition of that institution? This will enable us to know that as a health centre we expect a certain level of service and types of facilities or staff to be deployed. If you go to some of the constituencies, you will find a wide disparity in what you call a sub-district hospital and a health centre. I have two sub-district hospitals in my constituency; Elwak and Rhamu Sub-district Hospitals. When I visit some dispensaries in some other districts, they are equivalent to those dispensaries that I see in terms of the service delivery and staff. For instance, Rhamu Sub-District Hospital has neither wards nor theatre. It has nothing! It is important, therefore, that as a policy, the Government should address the question of service delivery at our health facilities. That is the only way we can prioritise expenditures so that we know every institution we call a health centre can provide some minimum services.

Mr. Deputy Speaker, Sir, there is also the issue that I had mentioned earlier, which is important and I must come back to. It is the issue of the National Social Hospital Insurance Scheme (NSHIS) Bill. Whatever the political situation in this country, we cannot wish away that subject. Kenyans need to think seriously about this. One of the reasons why the Government shelved this Bill is because of affordability. In that scheme, out of Kshs40 billion that was provided, only Kshs11 billion needed to be raised by the Government for the purpose of taking care of the cost by the extreme poor in this country yet the Kenya Revenue Authority (KRA) alone, last year, generated over Kshs20 billion. It is, therefore, important that this Ministry looks critically at that Bill.

With those few remarks, I beg to support.

Dr. Manduku: Thank you, Mr. Deputy Speaker, Sir, for giving me the opportunity to contribute to this very important Vote. I want to commend the Minister for Health and her staff for doing a commendable job to control the spread of diseases in this country. There were times when we were talking about outbreaks of malaria, cholera and other diseases. However, we do not talk about them now because the medical staff are working very hard to ensure that these diseases are put in control. However, we must also give them challenge to do better than that. Lately, we have been able to get essential drugs in most of our health facilities, which never used to be the case. We know very well that the cost of drugs is very high. However, good management will ensure that good services are given by this Ministry.

We are happy to hear that, at least, there is an increase in the budget of the Ministry. We would want to advise the Minister and her staff to ensure that these services are available up to the grassroots level. For example, we should give the services to the health centres. It is high time that we had doctors managing health centres. These centres have become so big that clinical officers and

nurses alone are not able to manage them. We must employ doctors to manage every health centre and service delivery will greatly improve. We can then start having a small theatre and better delivery wards and services, so that people do not go very far looking for those services.

But, Mr. Deputy Speaker, Sir, we have noticed one problem; you can remember that, recently, nurses went on strike. Doctors have always tried to go on strike but they have been threatened. For example, in 1975, when I was still in the service, we tried to go on strike and we were beaten. We have never seen that kind of beating by the police. The reason for the beating was because they said that we were endangering the lives of people, so we must go back to treat them. When teachers go on strike, nobody cares about them. So, they close schools and wait until the Minister for Labour and Human Resource Development decides what to do with them. But when doctors and nurses go on strike, you can see policemen running around, even going to get the poor services they can get from the General Service Unit (GSU) and the National Youth Service (NYS). You saw what they did in Kenyatta National Hospital (KNH) just the other day. Why did that happen, yet the Ministry of Health and the medical profession are very important?

In that case, Mr. Deputy Speaker, Sir, the Ministry should get sufficient money to pay medical staff enough salaries because they are not paid well. So, in this case, they are threatened and told to be humanitarian; you cannot be humanitarian if you cannot also feed yourself well. Yes, we are humanitarian, but we must be paid properly. Doctors and nurses all over the world are never paid what Kenyan doctors and nurses are paid! That is the reason why we have a shortage of medical staff in this country. Kenya has got many people who qualify from our medical schools. Many nurses and other medical staff graduate from our schools of nursing and all those places, but they go out of this country. Why do they go out of this country? Why do they go to Rwanda, a country which has been in problems up to today? Why do our nurses go there? They go there because they are better paid there! By the way, they also go to South Africa and America simply because we are not paying attention to them and we are calling them humanitarians. Time has come when the Government should look at this humanitarian profession and give our professionals enough money so that they can serve our country.

Mr. Deputy Speaker, Sir, a disease called HIV/AIDS is killing our people, but I should still commend those who are handling advocacy for HIV/AIDS, because at least now, the prevalence rate has reduced from 13 per cent to about 7 per cent. That is what the Ministry and those concerned have done, but we want to say that those who have been affected and infected should also be taken care of. You cannot say that you cannot take care of them because we know that we have no cure for HIV/AIDS; we can maintain their lives so that we should be able to afford the Anti-Retroviral drugs (ARVs) for most of them. That is why I said earlier on that we should be able to get a doctor up to the level of a health centre so that ARVs can be available at that level and those people suffering from HIV/AIDS can be treated at that level.

My colleagues have already said that the cost of medicines throughout the world, not only in Kenya, is very high and we cannot easily afford it. But we should be able to help our people in rural areas to afford medication. I do not know whether the Minister has given up on the National Social Health Insurance Fund (NSHIF) which she brought up last year, but we want to encourage her to bring it up again. If the President did not give his assent, let us ask him to bring it up again, because this is the only way we are going to help our people to deal with the problem of illness. Many countries have tried similar schemes and, in fact, we are going to be one of the leaders in Africa in giving good health care to our people! Now, we have withdrawn that scheme and I think we should ask the Minister to bring it up again. If the scheme is working in other countries, why can it not work in Kenya? For example, it is working in Malaysia. When we went to Malaysia in December, last year, to discuss HIV/AIDS when we had a meeting of the parliamentary medical practitioners, we learnt that Malaysia came to this country and took the National Hospital Insurance Fund (NHIF) Act, looked at it, saw how it is working and went to modify it. They then spent about ten years to bring the scheme into effect. They collected our own document, and we cannot translate our own document; we are just

here playing politics about it! We should not play politics on the lives of our people.

This is a very important profession, let us support it and make sure that our people can get, at least, the basic medication. Let us also make sure that we have the necessary facilities in our health institutions so that we can give proper services. We have been going round some of the hospitals in the country and, next month, we are going to go round to some others, because we want to see what we are doing. You see, we are improving from time to time. Other countries are going ahead in technology, and we should not remain behind in that aspect. The KNH, which is a referral hospital for this country as well as for East and Central African countries, is still in a very bad shape because those important departments do not have machines. Those machines should be available so that we do not have to send our patients to India, South Africa or to America. There are ailments which we can treat locally rather than referring them there, because it is very expensive. That is foreign exchange which we are giving to other countries when we should be using it locally in this country. So, let us ask the Ministry and the Government to avail funds to buy modern equipment for our referral hospitals. This should go down to our provincial and district hospitals because without a healthy nation, we do not have a nation. We are supposed to be a working nation, but you cannot have a working nation if it is not a healthy nation. I should compliment the Minister and her staff and let us encourage them further. Please, let us work and make sure that our people are healthy.

With those few remarks, I beg to support.

The Assistant Minister for Local Government (Mr. Tarus): Thank you, Mr. Deputy Speaker, Sir, for giving me this chance to contribute to the Motion on the Vote of the Ministry of Health. I want to thank the Minister for the efforts she has put towards improvement of health service provision in this country. We all know that the health sector has been ailing for too long. Although the Minister has been working very hard to make sure that this country enjoys proper health service provision, we do reckon that this is a sector that still requires a lot to be done.

I also want to thank the Minister for Finance for increasing the allocation for this Ministry. Basically, we all know that this is a Ministry that suffers from inadequate personnel, especially medical personnel, as most speakers have put it. I am quoting an example of districts we know, for example, Nandi District, where there are only three medical personnel and the Medical Officer of Health (MOH) who is in charge of the administration of the hospital. Knowing how the health conditions within the country are, you realize the daunting task before us. Visit other district hospitals across the country and you will realize that we still have a long way to go.

Mr. Deputy Speaker, Sir, district hospitals do not only lack medical personnel, and I am glad that Dr. Manduku has mentioned that the issue of the morale of medical personnel is an issue that we cannot wish away. I know that they went on strike recently and we provided some solutions, but we still suffer and it is painful to know that medical personnel are being sacked, yet we do not have adequate medical personnel. I do understand the fact that it is a very tricky situation when medical personnel go on strike and people are dying in hospitals. As a Government, I think it is important that we think critically about ensuring that this sector functions well so that Kenyans can enjoy medical services.

Mr. Deputy Speaker, Sir, I do not know what has been happening for the last 40 years, because virtually every area in the Ministry of Health has problems. If you go to hospital wards you will find that they have no beds and no linen for the sick. In fact, most equipment in our Government hospitals does not function.

(Mr. Keter consulted loudly)

Mr. Deputy Speaker, Sir, I wish my colleagues could listen to my contribution and wait for their turn!

One really wonders what has been happening for the last 40 years.

Mr. Deputy Speaker: Order, hon. Tarus! Just ignore them and address the Chair. Please,

continue!

The Assistant Minister for Local Government (Mr. Tarus): Thank you, Mr. Deputy Speaker, Sir. I am sure that it is painful to mention that history.

While thinking about how we can improve our health sector, it is important to note that there are diseases that are a disturbance to *wananchi*. We are glad that diseases such as tuberculosis, HIV/AIDS and malaria are covered under the Global Fund. Indeed, there are funds being provided to ensure that Kenyans who have these diseases are treated. However, there are other disturbing diseases such as renal failure and heart-related diseases, which are also common. There are poor Kenyans who have these diseases and most of them are dying. I wish the Ministry of Health could find a way of mobilising resources to cater for these particular cases. The cost of management of each of the diseases I have mentioned is Kshs400,000 to Kshs600,000. That obviously means that the poor will continue to die, because they cannot afford to meet such a high cost of medical care.

Mr. Deputy Speaker, Sir, as a result of the introduction of the Constituency Development Fund (CDF), virtually every constituency has been striving to build health service institutions within the reach of constituents. I wish the Ministry could move faster to register some of these health centres and dispensaries, so that they can benefit from the distribution and provision of drugs that are currently being provided by the Ministry of Health. That will be very useful, indeed.

Another critical issue about district hospitals is that our medical personnel do not have residential houses. This, coupled with the fact that their pay is very low, motivates them to start their own private undertakings. If only the Ministry could take interest and provide housing to the medical personnel, that would go a long way in improving the services we get from our health institutions.

I want to thank the Ministry for the allocation for rehabilitation of health institutions. As I was going through the Printed Estimates, I realised that there was a provision for the rehabilitation of district health institutions. However, I am afraid that those funds are still inadequate. For example, Kapsabet District Hospital was built in 1925 and some of the buildings--- Public Health Officers have been going round condemning certain buildings for not being good for habitation. The buildings at Kapsabet District Hospital should be condemned because they are outdated! I hope that the Ministry, this time round, will make arrangements to renovate and reconstruct this hospital.

With regard to training, I think it is important for our Government to expand the training of medical personnel. My colleagues have already raised this critical issue. If really our target is to achieve the Millennium Development Goals (MDGs) by 2015, then we should not be talking of the ratio of trained doctors to the population being as low as it is currently. This being the case, I think it will be a tall order to meet that millennium challenge.

Concerning management in our hospitals, it is true that we have district health management boards in place. We also realise that it is necessary to have hospital management boards. Even though we have district health management boards, we also need to have hospital management boards to supervise the day-to-day activities within the health sector.

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

Mr. Muturi: Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to the debate on the Vote of the Ministry of Health. While supporting the Vote, I wish to point out a few areas of concern.

Mr. Deputy Speaker, Sir, just like most of my colleagues have said, we do know for a fact that most Members of Parliament, through the CDF, have allocated substantial sums of money towards the improvement or creation of new health facilities. My concern here is that I have witnessed some lethargy at the level of Medical Officers of Health (MOHs). They do not appear to pay any attention to the fact that many facilities are coming up, and that they should collect data on the ground which they must feed to the headquarters. It is obviously necessary that if those facilities are to be operationalised properly, there will be need by the Ministry to provide equipment and sufficient, well-trained personnel to man those facilities. I want to urge the Minister to direct that the MOHs in every district, or the Provincial Medical Officers (PMOs) in every province, give lists of all upcoming facilities through the

initiative of the CDF.

I have noticed that the Ministry has made provision for public health services. A lot of money has been set aside for refurbishment and construction of buildings. That is, indeed, welcome. However, I believe that tomorrow, at the Committee of the Whole House, we will put the Minister to task. I want to put her on notice, so that her officers, who are present here, will have data concerning where these constructions and refurbishments are being undertaken, because we want to ensure that there is equity. We have nothing against what the Minister is doing, but it is only fair that this House is told what is going to happen in particular places, so that we know that even if, for example, something is not happening in my area, I will be certain that it will happen next year. So, I would like to put the Minister on notice that we shall require details of better and further particulars.

Mr. Deputy Speaker, Sir, I would like to comment on the area of research, specifically the Kenya Medical Research Institute (KEMRI). Whereas one can commend the work that has been going on at KEMRI, one cannot obviously shut the eyes to some of the malpractices that have happened there. In last year's budget for this Ministry, amidst my spirited opposition, the Minister managed to push through an allocation of sums in excess of Kshs540 million to KEMRI. I will be challenging the Minister to show proof that that money was spent on the rehabilitation and completion of the staff housing project by KEMRI. I know for a fact that nothing happened. It is just like what is called "NARC"; "Nothing Actually Really Changed"! I am surprised, therefore, that this year, the same KEMRI has attracted a further allocation of Kshs500 million. The Minister has quietly told me that this is a grant from the Japanese Government. Nevertheless, it is important that, given the bad and dark history that KEMRI is coming from, that even such funds, in as much as they are coming from a foreign Government or donor, are tracked as to their utilisation. We do not want to end up again with situations in which the Government and, indeed, the Exchequer, finds itself losing such enormous sums as we have witnessed in the past regarding KEMRI.

I also noted in last year's Printed Estimates for this Ministry that Embu Provincial General Hospital had been allocated a sum of Kshs550 million through BADEA. Having come from Embu District just on Sunday, I would like to tell this House that there is no evidence on the ground that anything happened to that hospital. I know BADEA is also a grant. However, it is surprising that last year, it was allocated so much money, but nothing happened. This year they are getting a sum of Kshs110 million from the same fund. Maybe, the Minister could care to explain to us what happened to that money.

Mr. Deputy Speaker, Sir, the Minister coming from an ASAL part of this country is well aware--- I have constantly pestered her Ministry, particularly her Ministry top officials, regarding antivenin for snake bites. The response has always been one, that the drugs are very expensive and there is nothing they can do. So, I wonder: Is the Government saying that, therefore, Kenyans from those areas which are heavily infested with snakes must die because antivenins are expensive? What is the position? Even now, my people have to be transported to Kenyatta National Hospital (KNH) at great expense for those simple treatments, merely because they cannot be provided at the districts, provincial or health centre levels.

Mr. Deputy Speaker, Sir, there is the issue of the cost-sharing programme in hospitals. This Ministry has not developed a clear policy as to how funds that are generated by various health facilities, through the cost-sharing programme, are to be utilised. In a lot of cases, we have noticed, especially in my area, that those funds are put in one basket alongside the funds that are allocated from the Ministry headquarters. I would like to invite the Minister to specifically go and check what has been happening in Ishiara Sub-district Hospital over the last three years. She will discover very astonishing happenings because the money has not been utilised. It has not been accounted for. In fact, we are on the verge of making complaints to various other agencies because we think the Ministry does not have the capacity to investigate itself. However, I believe the Minister will be making some reactions to that.

Mr. Deputy Speaker, Sir, the other point before I end my contribution, is that I would like to get some policy on a certain issue. Indeed, I would like to refer to the point that was

raised by Mr. Billow. What qualifies a health centre to be upgraded to a district or sub-district hospital? What is now called Mbeere District Hospital, as far as I know, and it is all there for everybody to see, is what was formerly Siakago Division Health Centre. Today, no extra buildings or other facilities have been put up. If you visit that hospital, you will find some sign board showing "Mbeere District Hospital." Surely, there must be some criteria to upgrade health centres. Even if it is at the district headquarters, surely, there must be certain facilities that one should expect in a district hospital. The senior civil servants working at the district do not even visit that health centre now called a district hospital for the simple reason that they know the facilities available are not really up to the standards that they expect. For example, we do not expect the DC, the police chiefs or the magistrates to go there for treatment because there is really nothing new. It is still a health centre. Could there be some policy, so that we know that in a health centre we expect to find "a", "b", "c" and "d" facilities while in a dispensary we expect to see "e", "f" and "g" facilities, so that *wananchi* can know when a dispensary or a health centre is upgraded to a sub-district hospital or into a district hospital? Indeed, my plea is, if we could have something structured whereby everyone knows: "This is what to expect in this kind of facility", I believe, even with the dream of the National Social Health Insurance Scheme (NSHIS), we will be heading in the direct direction.

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

Mr. Arungah: Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this Motion. From the outset, I support this Vote. I would like to begin by complimenting the Minister for a good job that she has done since she took over this portfolio.

Before I make my comments, I would like the Minister, while responding, to look at the fact that she has been given Kshs30 billion. Out of this amount, Kshs10 billion will go towards Development Expenditure. If you took 10 per cent of Kshs10 billion, and divided it amongst constituencies, each constituency will end up with a minimum of about Kshs5 million. My own district has been allocated a total of Kshs9 million for five divisions. I would like to have some explanation from the Minister as to why this is the case.

Mr. Deputy Speaker, Sir, turning to other issues, I would like the Ministry to take advantage of economies of scale. I have a scenario in Khwisero Constituency where there are about 20 sub-locations. There is an option where the Government can put up a dispensary or health facility in each sub-location to accommodate, for example, 10 people. This will cost about Kshs5 million each. That will make a total of about Kshs100 million. In the same constituency, I have a hospital, which was put up by the missionaries in the 1950s. It has a capacity of 200 beds, with buildings to accommodate all the staff. It can train up to 60 nurses per year. However, this facility has been left to rot. All that it requires is something in the region of Kshs20 million. All these other facilities that we would have put up will not be necessary. We are living at a time when, for example, we have roads and mobile phones. All you need to have is an ambulance; somebody makes a phone call, a patient is picked up and brought to this facility. Instead of putting health centres spread across the constituency, we can take advantage of economies of scale, invest a third of the money and get all the patients attended to in one place.

Mr. Deputy Speaker, Sir, the Minister has termed malaria as one of the big killers. I appreciate what the Ministry is doing, together with its collaborators. There has been a lot of talk about the usage of nets. I have no quarrel with the usage of nets. But the usage of nets presupposes that people in the village have beds. They are called bed-nets. In majority of cases, those who are supposed to be protected do not have beds. There is no place to hang the nets. So, I do not know how effective they are supposed to be. Secondly, where I come from, mosquitoes start doing their rounds as early as 6.00 p.m. So, before our children go to sleep, they have already been bitten. So, when you put them under nets and they are already infected, I do not know what purpose you are serving. My recommendation to the Minister would be to---

The Minister for Health (Mrs. Ngilu): On a point of information, Mr. Deputy Speaker, Sir.

Mr. Deputy Speaker: There is a point of information! Do you want it?

Mr. Arungah: Sure!

The Minister for Health (Mrs. Ngilu): Mr. Deputy Speaker, Sir, actually, the anopheles mosquito starts its rounds after midnight. The male ones start early, but they are not harmful.

Mr. Arungah: If that is the case, Madam Minister, I will allow that. But I still think that, at the end of the day, whether the mosquitos strike after midnight or not, it is my view that it is much cheaper to take preventive measures. If you eliminate mosquitos, you eliminate malaria. I do not think that enough education or emphasis has been put on the issue of prevention. There are many ways of doing that. We breed mosquitos in our backyards. The Provincial Administration can be mobilised to make sure that there is a clean-up exercise on a regular basis. School children can be mobilised to go round every weekend to clean dirty breeding places for those mosquitos. By doing that, the malaria scourge could be eliminated.

Mr. Deputy Speaker, Sir, my colleagues have spoken about lack of staff, equipment and ambulances. I find it particularly embarrassing that, after 40 years of Independence, our people are still being carried on wheelbarrows and *mikokoteni* to health facilities. I think that is a great shame and the Minister should take it seriously and ensure that, at least, every constituency has an ambulance. As I said earlier, with the advent of mobile phones, we can communicate and carry our patients to hospitals in a more decent way.

Mr. Deputy Speaker, Sir, on the issue of Muhila Mission Hospital, it was not put up for a particular church. It was put up for the people of Khwisero. Therefore, I do not see why the Ministry is reluctant to move in and help my people, because they are afraid of the church. In my view, the missionaries did not build that facility for the church. It was built for the people of Khwisero. Therefore, I request the Ministry to move in, invest, post staff there and assist my people.

With those few remarks, I beg to support.

The Assistant Minister for Environment and Natural Resources (Mr. Kamama): Mr. Deputy Speaker, Sir, thank you very much for giving me this chance. I would like to join my colleagues to thank the Minister for doing a superb job in the Ministry. We all know that the Ministry has many challenges, one of which is to provide quality medical services to all Kenyans. That is a monumental task.

I want to start by saying that the Government has recognised the role of that Ministry by allocating it Kshs30 billion to improve the health of all Kenyans. So, we expect officers who are charged with the responsibility of delivering those services to do a better job, now that they have been well facilitated. They will have better vehicles and equipment. I am also sure that, on the side of remuneration, the Minister has taken that into account.

Mr. Deputy Speaker, Sir, according to the recent demographic, health and economic survey for this year, delivery of health services has gone down for many reasons. Some of the reasons include poverty, long distances from one health centre to another one, cultural and religious reasons. Under-funding is also another critical issue which has contributed to that. To address those problems, the Ministry must be more serious now. I am sure hon. Members will pass this Vote because it touches on a very critical area of our lives.

Mr. Deputy Speaker, Sir, I would like to focus on what is happening in North Rift. As the saying goes, first things first. I want to talk about Chemolingot Sub-district, where I come from. The Parliamentary Select Committee on Health, Housing, Labour and Social Welfare visited that place last year. It found out that, sub-district hospital needs to be elevated to a district hospital. So, the people of that area, that is in Baringo East--- Let us not confuse issues!

(An hon. Member interjected)

Mr. Deputy Speaker: Order! Stop that exchange! Address the Chair!

The Assistant Minister for Environment and Natural Resources (Mr. Kamama): Mr. Deputy Speaker, Sir, much obliged. I will now address the Chair.

Mr. Deputy Speaker, Sir, Chemolingot Sub-district Hospital is in Baringo District. I want to give them some lessons. In that sub-district hospital, there is no doctor. The nearest hospital is about 100 kilometres south of that place; that is in Kabarnet. On the side of Turkana, which is North of that sub-district hospital, you will travel about 400 kilometres to see the nearest doctor. To the West, there is Marakwet District, which hosts Kapsowar Hospital. It is about 300 kilometres away. To the East, we have Samburu District, which hosts Maralal District Hospital. It is about 250 kilometres away. Women are forced to travel for many kilometres to get to the nearest doctor. I urge the Ministry to elevate Chemolingot Sub-district to a full district hospital. It was recommended by a committee of this House. I think that recommendation should be taken into account. I am happy that our gracious Minister is listening to what I am saying. I hope that, that hospital will be upgraded.

Mr. Deputy Speaker, Sir, in the entire North Rift, we have a problem of the kala-azer disease. Its scientific name is *leishmaniasis*. I am sure the Kenya Medical Research Institute (KEMRI) has been doing some research on this disease. Treating this disease costs about Kshs12,000. It is common in the entire North Rift in Turkana, Samburu and West Pokot districts. You will be surprised that people have to travel from Baringo District all the way to Nakapirprit District in Uganda to get medical treatment which is about 700 kilometres away. So, it is so shameful that people have to travel from Baringo District to Uganda to get medical treatment. The supply of the pentostam drug and its price must be addressed, as a matter of priority.

Mr. Deputy Speaker, Sir, there is the issue of idle health facilities. There are many of them. Members of Parliament are actually trying to put up structures, but they do not have workers. When we go to the Medical Officer of Health (MOH) we are told that there is a shortage of staff. It has reached a level where most development partners are not willing to fund the health sector, especially in terms of building structures because nobody will open them. So, the issue of staffing should be addressed and we do not need to wait for the former president of the United States of America (USA), Mr. Bill Clinton, to come to Kenya and give us some help in the form of money to employ about 20 workers. We need to be much more serious on this.

Mr. Deputy Speaker, Sir, let me talk about the role of the National Aids Control Council (NACC). Most people do not understand the role of the NACC. Most Community Based Organisations (CBOs) take almost one year to prepare a proposal for it to be approved. So, it is like going to a bank with a proposal and you know the kind of stages one goes through before getting a small loan. Applying for money by CBOs to NACC takes forever and yet people are suffering at home. People are dying of HIV/AIDS. People are sick with those other diseases. So, this area must be really streamlined. I am told that the Ministry is coming up with new paradigms on how to implement it. I do not know how it is going to work but let us hope that by next year, this area will be reformed.

Mr. Deputy Speaker, Sir, we are told that 23 per cent of Kenyans do not seek medical treatment because of poverty. For us to meet the so-called Millennium Development Goals (MDGs), we need to address the plight of the 23 per cent of Kenyans who cannot access medical services. So, we need to move with speed to ensure that these people are assisted.

Mr. Deputy Speaker, Sir, let me talk about KEMRI. KEMRI is a famous research organisation in this Ministry and I do not think it is doing much. It is only remembered because of Kemron and you know what became of it. We have not been told of what became of the vaccine that was being developed by Oxford University in conjunction with Nairobi University, of course, in collaboration with KEMRI. We are not being told of this vaccine that is supposed to assist people suffering from HIV/AIDS. So, we need to know what became of this research.

[Mr. Deputy Speaker left the Chair]

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

Mr. Temporary Deputy Speaker, Sir, in a nutshell, I want to say that the Ministry is doing a good job. Of course, all of us are going to give it the requisite support but we need tangible work done especially at the dispensaries, health centres, sub-district hospitals and district hospitals. We need to see change. We do not want MOHs to behave as they have been doing for the last five years. We need to see changes.

With those few remarks, I beg to support.

Mr. Kipchumba: Mr. Temporary Deputy Speaker, Sir, I also want to make my contribution to this very important Ministry. First, I want to complain that the amount of money which has been given to rural health services has only been increased by Kshs800,000. We know that 80 per cent of the population of this country live in the rural areas and, therefore, it could be reasonable if the amount of money which was given to rural health services was commensurate with the number of people that live there. I think it is critical that we stop this menace where people in rural areas have to go all the way to urban centres to get medical attention and yet we have built a lot of dispensaries and spent a lot of money in ensuring that we have the buildings. Given that the Kenya Medical Supply Agency (KEMSA) has become a bit efficient in supplying the drugs, we should give them more money by employing nurses and staffing dispensaries so that the rural-urban migration trend stops and it should start with this very important Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, as much as many of my colleagues have complained about KEMRI, the amount of money that it has been given remains constant at Kshs852 million for Recurrent Expenditure. I think if we have to see and realise results, we must invest in this very important institution. If you look at the amount of money that was given to the Kenya Agricultural Research Institute (KARI), it was given Kshs1.4 billion directly and additional money to the tune of almost Kshs2 billion was given to other departments. KEMRI is in my view, more important than KARI because it deals with research that will go towards ensuring the survival of human beings. For the Ministry to give them only Kshs852 million year in, year out, it is quite unreasonable. Let us not look at the mismanagement in the past and imagine that, that will continue. We must ensure that KEMRI is given adequate funds in terms of Recurrent Expenditure so that we realise good results.

Mr. Temporary Deputy Speaker, Sir, I want to talk about employment. We expect that a lot of nurses will be employed, but we want this exercise to be done equitably in this country. Every district or constituency, for that matter, must at least be given a certain number of employees because we know that in certain areas and especially in hardship areas, it is only the inhabitants of that area that will always work in that region come-what-may because nurses and especially doctors would like to stay in the cities of this country. They would like to stay in Nairobi because that is where they can get extra income by doing professional work elsewhere and offering consultancy services. However, people who have been bred in certain areas will for the sake of their own people sacrifice and offer services where they are. Therefore, I would like to request the Minister to employ nurses from all over the country.

I want to talk about the establishment of the National Social Health Insurance Fund (NSHIF). I have heard very many hon. Members complaining to the Minister about this scheme. The scheme was not "killed" by the Minister. It "died" in State House because the President did not assent to the Bill and, therefore, what happened? We must be told and the law must be followed. If Parliament has passed a Bill and it does not become law, what are we supposed to do? I thought that Parliament has the power to petition the President. We have discussed and passed a Bill that is so critical to the lives of Kenyans. We required very little money to make it a reality and yet we are complaining here when we have the power to ensure that, that Bill becomes a reality. Therefore, instead of us complaining to the Minister, we should take the role of ensuring that Kenyans realise their dream of accessing free medical services. I heard the Minister talk of patients paying Kshs10 and Kshs20 in health centres and dispensaries, respectively. How do we spend that money? We should either scrap or increase it. To me, this money is much. How much paper work do we do? The receipt alone could cost us Kshs10, and yet we would like to bother those very poor people to pay Kshs10 or Kshs20. Is there not a way

that the Government can either scrap this Kshs10 or Kshs20 and vote in more money, so that people in rural areas do not pay this amount?

Initially, our health centres and dispensaries were required to pay for power, watchmen and cleaners using the cost sharing money. I am not sure that, that was looked into when we reduced it to Kshs10 and Kshs20. This is because many of our rural health centres and dispensaries do not have adequate personnel, especially the cleaners. They also do not have adequate money to pay for water and electricity bills. The Government must compensate for that reduction. That should be done quickly because some of those dispensaries could easily collapse.

Mr. Temporary Deputy Speaker, Sir, I want to make a suggestion on ambulances. If there are hon. Members who are willing to assist in the purchase of ambulances, the Minister could fund 50 per cent of the cost, while the hon. Members meet the remaining cost of 50 per cent. We all know that we do not have sufficient ambulances. This will ensure that, at least, every region has ambulance, because it is a very important facility. Even in terms of paying nurses, the hon. Members could, in future, instead of waiting until all people die in their constituencies, use part the Constituency Development Fund (CDF) money to employ nurses. This is because we must have personnel which must be remunerated. We cannot wait until all people have died for us to employ nurses. We must do it now. Our people require services which cannot be postponed. If we postpone these services, by the time action is taken, everybody would have died in the villages.

I have looked at the Global Fund. We expect to receive Kshs3.5 billion from it. A sum of Kshs2.1 million will go towards the fight against malaria and another sum of Kshs160 million will go to Tuberculosis (TB) programmes. But I am not sure where the Kshs980 million will go to. I thought that was meant for HIV/AIDS control. That is not mentioned. It is just written, "Headquarters." I do not know why that money has been allocated to headquarters. I wish some of it could go directly to assisting HIV/AIDS patients.

Mr. Temporary Deputy Speaker, Sir, the Minister has talked of spending Kshs120 million for advocacy training. It is time we reduced money for training and advocacy, because most Kenyans now are aware of the existence of this pandemic. Most of the money should be used in treating the patients. I think it is critical now that we start treating the infected people because we have been told about the HIV/AIDS pandemic for a very long time. We must reduce this budget. We have always advocated that the National Aids Control Council should be under the Ministry of Health. Let us not continue cheating ourselves that the Office of the President has a multi-sectoral approach. What multi-sectoral activity have they done? What has the Office of the President done in all these years? Where is the multi-sectoral approach when advocacy, training and everything else is being done by the Ministry of Health? The Office of the President is absolutely doing nothing. All it does is to control the money and, of course, misuse part of it. We are told that it must remain there. It is time that money was transferred from the Office of the President to the Ministry of Health because the Special Programmes Department in the Office has no idea what that money is all about.

Mr. Temporary Deputy Speaker, Sir, all the monies that are voted, especially for rural areas, must be shared equitably. We must look at the population. There are areas which have almost 1 million people, for example, yet, they are given very little money. In fact, there is no money for district health.

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

The Assistant Minister for Planning and National Development (Mr. Lesrima): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity. I want to congratulate the Minister and her team for getting 30 per cent of the entire Budget for the Ministry. I think this is something really quite commendable, given that she has even surpassed our Economic Recovery Strategy goal. I believe that 30 per cent of the total Budget brings us to about 10 per cent of the Gross Domestic Product (GDP). We do know that the World Health Organisation (WHO) recommends that the ideal figure would be 15 per cent for the health sector for it to work very well.

I also wish to take this opportunity to congratulate the Minister for her recruitment policy initiated two years ago. We saw officers coming to district headquarters to recruit staff there. We were

quite happy, particularly in Samburu West Constituency, because, I believe, 99 per cent of the local people were taken on board. This is something we want to see. Given the level of literacy, I think it is always good to have nurses and staff who can carry out diagnosis in languages that the locals in the villages and *manyattas* understand. I do hope that this policy will continue because I seem to have seen that kind of recruitment only once. We next heard the recruitment taking place in Isiolo. We, however, do not know who was recruited in Rift Valley. The recruitment was then moved to Nakuru. From there, we lost track of it. I hope that the Ministry will continue considering recruiting at the district level in future.

Mr. Temporary Deputy Speaker, Sir, I also want to take this opportunity, in supporting the Vote, to thank the Minister for giving Baragoi Health Centre an ambulance. Indeed, it is of great use. But we would have appreciated if an AIE were to follow for fuelling of the vehicle, or some kind of management arrangement put in place, to ensure a transparent way of its utilisation.

Mr. Temporary Deputy Speaker, Sir, about 80 per cent of our people live in the rural areas. As a number of hon. Members said here, we should, therefore, put emphasis on establishment and expansion of health facilities in rural areas because this is where the majority of our people live. Most district and provincial hospitals are located far away in the rural areas.

Mr. Temporary Deputy Speaker, Sir, having said so, I think we seem to be having a problem. There is some kind of disconnect between officers at the Ministry headquarters and those in the field dealing with registration of rural health centres. I have been struggling to register about eight health centres over the last two and a half years and it has been extremely difficult to get a response. We do not know what happens. When the MOH does an excellent job of visiting the health centre to find out the requirements and forward the recommendations to the Ministry headquarters, we do not clearly know where the documents go to. We do not know whether we should come to your office to raise the complaints.

I do recall writing to the Minister in a particular case and the Uaso Rongai Dispensary in the extreme north of my constituency was registered. I am most grateful for that. We are not getting replies concerning the other health centres that have sought registration. We do not know whether to go to the PS or the Director of Medical Services. We do not even know where the registry for registering health centres is. It would be very nice to know what the problem is.

When we forward the registration documents to the Ministry headquarters, it would be very nice to have some feedback so that we know what to improve on in those health centres. If we do not meet the requirements for the establishment of health centres, then we should be told what to do. At the moment, there is total silence. I am taking time to talk about this because I do not believe that I should spend two and a half years constantly writing to the Minister and the PS and not getting a reply. I hope that the Minister will do something about this.

Mr. Temporary Deputy Speaker, Sir, health centres are becoming very important now, and many hon. Members would want to use the CDF funds to expand them. I have carried out consultations in the four divisions in my constituency to determine the priorities of the people's requirements. Of utmost priority is education, followed by water and health. We intend to invest resources in expanding health centres, particularly in the area of reproductive health. People want maternity and children's wards. We hope that the Minister will consider registration and also give us staff.

Mr. Temporary Deputy Speaker, Sir, the management of HIV/AIDS will continue to raise question marks. This country has done well in terms of reduction of HIV/AIDS prevalence rate since the implementation of a number of policies. I want to join hands with the previous hon. Member who had recommended that we take back the National Aids Control Council (NACC) from the Office of the President to the Ministry of Health. There is no way that the Minister for Health can escape from blame for the under-performance of the NACC. Any tragedy that occurs in the country, whether it is because of consumption of alcohol or feeding on bad maize, it will always attract the attention of the

Minister who has to visit people in hospital and make sure that they are taken care of.

Earlier on, the Minister said that 50 per cent of bed occupancy in hospitals is taken by people suffering from HIV/AIDS. Therefore, we do not understand why one Ministry should be dealing with advocacy and management and yet clearly it is the Ministry of Health that takes care of patients.

Mr. Temporary Deputy Speaker, Sir, we should not also accept this concept, that the Office of the President is holistic in management of the problem of HIV/AIDS. We also know that the Ministry of Health deals with a lot of health, nutrition and psychiatric issues. These are very much represented in the provision of health extension services in the rural areas. So, I do not see any reason at all why this function should not be moved back to the Ministry of Health, particularly now that we have a number of briefcase NGOs which bypass the Constituency Aids Control Committees (CACCs). It is a lot easier for one to form a bogus NGO in the field, come to the headquarters and get funding. If anybody wants to challenge me on that, I am willing to produce evidence to that effect. I have written to the Director of the National Aids Control Council (NACC) but I have not received any response. It is easy to get funding by bypassing the CACCs. There is a lot of corruption taking place out there. We should, therefore, move the NACC to the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, I will now talk about the management boards. The Minister gazetted the management boards. However, in my constituency, the management board that was gazetted in March, 2005, is not yet in place. So, we need to know what is going on.

The Ministry intends to supply 1.2 million mosquito nets to control malaria. I would recommend that we treat the linen of the communities, particularly in northern Kenya, rather than supply nets. It is much more effective to treat the linen than to supply the nets, given the design of the houses of the people in that area.

With those few remarks, I beg to support.

Mr. Biwott: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to this Motion. I rise to contribute to the Motion bearing in mind, the fact that the Ministry of Health is one of the core Ministries in this country. It is one of the oldest Ministries that are dedicated to serving *wananchi*. It is, therefore, necessary that we address the issue of delivery of service by this Ministry. If there is any Ministry that has had time to adjust and devise methods and systems of providing services, it is the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, fortunately, we now have a dynamic Minister. We were very impressed by what she did when she visited Eldoret the other day. We would like her to visit the district frequently. The visit enabled her to listen to what we have been saying about delivery of service in the North Rift region. Up to now, this Ministry has not itemised the services being delivered in an integrated manner, so that each district can know exactly how much money it has been allocated. Money is still being delivered, through the Budget, in a less transparent manner. We cannot see exactly where the Kshs30 billion is going.

I would, therefore, urge the Minister, like all other Ministries are being urged at the moment, to prepare the budget in such a manner that the people will know exactly how much money has been earmarked for health services in their areas and how that money will be spent. This is necessary for monitoring purposes. The people will have an opportunity to check and see whether services are being delivered in the intended manner, and whether all the money that goes to their hospitals, as well as the equipment and medical supplies, are being utilised appropriately.

Mr. Temporary Deputy Speaker, Sir, the Minister spoke very loudly about title deeds. She said that she had released some of them, but others are still lying in the hospitals. That is an issue which needs to be addressed. Those people are poor. They do not have other title deeds to rescue other patients.

(Laughter)

The ones that they have are locked in the hospitals. That can be addressed by some form of insurance,

so that our people can benefit.

Mr. Temporary Deputy Speaker, Sir, the question of dispensaries is still yearning for attention. We have many dispensaries which do not offer any services to our people. We have buildings which are served by one or two attendants and no medicine. All dispensaries should be equipped to give first-aid to a patient before he or she is taken to a hospital which, in most cases, is far away.

We have sub-district hospitals which have no allocations in the Estimates up to now. I have in mind Kocholobo hospital. It was provided with Kshs800,000 in the last weeks of the last Budget, but it has nothing today. If you look at the Estimates Book, it is blank. That requires attention.

Drugs should be made available to the patients in hospitals promptly, so that they are not kept waiting unnecessarily. I have in mind Moi Referral Hospital, Eldoret. Although it is the number two referral hospital in this country, it still lacks equipment. I had an occasion to spend some time in that hospital. I had a relative who was sick. It was very difficult to get dialysis.

Even after getting the machine, there was still a problem of getting materials to be used for that process. I think there is need to make Moi Referral Hospital a properly equipped referral hospital. That way, patients will not find that hospital the same as where they have been referred from. Up to now, very little is provided in terms of equipment, medicine and staff

Mr. Temporary Deputy Speaker, Sir, there is also the question of nurses. There are nurses who have been trained and yet, they do not have jobs. They cannot help, although they have the basic qualifications to attend to the patients. I think there is need to prioritise nurses in the rural areas, so that their services can be utilised in the grassroots. They can be engaged, if not for anything else, to administer first aid. There are very many stalled projects which I am told the Ministry will do something about this year. Let me, therefore, inform the Minister that there is a dispensary called Simotwo in Keiyo South which has been built and only remains to be roofed. I hope that will be taken into account when completing the stalled projects.

Mr. Temporary Deputy Speaker, Sir, the question of ambulances cannot be over-emphasised.

Mr. Khamasi: On a point of order, Mr. Temporary Deputy Speaker, Sir. Did you realise that hon. Odoyo's cell phone rang when hon. Biwott was contributing?

The Assistant Minister for Regional Development Authorities (Mr. Odoyo): Mr. Temporary Deputy Speaker, Sir, may I respond?

The Temporary Deputy Speaker (Mr. Ethuro): Order! Will you apologise and sit down, Mr. Odoyo?

The Assistant Minister for Regional Development Authorities (Mr. Odoyo): Mr. Temporary Deputy Speaker, Sir, I profusely apologise!

The Temporary Deputy Speaker (Mr. Ethuro): Thank you.

Mr. Biwott: Mr. Temporary Deputy Speaker, Sir, I think my time has been taken unnecessarily. So, let me speed up.

Mr. Temporary Deputy Speaker, Sir, I would also like to request the Ministry to increase supervision and monitoring of the projects on the ground to ensure that what they have planned to be done at the district level is done promptly.

I would also like to remind the Minister that when she was in Eldoret, we requested for AMPAS facilities to be extended to Iten District Hospital because of AIDS. We also need the same to be extended to Kapsowar District Hospital.

Mr. Temporary Deputy Speaker, Sir, there is also need for training at all levels and to decentralise the training services.

With those remarks, I beg to support.

The Assistant Minister for Trade and Industry (Mr. Syongo): Mr. Temporary Deputy Speaker, Sir, I want to thank you very much for giving me the chance to support the Motion that is before us. I want to support this Ministry to get its full budget for three fundamental reasons. First, without natural resources such as minerals and oil, human capital remains our most important resource in this country. Unless we can develop and nurture it, and look after its health, then all the gains that

we have made in the past will be reversed, and that would be a very sad day for this country.

Mr. Temporary Deputy Speaker, Sir, the second reason why I want to support this Vote is because the fundamental function of this Ministry is to alleviate human pain and suffering. That is a very noble objective.

Thirdly, I want to support this Vote because at long last, this Ministry is in the hands of a leadership that is sensitive and active. I congratulate the Minister and her team, and for that reason, I also want to commend the Government for giving the right signals in line with those three points I mentioned earlier, by increasing the total Budget by 30 per cent to Kshs30 billion, Kshs10 billion of which will go to Development and the rest to Recurrent Expenditure. My only prayer is that this money will be used properly.

Mr. Temporary Deputy Speaker, Sir, even as I say this, I want to add that we must pay attention to the very serious situation of understaffing in our rural as well as urban health delivery centres. People who are already trained at a very high cost to the taxpayer are currently sitting idle many years after graduation, and yet we have a serious case of under-staffing in virtually all our health facilities.

Mr. Temporary Deputy Speaker, Sir, we are a nation of enlightened and educated people. It does not make any sense for our institutions to be under-staffed and yet, we have trained people who are ready to take up the jobs. I hope the Minister is aware that we have a very major exodus of trained medical personnel going to the neighbouring countries and beyond. I am told that as of last year, we had as many as 750,000 nurses outside; in the United States of America and Britain. I have no objection to the exodus, but we should make it a policy that one of our economic activities, given that human capital is one of our major resources, shall be to train, equip and export skilled manpower. This should be a deliberate Government policy, so that we do not have idle Kenyans sitting around and making it difficult for us to convince our children to go to school.

One of the reasons why we have many school drop-outs and low enrolment in schools is because children ask why they should go to school and yet so and so, who has already gone to school and trained as a clinical officer, is fishing on the beaches like everybody else who did not go to school? This is a major problem. We must absorb all the trained medical personnel and I know that we have the capacity to do so.

The question of equitable distribution of the available resources; capital, equipment and personnel, across the country is important. It is so important that unless we do so, I do not believe that we can stand up and face Kenyans. When you go to some parts of this country and look at the situations on the ground, you will realise that there is no fair distribution of resources. I want to urge the Minister to rationalise the distribution of resources, so that every single part of this country can feel the vigour which she has impacted in the Ministry and the dedication that is clearly coming out from the team that is running the Ministry. We must, therefore, address the past disparities in the distribution and the marginalisation of some parts of this country. We must also deal with the unique extraordinary burden of diseases and the socio-economic burden borne by some of the districts.

Mr. Temporary Deputy Speaker, Sir, I want to give the example of Suba District. Last week, the Minister was in South Nyanza. I thank her for giving Suba District 10,000 bed nets and making a specific point about the situation of HIV/AIDS in Suba District, which now has the highest HIV/AIDS prevalence in the country and probably in the world. However, what people do not know is that Suba District is a victim of the fact that it is the most active economic district in the whole region. At any given time, I have up to between 25,000 and 30,000 "economic refugees" from other districts, including from Uganda and Tanzania, on the beaches in Suba District. Many times, our people wonder whether they should start clashes and remove these people forcefully from our district. Of course, we cannot remove them because we believe in basic human rights. However, that extra-burden that the Suba community must bear because it is the most successful economy within the area, must be compensated by being given sufficient resources to deal with the problem. We do not even have a district hospital. When it comes to issues of health, Suba District is the most appropriate area for

investment by the entire East African Community because the borders of the three countries converge in the district. The human traffic across the lake every single day is the cause of the high HIV/AIDS prevalence rate and yet, that is not acknowledged and resources given to us, commensurate with the burden that we are carrying on behalf of the entire country.

The issue of Medical Officers of Health (MOH) has been touched on. I want to draw the attention of the Minister to this because we need to decentralise the medical accounting system in the districts. The resource management system in the districts must be devolved. Presently, all the health institutions in the districts are managed by MOHs and there is definitely abuse of office. I request the Ministry to open separate resource accounts for the health centres and sub-district hospitals so that the management committees for those institutions can manage the resources availed to them from the headquarters directly.

There is the issue of cost-sharing and resource mobilisation for the health sector that I want us to re-visit. When cost-sharing was in operation in hospitals, the Kenyatta National Hospital was clean and was competing with all the other major hospitals in Kenya. Many health centres had good facilities. It is better for people to pay Kshs200 or Kshs300 and get good services, commensurate with the money they are paying, than to pay nothing and have no services at all. We now have a situation where many Kenyans are visiting private hospitals and paying much more money than they used to pay under Government's cost-sharing scheme. I want to beg the Ministry to reconsider this scheme and re-introduce it, provided that we manage our resources properly. I think we had a problem of mismanagement, but the principal idea was excellent and we should accept it by re-introducing it.

The question of strengthening the management of health facilities is something I have talked about. Presently, for instance in my district, the MOH is permanently attending seminars and workshops. He is the only qualified person to provide professional medical services. I would like to suggest that the Minister considers the possibility of starting a special training programme for non-medical officers, to specialise in managing hospitals and medical institutions. That is the trend throughout the world. In America today, people have masters degrees in hospital management. We do not need to divert the resources of highly trained doctors to management. Let them concentrate in what they were trained to do, which is to treat people.

Finally, I wish to thank the Minister for providing resources to Kisege Hospital. We are now constructing the road there and I invite the Minister to come and open the hospital. With those few remarks, I beg to support.

Mr. Rotino: Thank you, Mr. Temporary Deputy Speaker, for giving me the opportunity to support this Vote. I would like to first congratulate the Minister and her Ministry officials for their good work. I would like the Minister, when she is responding, to answer the following questions: First, 10 years ago, a facility was built in West Pokot District, known as the Nursing Training College. However, up to today, the facility has not been opened and is infested by rats.

I personally visited the Ministry's offices and talked to the Minister and her former Director of Medical Services about it. They both promised to open the facility very soon. This facility has not yet been opened! Could the Minister tell the people of West Pokot when and how the facility will be opened? They have commissioned a facility in Turkana which is smaller than the one in West Pokot.

An hon. Member: That is where the Temporary Deputy Speaker comes from!

Mr. Rotino: Mr. Temporary Deputy Speaker, please, protect me from these hon. Members!

The Temporary Deputy Speaker (Mr. Ethuro): Order, Mr. Rotino!

Mr. Rotino: Mr. Temporary Deputy Speaker, Sir, I request the Minister to commission this facility because we need it. Why did the Government build it if it does not want to open it? We require about Kshs5 million to have the facility commissioned so that we can start training our people there.

As I speak now, my constituency has the highest infant mortality rate. Six out of 10 children die before the age of five. When I talked to the former Director of Medical Services, he verified that infant mortality is very high. This is attributed to the health facilities that are far from the people. I would like to invite the Minister and the Director of Medical Services to visit Sigor Constituency and

find out whether what I am saying is true. Malaria is also the highest killer more than HIV/AIDS. I want to plead with the Minister to visit the area with her staff and verify what I am talking about. The nearest hospital; Kapenguria District Hospital, is 200 kilometres away from the headquarters of my constituency. Moreover, the nearest facility is a mission hospital called Ortum Mission Hospital. In our remote districts, locations, divisions and constituencies, the nearest health facilities are mission hospitals. I am, therefore, pleading with the Ministry to support the mission hospitals because they are the nearest facilities to my people. My people travel about 60 kilometres to the nearest facility. Travelling from my constituency to Kapenguria is about 200 kilometres. It is also expensive for my people. It costs about Kshs300 to get there. Therefore, I am pleading with the Minister to deploy staff to Ortum Mission Hospital. I want to thank her for posting a doctor to Ortum Mission Hospital. He was seconded from Kapenguria District Hospital. However, Kapenguria District Hospital is seriously understaffed. We have one Medical Officer of Health (MOH) serving the whole district hospital.

As my colleague has said, most of the time, he is out attending workshops or looking for supplies, leaving nobody at the hospital to take care of operations. The Minister has sent a dentist to the hospital and yet we do not have a lot of teeth problems. She should withdraw that dentist and replace him with a physician!

(Laughter)

You will find that many of the people in West Pokot have resorted to herbal clinics like Makini Herbal Clinic. My people have been forced to go to Makini Herbal Clinics because of lack of facilities in the area. There are many mushrooming clinics which are manned by unqualified clinical officers. They offer sub-standard services and they are not inspected by the Ministry. If you go to the rural areas, you will find them there. I am pleading with the Ministry to ensure that those facilities are inspected by the officers at the district hospital so that they can offer better services.

Mr. Temporary Deputy Speaker, Sir, we are grateful for having the Constituency Development Fund (CDF). In my constituency, I am trying to build dispensaries in almost every location. However, the biggest problem is that we do not have the staff and drugs. Again, we are upgrading the existing health facilities from dispensaries to health centres because of the population increase. However, when we do this, we do not get the facilities that a health centre is supposed to get because these facilities were built 40 years ago. The population has doubled or tripled and the facilities are overcrowded. For example, there is a place called Tamkal Dispensary that was built 40 years ago.

We have upgraded the dispensary to a health centre yet we have only one nurse. When they were recruiting nurses last time, they recruited people who do not come from that area---

Mr. Ojaamong: Can they survive?

Mr. Rotino: When they went there, they spent only six months and they started complaining of insecurity, malaria---

Hon. Members: Stomachache.

Mr. Rotino: What is wrong with these guys, Mr. Temporary Deputy Speaker, Sir? I want to impress on the Minister that **[Mr. Rotino]** there are many facilities in my constituency which are suffering---

The Temporary Deputy Speaker (Mr. Ethuro): What do you expect the Chair to do?

Mr. Rotino: Keep them out.

(Laughter)

I want to talk about what my colleagues have talked about: kala-azar. I have brought many Questions to this House several times earlier about the kala-azar problem. A dose is very expensive and all my people travel all the way to Uganda to get that treatment there because it is cheap. Treating

one patient, who is a child, costs about Kshs7,000, while it costs a grown up person between Kshs14,000 and Kshs20,000. It is very expensive and I am pleading that, that drug should be brought to the constituency and the Medical Officer of Health (MOH) should educate people on how to protect themselves from this fly that brings about kala-azar.

So, Mr. Temporary Deputy Speaker, Sir, I want to support the Minister's Vote and say that Kshs30 billion is a lot of money and a lot of things could be done with it. I want to encourage the Minister and her staff to visit West Pokot. West Pokot is not far; it is not as far as Migori, it is nearer. You always travel to Turkana because you fly there; you better travel to West Pokot and see for yourself how the Pokots are suffering and how the situation could be improved.

With those few remarks, I beg to support.

Capt. Nakitare: Thank you, Mr. Temporary Deputy Speaker, Sir. I take delight in supporting this Motion on the Ministry of Health. Public health is a big concern in this country and it must be addressed. The Ministry of Health has a responsibility to address public health issues.

When it even comes to the brewing of illegal alcohol or dirty food being sold in the open market, it is not the work of the police to run around chasing people; it is the work of public health officers. I think the rhythm has completely gone down in the Ministry of Health and I speak with emphasis that, the Ministry has relaxed its principles. This has actually also invaded the Local Government Ordinance, which has allowed the mushrooming of unplanned eating houses that have affected and infected human beings in urban centres. There is no plan in the Ministry of Health. Whereas we are trying to give them Kshs30 billion, this money is not a gift and it is not meant to support the headquarters. This money must be decentralized and used to benefit the people of Kenya. As I speak, we have talked about infectious and contagious diseases, and when it comes to immunology, we have some cases where the Ministry has completely ignored or has probably been ignorant about. Hepatitis is a disease that attacks the liver in grown-ups. We talk about immunisation of children, but we forget that there are cases of adults suffering from liver problems. There are people who go for dialysis and other advanced medical treatment, because we do not have immunisation against Hepatitis available to us. The Ministry of Health knows about this fact.

Hon. Members talked about the Kenya Medical Research Institute (KEMRI). We need enough money to support our research institutions. Most of the developed countries depend on research, and that is why they are able to invent medicines. We cannot talk about equipping our hospitals only. We need to establish our own research centres and ensure that they are capable of dealing with the outbreak of waterborne diseases, communicable diseases that are spread by insects or infectious diseases that are transmitted by foreigners who come to this country. I say this because we, Africans, never used to have these diseases. Most of these diseases were imported into this country.

*(Messrs. Muturi and Keter
consulted loudly)*

The Temporary Deputy Speaker (Mr. Ethuro): Order, Members! Hon. Muturi and your colleagues, let us give the hon. Member an opportunity to contribute without interruption!

Capt. Nakitare: Thank you, Mr. Temporary Deputy Speaker, Sir, for protecting me. I do not know why they have to talk and waste my time.

Mr. Temporary Deputy Speaker, Sir, as I said before, research work in institutions in our country must be emphasised. We have students studying medicine, and they do so in order to benefit our country. Much has been said about the medical training colleges. We are yearning for a medical training college in Kitale that will absorb students from Turkana, West Pokot, Trans Nzoia and Bungoma districts. We have a shortage of doctors and nurses in these areas. Why do we experience this inadequacy and yet we have educated Kenyans who are not employed? Why do we have brain drain? Why do we have intellectual sickness in this country? It is true that we have intellectual sickness in this country because people who have gone to school do not have employment, and so they are not

making use of their brains. That is what I call intellectual sickness. The only cure for this is to create employment for them. Hon. Members seated on the Opposition Benches know this very well. We are very ignorant about what happens when educated people sit idle at home. Some of them are married with children, but they have no income. In fact, there are educated people who cannot even sell stick toothbrushes as the Turkana do. This is all because of lack of employment.

Mr. Temporary Deputy Speaker, Sir, we have talked about dispensaries and lack of medical personnel in them. We have also talked about the unavailability of anti-venom. A snake bite is a serious issue. In fact, this does not just occur in the arid and semi-arid lands (ASALs) only. The anti-venom that we have in this country is only for one type of snake, and yet there are very many types of snakes, and each has different poison. The anti-venom drug is supposed to be kept under refrigeration and yet most hospitals do not have electricity.

The Temporary Deputy Speaker (Mr. Ethuro): Order, Members! Hon. Capt. Nakitare, you will have three more minutes to contribute next time we meet.

ADJOURNMENT

The Temporary Deputy Speaker (Mr. Ethuro): Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow, Wednesday, 3rd August, 2005 at 9.00 a.m.

The House rose at 6.30 p.m.