

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

**Tuesday, 18th July, 1995**

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

## PRAYERS

## PAPERS LAID

The following Papers were laid on the Table:-

Annual Report on the accounts of Kerio Valley Development Authority for the year ended 30 June, 1993 and the Certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Energy (Mr. Nang'ole)  
on behalf of the Minister for Energy)*

Annual Report on the accounts of Kenya Ports Authority for the year ended 30 June, 1994 and the Certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Energy  
(Mr. Nang'ole) on behalf of the Minister for  
Transport and Communications)*

Annual Report on the accounts of National Cereals and Produce Board for the year ended 30 June, 1989 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report on the accounts of National Cereals and Produce Board for the year ended 30 June, 1992 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report on the accounts of National Cereals and Produce Board for the year ended 30 June, 1993 and the Certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Energy (Mr. Nang'ole)  
on behalf of the Minister for Agriculture,  
Livestock Development and Marketing)*

Annual Report on the accounts of Ewaso Ng'iro South Development Authority for the year ended 30 June, 1992 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report on the accounts of Ewaso Ng'iro South Development Authority for the year ended 30 June, 1993 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report on the accounts of the National Water Conservation and Pipeline Corporation for the year ended 30 June, 1992 and the Certificate thereon by the Auditor-General (Corporations).

Annual Report on the accounts of the National Water Conservation and Pipeline Corporation for the year ended 30 June, 1993 and the Certificate thereon by the Auditor-General (Corporations).

*(By the Assistant Minister for Energy (Mr. Nang'ole)  
on behalf of the Minister for Land Reclamation, Regional and Water Development)*

## ORAL ANSWERS TO QUESTIONS

*Question No. 190*

## DEATH OF MS. NJOKI

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

(a) if he is aware that the remains of Ms Martha Njoki, an eight year old standard two pupil (the late daughter of Mr. Nabea Ng'entu alias Mr. Mbogo) were discovered near Soweto and reported to Buru Buru Police Station on 26th July, 1994; and,

(b) if the answer to "a" above is in the affirmative, what are the circumstances that led to her death.

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

(a) Yes, I am aware.

(b) The police are still investigating the circumstances that led to the death of Martha Njoki. Buru Buru police file No.CR/134910/94 is still relevant.

**Mr. Ruhiu:** Mr. Speaker, Sir, the circumstances leading to the death of this school child are very extra-ordinary. How long does the Assistant Minister think the police are going to take before they can establish the cause of the death of this eight year old school child?

**Mr. Sunkuli:** Mr. Speaker, Sir, we have carried out certain investigations and found out that on the 25th of July, 1994, at about 5.00 p.m., Mr. Nabea Ng'entu of Kayole village reported at Buru Buru police station that his daughter, Martha Njoki, who was aged eight years, had gone missing from the 17th of July, 1994 and was found dead in a bush near the Chief's Camp. Only the skull and a few bones were found at the site and the father of the child identified the remains. The police visited the scene and the remains were removed to the City Mortuary. It is suspected that the child was killed and dumped at the site where the body was eaten by wild animals. According to Dr. S.O. Yaya, who is a police pathologist, it is difficult to establish the cause of the death since only the bones have remained. What now remains to be investigated are the circumstances that actually led to the death of the child. In the circumstances, it is very difficult to know how long the investigations will take unless we get leads and co-operation from the officers in Buru Buru.

**Mr. Nthenge:** Mr. Speaker, Sir, can the Assistant Minister tell us whether he is prepared, after the completion of the investigations, to report to us that the matter has already been finalised as far as investigations are concerned, and what action will be taken?

**Mr. Sunkuli:** Mr. Speaker, Sir, as soon as the investigations have led to a positive result, and as soon as we are able to identify the person responsible for the death of this child, the hon. Member will definitely learn of this.

**Mr. Ndicho:** Can the Assistant Minister explain why there is general laxity among policemen in investigating deaths in this country? Previously, when people were mysteriously killed, the police used to photograph the scene of the crime and make detailed follow-ups. These days, what happens is the complete opposite. Can the Assistant Minister explain to this country what is happening? As far as the Kenya Police is concerned, Kenyans are just like wild beasts.

**Mr. Sunkuli:** Mr. Speaker, Sir, the House can ignore the last remarks of hon. Ndicho because the Government always values the life of each and every citizen in this country. I do not agree with the hon. Member for Juja that there is laxity in dealing with death cases. The number of murder cases before our courts today is just evidence of how much our police force has been working to arrest those people who are involved in killing others.

**Mr. Speaker:** Next Question! Col. Kiluta!

*Question No. 357*

## POWER SUPPLY IN MASINGA

**Col. Kiluta** asked the Minister for Energy

(a) whether he is aware that the following towns do not have electricity, although electricity power lines pass over-head these markets:- Ekalakala, Thatha and Kangonde markets.

(b) when he intends to have power supplied to these markets.

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

(a) Yes, I am aware.

(b) Detailed survey work for the markets is already under way, in preparation to undertake the implementation of the works, when funds are made available.

**Mr. Obwocha:** On a point of order, Mr. Speaker, Sir. Is this Question not contradictory because in (a) it says, "Is the Minister aware that the following towns---" and then it goes further to say, "There are markets".

**Mr. Speaker:** What is the difference between a town and a market? Would you like to respond? What are they; towns or markets?

*(Laughter)*

**Mr. Nang'ole:** Mr. Speaker, Sir, whether they are towns or markets, it is fine.

**Col. Kiluta:** Mr. Speaker, Sir, I think I should start by thanking the Assistant Minister for the answer he has given me because it is true that survey work is going on but this is a third time this survey has been done. Are we not doing this survey just because this Question was coming up, or are we this time serious?

If you are really serious on this and you know what we are talking about, we do not need much money because the poles are inside the town and the power line just passes overhead the towns. So, you do not need much money. You just put the lines. When do you intend to get the money and where are you going to get the money from because in your estimates you did not put anything for Masinga? Where and when are you going to get the money?

**Mr. Nang'ole:** Mr. Speaker, Sir, I thank the hon. Member for appreciating what my Ministry is doing. I want to assure him that we are not just doing the survey for the sake of doing it, but we are determined. As for the source of money, and we do not have any other source of getting money other than the Treasury, but we would like to inform the hon. Member that we are very serious about this Question. It is true the wires pass over the markets or towns, but without survey being done nothing can be done. So, we have gone ahead to estimate about Kshs.30,760,000 million for this work to be completed. This will cover a 44 kilometre highway tension lines.

**Mr. Nthenge:** Mr. Speaker, Sir, delay is a bad thing. People of Masinga and that area where the power passes by feel they are neglected. Would the Assistant Minister not agree with me that it is a high time that the Government did something to obtain money quickly to be able to supply these people with power to avoid feeling they are being cheated?

**Mr. Nang'ole:** Mr. Speaker, Sir, it is not true that we have neglected people of Masinga. It is evidenced from what we have already done and the hon. Member who comes from the area is our witness, that we have not neglected the people of Masinga.

**Mr. Mak'Onyango:** Mr. Speaker, Sir, could the Assistant Minister tell this House what is the Government Policy on electrification because this is not an isolated case. We have so many cases where electricity merely passes overhead so many places, therefore making developments something that people are merely seeing but not participating in enjoying? Can the Assistant Minister tell this House the Government's plan to ensure that all those towns and markets that underlie electric lines do, in fact, benefit from this facility?

**Mr. Nang'ole:** Mr. Speaker, Sir, it is the policy of my Ministry, in particular the Kenya Power and Lighting Company (KPLC), to see to it that places which electricity bypasses get electricity, but as a known fact, we do not have enough money and if this august House grants us the money today, we will have to do that.

**Col. Kiluta:** Mr. Speaker, Sir, the Assistant Minister deliberately avoided my Question. He has given me the estimates as Kshs.30,760,000, but he did not give us the timing. We have been without electricity since 1985 when this power was connected, and we can do without it for another few months if you just tell us when you think you are going to get the money to give us power so that people of Masinga can prepare themselves. If it is another 10 years, say 10 years and if it is five years, say five years.

**Mr. Nang'ole:** Mr. Speaker, Sir, I am not in a position to say when this will be done, but if the money is made available tomorrow to the Ministry, we shall have to carry on with the job.

**Mr. Speaker:** Next Question, Mrs. Ngilu.

*Question No. 575*

COLLECTION OF REFUSE

**An hon. Member:** Mrs. Ngilu is not in!

**Mr. Speaker:** Mrs. Ngilu is not in and so we shall have to leave her Question until the end. Dr. Lwali-Oyondi's Question.

*Question No. 310*

EMPLOYMENT OF VETERINARY GRADUATES

**Dr. Lwali-Oyondi** asked the Minister for Agriculture, Livestock Development and Marketing:-

- (a) whether he is aware that personnel who have been trained and obtained a diploma in Animal Health have not been employed for the last five years.
- (b) if the answer to "a" is in the affirmative, whether he could explain why the Government is still spending public funds to train more personnel in this category (Animal Health); and
- (c) whether the Minister could consider modifying the Act to allow livestock personnel at this level (Diploma Level) to do limited veterinary practice.

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

(a) Yes, I am aware.

(b) It is the responsibility of the Government to avail training opportunities for Kenyans willing to engage in the agricultural sector. As stated in the Sessional Paper No. 1 of 1986 on Economic Development for Renewed Growth it is the Government's responsibility to train and equip graduates with relevant skills to enable them to seek employment in the private sector either as wage employees or as self-employed workers without necessarily guaranteeing them employment.

Mr. Speaker, Sir, this House is aware that there are good number of veterinary professionals in the market who too have found engagements either as employees in various bodies or as private practitioners. Furthermore, the animal health in our country is being privatised and this is where graduates of all cadres can play their relevant roles. It is noted that the same case applies to polytechnic graduates

(c) The possibility of allowing livestock personnel to carry out limited veterinary practice is being looked into and if found appropriate the relevant legislation will be amended accordingly. However, my Ministry will continue to encourage and uphold professionalism in the delivery of animal health services and any move to dilute professionalism should be discouraged.

**Dr. Lwali-Oyondi:** Mr. Speaker, Sir, bearing in mind that we are no longer having large-scale farms and realising that farms owned by A.D.Cs have been sold out or subdivided, is he aware that these graduates have no jobs and they are not allowed to do private practice. At the moment they are just loitering around and they are very highly frustrated? Could the Minister tell us what immediate steps he is going to take so that these people who have qualified can be engaged somehow?

**Mr. Nyachae:** Mr. Speaker, Sir, as I have said, the question of the people trained in animal health is being looked into, but as the hon. Member knows, as he belongs to that profession, it is not a decision to be made by my Ministry in isolation. The Veterinary Professional Board, to which the hon. Member is a member, would have to be consulted and once it is agreed that professionally, the veterinary surgeons or middle grade graduates can be allowed to work either with the veterinary surgeons or to work on their own, then the appropriate amendment to the law will be made.

**Prof. Mzee:** Mr. Speaker, Sir, the problem is not only with animal health trainees, it is also with veterinarians who are trained at the Faculty of Veterinary Science, University of Nairobi. So much money is being spent training these highly specialised people although there is no employment. The nature of the job is so highly specialised, if they cannot practice it, they might as well go and roast maize on the road side.

If these graduates cannot be employed, can the Minister turn these institutions to farmers' training colleges instead of wasting resources of taxpayers?

*(Applause)*

**Mr. Nyachae:** Mr. Speaker Sir, there is no waste of resources and there is no intention of turning these very useful colleges into farmer's training centres because we already have farmers' training centres. As the hon. Member knows and he is a professor in that field, the arrangements are already under-way and, in fact, a programme has already been started where the Government and other institutions like banks, are supporting private veterinarians to start practising in the rural areas. The programme is already working.

**Mr. Galgalo:** On a point of order, Mr. Speaker, Sir. In some districts there are no veterinary doctors under whom these people can practice. Can the Minister consider allowing the officers who have already been trained to practice in the field so that they can help wananchi wherever they are so that their knowledge can be properly utilised?

**Mr. Nyachae:** Mr. Speaker, Sir, firstly, I would like to correct the impression that there is any district in this country which does not have a veterinary surgeon. They are there, although the number differs from district to district.

The question of allowing people who are not fully qualified as veterinary surgeons to practice is not a matter for this House alone to decide; it is a matter for the farmer to decide who he wishes to use. We cannot impose people who are not fully qualified to start serving farmers and thereby, placing the animals at risk.

*Question No. 184*

TRANSPORTATION OF GREEN TEA

**Mr. Obwocha** asked the Minister for Agriculture, Livestock Development and Marketing:-

- (a) if he is aware that tea is rotting in tea buying centres due to lack of transport, especially in Nyankoba and Kebirigo tea factories;
- (b) how many vehicles and their registration numbers are available in each factory to transport tea from buying centres; and,
- (c) what urgent measure is he taking to resolve this long outstanding problem.

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

(a) I am not aware that there is tea rotting in tea buying centres in Nyankoba and Kebirigo tea factories.

I am, however, aware that there is delayed delivery of leaf to factories mainly due to poor road conditions especially during the rainy seasons. There has also been some delay in leaf delivery due to congestion of tea leaves at the factories.

(b) Nyankoba and Kebirigo tea factories are each served by 11 and 12 leaf carriers respectively.

The vehicles number are:

Nyankoba Tea Factory has KVP 056 Bedford J6 and KVR 532----

**Mr. Obwocha:** Read them out!

**The Minister for Agriculture, Livestock Development and Marketing** (Mr. Nyachae): Well, if you want me to read out the name, ask the question.

They have now turned round because I had been asked to give the vehicle registration numbers.

**Mr. Obwocha:** We have their names here!

**The Minister for Agriculture, Livestock Development and Marketing** (Mr. Nyachae): If you have them then, you should be happy.

On the question of poor road conditions, my Ministry is liaising closely with the Ministry of Public Works and Housing and the District Commissioner, Nyamira, with a view of having bad sections of the roads repaired. On factory capacity, contractors are on site to expand each of the two factories processing capacity from the current 10 million to 15 million killogrammes. annually. In addition, each factory has four new vehicles on order to replace the very old ones. It is expected that these measures will go along way in alleviating the current problem.

**Mr. Obwocha:** On a point of order, Mr. Speaker, Sir. From the reply the Minister has given, I would ask that he first tables the list of the vehicles here. My question is this: The list of the vehicles he has given for these two factories are very old vehicles and that was the purpose of my Question. First of all in case of Nyankoba, the first vehicle, KSS 013, bears a 1980 registration number when you were a Permanent Secretary in the Office of the President. Now---

*(Loud consultations)*

**Mr. Speaker:** Order! Order, Mr. Obwocha. I will not encourage you to have a private audience with the hon. Minister across the Table. All addresses shall be made to Mr. Speaker. Proceed!

**Mr. Obwocha:** The other vehicle in Kebirigo is KSR 763 that is also a 1980 registration. Both of them are Bedford vehicles which are out of the road. Can the Minister tell this House: (1) What kind of vehicles have

been ordered? Secondly, what are the names of these contractors? I asked this Question last month and I was given the same answer by your "small Minister" and up to now these contractors are not on site yet.

**Mr. Nyachae:** Mr. Speaker, Sir, some of my Assistant Ministers are probably heavier than myself, and therefore, they are not small.

It is not only Nyankoba and Kebirigo that are using old vehicles which require replacement. The old vehicles are all over the country. They are to be found in Meru, Central Province *etcetera*. All these vehicles require replacements, but until they are written off, they will be required to work. We have ordered similar Bedford vehicles. I am not a technician, but I know that they are Bedford vehicles because that is the type of vehicle that we have used all over the years and for maintenance purposes and acquisition of spare parts, it is felt that we should use the same model.

**An hon. Member:** What about the contractors?

**Mr. Wamae:** Mr. Speaker, Sir, we all know that the vehicles from United Kingdom have become very expensive and very difficult to maintain. That is the reason why even private sector have turned to Japanese cars. Why has KTDA continued using these Bedford vehicles?

**Mr. Nyachae:** Mr. Speaker, Sir, in this House here, none of us can really say technically why Bedford vehicles are more functional in tea delivery than for example, Isuzu vehicles. I have been on the KTDA Board since 1968 and I wish to confirm that over the years every time the KTDA has asked for vehicles they have advertised openly and everybody has had the opportunity to tender. It has happened that Bedford vehicles have always been found suitable.

**Mr. Obure:** Mr. Speaker, Sir, Kisii farmers and all farmers in the whole Republic, are undergoing an untold sufferings due to the delay in taking the tea leaves to the factories. I am glad that the Minister has admitted that. Is the Minister aware that old mothers with children are forced to stay at the buying centres to take care of the tea leaves before they are ferried to the factories, and if not they are taxed or told that they cannot be given their killogrammes instantly if they do not take care of the tea leaves?

**Mr. Nyachae:** Mr. Speaker, Sir, I am aware of the problem, but let me emphasise that we cannot talk about Kisii alone. If I get new vehicles today, the first place I would send them would be Meru District where they are suffering more than Kisii.

**Mr. Speaker:** Final question, Mr. Obwocha.

**Mr. Obwocha:** Mr. Speaker, Sir, thank you. Now that the Minister has agreed that these vehicles are old and, in fact from that list, the newest was bought in 1989 and now its six years old, can he now tell this House, who are the contractors who, according to him, have started work in these factories to improve the processing capacity of tea in these factories? Who are the contractors or they are not there?

**Mr. Nyachae:** Mr. Speaker, Sir, the expansion programme covers the whole 44 factories and the contractors are numerous. If you want me to table the list, I would Table the list another time because I did not come with the names of the contractors.

**Mr. Mak'Onyango:** On a point of order, Mr. Speaker, Sir. Is the Minister in order to mislead the House that what we are asking for is the list of contractors who are doing the job in all the 44 tea factories, when what we want are the names of the contractors who are expanding these two factories?

**Mr. Speaker:** Order! He is perfectly in order. In fact, it is your question which is irrelevant to what was before the House.

Next Question, Mr. Anyona.

#### *Question No.248*

#### PROVISION OF MUSIC TEACHERS

**Mr. Speaker:** Mr. Anyona is not here? Well, we will leave that Question till later. Next Question, Mr. Mbui.

#### *Question No. 462*

#### TARMACKING OF KAGIO/KERUGOYA ROAD

**Mr. Mbui** asked the Minister for Public Works and Housing, whether he would consider including tarmacking of Kagio-Baricho-Kibirigwi-Kerugoya Road in 1995/96 Budget.

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

*(Applause)*

The Ministry has made arrangements for tarmacking the remaining section of the Kagio-Baricho road departmentally and the works will start soon. However, the K£30,000 allocated in 1995/96 Financial Year is not sufficient to complete the whole road which is 20 kms long. In the meantime, the section of this road, that is Kibirigwi - Baricho - Kerugoya that will remain untarmacked will be maintained to motorable condition while we are looking for funds to facilitate completion of tarmacking works.

Mr. Speaker, Sir, the contract for the project was awarded to M/S Firoze Construction Company in 26th May 1988, but due to the contractors administrative problems and also inadequate budgetary provisions, the contract was subsequently terminated. At the time of termination, the contractor had done the following works:-

1. Tarmacked 5.5km section which included Kagio Township roads.
2. Constructed six box culverts out of which three were completed and the other three were left at various stages.
3. He had done works on base, earth works and subbase.

The contractor was paid Kshs.40 million for the works done at that time.

**Mr. Mbui:** Mr. Speaker, Sir, the answer is misleading because, we have been told that only K£30,000 is in the printed Estimates. Last year, we had an estimate of K£20,000 and this money was not enough to tarmac the road up to Kerugoya and I wonder whether that K£30,000 will do the job. Can the Minister tell us the distance that can be tarmacked using K£30,000 only?

**Prof. Ng'eno:** Mr. Speaker, Sir, K£30,000 is equivalent to Kshs.600,000. I admit that it may not be sufficient to do the work but what we are doing is to hold discussions with the Treasury right now to try to get funds to tarmac this Road. This is one of some seven roads whose tenders were awarded in 1988. The other one was Kisii- Chemosit road and Gitugi - Murang'a road. We are trying to get authority from the Treasury to raise money to build this road so that at a later stage, maybe during the Supplementary Estimates, we can regularize, but we are very keen to see that these roads are done. I am aware that K£30,000 is not enough, but I am saying we are busy right now doing our own internal governmental negotiations to see that the roads are started.

**Mr. Nyagah:** Mr. Speaker, Sir, I think the answer the Minister has given can be somehow satisfying, but not quite completely. Kirinyaga is a potentially a great agricultural area and slowly also turning into a KANU zone, that is for your information. Looking through the estimates that are provided in the current 1995/96 Financial Year, this particular project is placed least in terms of funding. Can the Minister borrow, steal, swoop or divert money to this particular project because it has been going on for far too long, whereas, some districts; as shown in the Printed Estimates, have been given allocations to the tune of K£2, K£6 or K£8 million. Why not divert some small money to that little upcoming KANU zone in Kirinyaga?

*(Applause)*

**Prof. Ng'eno:** Mr. Speaker, Sir, it is not true that an area is served because it is KANU zone. Look at Thika where we have voted over Kshs.400 million while it is Opposition area. So it is not done on that basis because---

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

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

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. Is the Minister in order to give the example of Thika Road when in fact it is a highway? Secondly, some of its sections have been done very poorly and there are a lot of potholes?

**Mr. Speaker:** Order! Order, Mr. Ndicho. That is not a point of order. Proceed, Prof. Ng'eno.

**Prof. Ng'eno:** Mr. Speaker, Sir, the dual-carriage way which we just opened recently is of the highest standard and you cannot deny that.

**Mr. Ndicho:** Point or order, Mr. Speaker, Sir.

**Mr. Speaker:** Order! Order, Mr. Ndicho.

**Prof. Ng'eno:** Mr. Speaker, Sir, I want to reply to a point of order raised by hon. Nyagah. There is no need to re-divert or divert money meant for work elsewhere to Kerugoya. What we are doing right now, is to try to get authority from the Treasury to allow us to---

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

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

**Mr. P. N. Ndwiga:** On a point of order Mr. Speaker Sir.

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

**Mr. P. N. Ndwiga:** My point of order is very serious. The Minister said that he cannot divert money

from elsewhere while money for this road which was started and bridges built was diverted from Kirinyaga District to Baringo District. Is he in order?

**Prof. Ng'eno:** Mr. Speaker Sir, first of all that is not true. No money has been diverted from Kirinyaga District to Baringo District. Let me say that the two roads that have not been done are in Baringo District and the hon. Members from Baringo District have not complained. They are also suffering. What I have said is that--

*(Several Members stood on points of order)*

**Mr. Speaker:** Order! Mrs. Ngilu's Question for the second time.

*Question No 575*

COLLECTION OF REFUSE

**Mrs. Ngilu** asked the Minister for Local Government:-

- (a) whether he is aware that refuse collection services at Kitui Bus Park, in particular, and in Kitui Town, in general, has broken down;
- (b) whether he is further aware that the public toilets at the same place are extremely dirty and are causing a serious health hazard to both travellers and the officers who operate from there; and,
- (c) if the answers to "a" and "b" above are in the affirmative, what action is the Ministry taking to revive these vital services.

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

- (a) No, I am not aware.
  - (i) The Kitui Municipal Council undertook a cleansing exercise of the town from 25.05.95 to 30.05.95, and, therefore, the cleanliness in town has generally improved.
  - (ii) Refuse collection services at Kitui Bus Park and other areas within the town have since been stepped up and improved.
- (b) The public toilets have also been cleaned and are in good sanitary state.
- (c) From (a) and (b), above, the council has already revived the vital services, therefore, there is no cause for alarm.

**Mrs. Ngilu:** Mr. Speaker, Sir, thank you for that answer. Surely, I am shocked that the Assistant Minister does not know Kitui Town. I am also shocked by this answer because when he says that he is not aware and yet the toilets at the Bus Park were blown off and burned some five months ago, and are not in use and there is no water in Kitui Town at all.

Mr. Speaker, Sir, in actual fact, yesterday I visited the only municipal slaughter house in Kitui and one of the shocking situation about that slaughter house is that it has maggots when you know that many people are dying of cholera in Kitui District. It is because---

**Mr. Speaker:** Order! Mrs. Ngilu! I have been tolerant that in the hope that you would come now straight to the question.

**Mrs. Ngilu:** Mr. Speaker, Sir, I am just trying to state to the Assistant Minister that he does not know what is happening in Kitui District. He says that he is not aware of what is happening. Yesterday, I visited the slaughter house and the Bus Park and that is the situation I found there and yet he is saying that he is not aware. Who is going to be aware if I as the Member of Parliament for that area I am not aware? What is he going to do about it?

**Mr. Walji:** You can invite me to visit the area over the weekend, na uchinje mbuzi mmoja.

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

**Mr. Speaker:** What is it Mr. Kamuyu? Order! **Mr. Kamuyu:** Mr. Speaker Sir, I am standing on a point of order to seek guidance from the Chair on this rather serious matter.

**An hon. Member:** Very serious!

**Mr. Kamuyu:** We have reached a situation where the hon. Gracious Lady is giving very honest and truthful facts of the matter and the Assistant Minister is saying that he is not aware. Now, that he has been made aware, am I in order to request the Assistant Minister, therefore, to answer the question which has been asked truthfully by an honest Gracious Lady of this House?



**Mr. Walji:** Mr. Speaker, Sir, hon. Mrs. Ngilu is asking me how she can make me aware about the position of cleanliness in Kitui and I am very clearly telling her that if the toilets and other things are not right, then I will definitely look into this---

*(Several Members stood on points of order)*

**Mr. Speaker:** Order! Order! When an hon. Member is responding to a point of order that Member shall not be interrupted. In any case how can we ever get hon. Members to convey their messages, if they will not be allowed to do so? Proceed!

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

**Mr. Speaker:** Overruled!

**Mr. Walji:** Mr. Speaker, Sir, since hon. Mrs. Ngilu has made me aware that these services are failing, I will look into this matter myself to ensure that the officers have not given me the wrong information about these toilets at the Bus Park and make sure that these things are rectified.

**Mr. Speaker:** Mr. Anyona's Question for the second time! What is it Dr. Otieno-Kopiyo?

**Mrs. Ngilu:** Mr. Speaker Sir, this Question should not be concluded so quickly, since it touches on a serious matter.

**Mr. Speaker:** Order! Order Mrs. Ngilu! What is it Dr. Otieno-Kopiyo?

**Dr. Otieno-Kopiyo:** On a point of order Mr. Speaker, Sir. Is it in order for the Assistant Minister to refer to the hon. Mrs. Ngilu as he?

*(Laughter)*

**Mr. Speaker:** Order! Order! We can all see how the hon. Member for Kitui Central is dressed. Proceed Mr. Anyona! First of all, hon. Members must understand that, I have exactly one hour for all Questions from hon. Members.

Number two hon. Members who think their Questions are very important must be here in time to ask them. Mr. Anyona proceed!

**Mr. Anyona:** Mr. Speaker, Sir, I am sorry and I beg to apologise to the House for not being here on time to ask the Question when it was first called.

*Question No 248*

PROVISION OF MUSIC TEACHERS

**Mr. Anyona** asked the Minister for Education:-

(a) whether he is aware that some secondary schools in Kisii and Nyamira districts do not have music teachers; and,

(b) when he will post music teachers to these districts and all other schools in the country.

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

(a) The following schools in Kisii and Nyamira Districts have vacancies in Music.

<u>Name of School</u>	<u>District</u>
Iterio Mixed Secondary School	Kisii
Sengera Girls	Kisii
Bosiaya Secondary School	Nyamira

(b) The Music teachers who have just completed their degree course in Education, at Kenyatta University will be posted to fill the music vacancies, as soon as these teachers apply for employment.

**Mr. Anyona:** Mr. Speaker, Sir, there are many more schools than those that he has mentioned here as having no music teachers. This Question was filed sometimes last year. How come up to this time the Ministry has not been able to post teachers at least to these few school which they recognise?

**Mr. Lengees:** Mr. Speaker Sir, normally there are very few Bachelor of Education graduates who train in music every year at the Kenyatta University. So, the Ministry was not able to send teachers as required by the hon. Member.

**Mr. Obure:** Mr. Speaker, Sir, the Assistant Minister says that only a few graduate who specialise in

music. Now, that he agrees that Secondary School in Kisii do not participate in Music Festival because they do not have teachers, would the Assistant Minister consider employing non graduates teachers who are good musicians so that we can have teachers to enable secondary schools to participate in music festivals?

**Mr. Lengees:** Mr. Speaker, Sir, the only thing we can do is to wait for those who will graduate from the university.

**Mr. Speaker:** Mr. Anyona, final one!

**Mr. Anyona:** Mr. Speaker, Sir, music is an examination subject. Here are three schools which are going to enrol students to sit for an examination on music and yet they have had no music teachers! What is the Ministry going to do to make sure that there is no unfairness?

Are you going to struck this subject out of the examinable subjects so that these students can also be considered on equal basis?

**Mr. Lengees:** Mr. Speaker, Sir, in the whole country today, there is a shortage of 40 music teachers. This year alone we have 21 music teachers who have already graduated from the universities. So, within the next one year, all the 40 vacancies will be filled.

### QUESTIONS BY PRIVATE NOTICE

#### KILLING OF POWER STAFF

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

(a) What prompted the Administration Police officers to shoot two employees of Kenya Power and Lighting Company, while the two were on duty on Monday 10th July, in Eldoret?

(b) What action has the Minister taken against the killers of these innocent Kenyans?

**The Assistant Minister, Office of the President (Mr. Sunkuli):** Mr. Speaker, Sir, the administration police officers in Question have already appeared before the court and, therefore, the matter is *sub judice*, I cannot comment on it.

**Mr. Anyona:** On a point of order, Mr. Speaker, Sir. Whereas it is true that the matter is in court and, therefore, certain aspects of it cannot be raised here, surely, it would not be fair, for instance, for the Assistant Minister to tell us what these police officers were doing in a private estate. Under whose instructions were they there? What were they doing? That is not in court.

**Mr. Speaker:** Order! Order! All matters relating to the circumstances relating to this issue is in court now. I think the whole thing, not even to prejudice the case for the accused shall remain *sub judice* until it is disposed of.

**Mr. Kiliku:** On a point of order, Mr. Speaker, Sir. The Assistant Minister did not beg to reply my Question. So, my Question is not yet replied.

**Mr. Sunkuli:** Mr. Speaker, Sir, I do not think it is part of the Standing Orders that every thing that the Ministers say must begin with the words, "I beg to reply." The mere fact that I stood before you means that I had begged to reply.

**Mr. Kamuyu:** On a point of order...

**Mr. Speaker:** Order! Order, Mr. Kamuyu! I have already called Mr. Cheserek. Order! I believe hon. Members will respond upon being brought to order by the chair. We have still got two Questions deal with and we have to proceed.

#### KILLING OF MARAKWETS

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

(a) Is the Minister aware on the 23rd of June, 1995, armed rustlers from Pokot wilfully, but unlawfully, trespassed the Marakwet District, invaded, killed three people and injured others and stole over 12,000 goats and sheep?

(b) Is he further aware that to-date over 80 Marakwets have been killed by the said Pokots since 1974?

(c) Can the Government indicate what measures it will take to bring a lasting solution on the issue and compensate the Marakwets whose lives and properties have been lost?

**The Assistant Minister of State, Office of the President (Mr. Sunkuli):** Mr. Speaker, Sir, I am aware

that on 23rd of June, 1995, unknown number of cattle rustlers invaded Mon location of Marakwet District, and stole several number of cattle and killed some people and the security personnel pursued the rustlers and managed to recover a certain number of cattle, but they did not arrest anybody.

I have records available dating back to 1986 to show that a number of people were killed by cattle rustlers in Marakwet District. But there are no records related to the whole of 1986.

The Government has beefed up the security in areas mostly hit by the cattle rustlers. Moreover, since the cattle rustling is a criminal activity, therefore, the Government is not responsible for paying compensation.

**Mr. Cheserek:** Mr. Speaker, Sir, while thanking the Assistant Minister for that answer, I wish to thank His Excellency the President who have withdrawn all guns from home-guards who are living within the countryside except those ones living along international boundaries.

The Marakwets, particularly those living in Kerio Valley have become refugees...

**Mr. Speaker:** Are you giving a speech or asking questions.

**Mr. Cheserek:** This is preamble, Mr. Speaker, Sir.

**Mr. Speaker:** Order! There shall not be any further preambles; ask your question!

**Mr. Cheserek:** Mr. Speaker, Sir, the Marakwets have become refugees in their homes. They have been forced to live in the escarpment after living the arable Kerio Valley due to menace caused by cattle rustlers. We have lost many lives. Can the Assistant Minister tell this House whether the Marakwets are going to be compensated for 12,000 or over 12,000 animals that were recently taken by the Pokot.

**Mr. Sunkuli:** Mr. Speaker, Sir, what the Government is doing is to encourage the elders from the two communities to discuss the methods of compensating each other for the losses each of them might have incurred.

I would like to ask the hon. Member to cooperate with the rest members of Pokot community so that they can be able to get the elders together for this purpose.

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. Considering that the plight of neighbours of the Pokots has been very systematic and unending for a long time now, including especially in March last year when Mrs Kobilu was giving birth on her way to a health centre, when she was set upon by Pokot raiders and killed together with her new-born baby and her escort and nothing has been done up to now about that. Can the Assistant Minister tell us what long lasting solution this Government is considering taking besides this obsession of holding dialogue between elders of the various communities. These crimes have not been sanctioned by the elders of communities which are being hit. What are you doing about the menace posed by guerrillas from Pokot country.

**Mr. Sunkuli:** Mr. Speaker, Sir, the hon. Member cannot stand on the Floor of this House to laugh at the reconciliation because the Government considers reconciliation as proper method of enabling neighbours to live in peace. There is nothing like Pokot guerrillas, and there is no reason why the hon. Member must paint black one particular tribe of this country.

**Mr. Speaker:** Time up. I will only recognise hon. Raila.

## POINT OF ORDER

### SHORTAGE OF WATER IN LANGATA

**Mr. Raila:** On a point of order, Mr. Speaker, Sir. Two months ago I raised here a Question of water shortage in Langata constituency, and the Minister in his reply gave an assurance to this House that within three weeks that Question of water shortage in Langata was going to be a thing of the past. To date, the situation remains as it was, and in fact, worse than it was two months ago. People are being forced to travel for many kilometres in search of water. I would like to demand a Ministerial Statement from the Ministry of the Local Government and an undertaking taking that this water is going to come. When will it come? Let that deadline be met.

I demand there should be a Ministerial Statement within this week.

**Mr. Speaker:** When are you prepared to give the Ministerial Statement, Mr. ole Ntimama. Not now, I do not have time for it now!

**The Minister for Local Government (Mr. ole Ntimama):** Mr. Speaker, Sir, I think hon. Member is a little bit behind time. Water has been turned on, and I am sure people of Karen, Langata and his own constituency are going to get water very soon. But we have to fill the reservoir up because there was a big water shortage. Three days ago, it was turned on.

**Mr. Speaker:** Very well, next Order.

**COMMITTEE OF SUPPLY**

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

**MOTION**

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

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

The cardinal objective of the KANU Government is to raise the standard of living of the Kenyan people through various programmes including alleviation and prevention of--

*(Loud consultations)*

**Mr. Ogur:** On a point of order, Mr. Speaker, Sir. I am unable to hear what the Minister for Health is saying because there are very loud consultations taking place in the Chamber. You know, I am also "chasing" the Minister!

**Mr. Speaker:** Where are you chasing him to, Mr. Ogur?

**Mr. Ogur:** I am his counterpart!

**The Minister for Health** (Mr. Angatia): He does not have to chase me, Mr. Speaker, Sir, because I am right here.

As I was saying, through the Ministry of Health, the Government of Kenya has worked very hard to maintain and promote good health for all Kenyans. This is the purpose and main objective of this Ministry.

To achieve this goal the Ministry has developed a very integrated health care delivery system which provides---

**Mr. Nyagah:** On a point of order, Mr. Speaker, Sir. I hate to interrupt the Minister, but for the benefit of the Members who are sitting in the Back Benches, and are very keen to follow what the Minister is saying, could the Chair ask the Minister to speak a bit louder so that we can hear him?

**Mr. Speaker:** Order! I do appreciate that the hon. Members would like to hear what the Minister has to say because it affects our health. Could the hon. Minister make himself heard by all sides of the House?

**The Minister for Health** (Mr. Angatia): Mr. Speaker, Sir, if hon. Members listen to me they will hear what I am saying, but if they do not listen they cannot hear me however loud I may shout.

Mr. Speaker, Sir, the cardinal objective and commitment of the KANU Government is to raise the standard of living of the Kenyan people through various programmes, the main one being the alleviation and eventual elimination of diseases, poverty and ignorance. Through the Ministry of Health the Government works to promote and maintain good health for all Kenyans. To achieve this goal, the Ministry of Health has developed an integrated health care delivery system which provides promotive, preventive, curative and rehabilitative health services throughout the country.

Mr. Speaker, Sir, as I have already explained several times in this House, the goals of this Ministry have been expounded and are very clear to all of us. Since Independence the Government has provided an increasing number of services both through curative and also promotive and preventive health care systems.

The Government has concentrated its efforts in the establishment of various institutions to deal with curative matters. In pursuing these objectives the health care system in this country has expanded very rapidly since Independence. This expansion has not been matched with the provision of financing. The financial resources have continuously been deteriorating in comparison to demand and growth of the population. The result is that there has been a decline in the per capita allocation of funds per Kenyan. In response to this situation, the Ministry has continued to formulate policies will address a situation where the demand has always outstripped the supply. Therefore, it has been demanded that a review be carried out from time to time so that eventually Kenyans can maintain and keep good health without loss arising from deteriorating per capita supply. In this regard the Ministry recently formulated a health policy framework paper which is the Government's blue

print for the future development of health care. This has various highlights which I will go into a little later on to just highlight some of the policies which the Government has formulated to meet the growing demand for health services as opposed to deteriorating financial supplies.

After making those opening remarks, Mr. Speaker, Sir, I would like to draw the attention of the hon. Members to the Estimates which have already been printed. The 1995/96 Vote of the Ministry contains the following provisions: With regard to Recurrent expenditure, I am asking for a total of K£771,499,500. Out of this K£148,066,773 will be spent on staff salaries. The rest will be spent on operational expenses such as General Administration, Planning, Curative Services, Preventive Services, Rural Health Services and Health Training. The details of this expenditure are shown on page 372 of the printed Recurrent Expenditure book.

Mr. Speaker, Sir, although the Ministry's Recurrent expenditure has progressively increased over the years, the demand for services has continued to outstrip supply. This has resulted in overcrowding in various places because we have not been able to keep apace with the provision of physical facilities in order to ease congestion in our institutions as an answer to the increasing pressure from people who are demanding to be attended to.

Mr. Speaker, Sir, there has been a danger that quality of standards of performances could deteriorate if something is not done urgently. The situation has posed major challenges in the management of the health sector and this has been aggravated by the fact that up to 70 per cent of the Recurrent Vote goes to personal emoluments and that only 30 per cent goes towards the provision of other services. I am highlighting this so that Members may know what is happening. If they look at the page I am referring to and compare the demands that are going to be addressed obviously there will not be any extra money to meet the demands that are going to arise. This situation means that a lot of our professional staff are not going to be as fully utilized as they should be. Even though 70 per cent of our Recurrent Vote goes towards personal emoluments, we are still not able to pay the salaries that we would have liked to pay our professional staff. It means, therefore, that this situation will be reviewed from time to time continuously.

I would like, at this point, to say a word of thank you to the professional staff in the Ministry who in spite of receiving salaries that are not commensurate with what their wishes would be or what their professional colleagues earn in other countries, they have continued to provide good services to wananchi of this country. In spite of the few whom people have complained about, the majority of the staff are doing a very good job and I am hoping that they will continue to provide these services as proper patriots of this country and that Members of Parliament will also be understanding.

Even with the proposed K£371,499,500, the Ministry will continue to face shortages in certain very critical areas. Because of this financial shortfall, I want to take this early opportunity to warn that once you have looked at these figures and seen how I propose to use this money in the coming year, no amount of pressurising will make this money to do what such an amount of money is incapable of doing. So there will be no question of Mr. Ogun chasing me or people asking questions.

Mr. Speaker, Sir, I want to take this opportunity again to thank Kenyans for having responded to the request from the Ministry on whether we can increase contribution from members of the public or not through an arrangement we call user fees. We have received very good responses from members of the public and this has gone a very long way in alleviating the shortages that the Minister was facing over a very long time. User fees were introduced in stages in 1989. Right now we have reached the health centres and I am appealing to members of the public, and Members of Parliament, to be much more involved so that they can bring proposals on how best to improve services to the public in spite of the limited provision of funds.

Mr. Speaker, Sir, while in the course of implementing these policies, we have identified certain weaknesses and I want to address specific items which we are going to pay much more attention in the coming months. First of all, if you take the National Hospital Insurance Fund (NHIF) since its inception in 1966. It has continued to cater for in-patients treatment fees only and this means that contributors cannot benefit if they attend out-patients services. As a result of this, the majority of the contributors are not able to benefit from this very useful insurance scheme. Because of this, I would like to move that the NHIF becomes a parastatal so that it can formulate policies that it can implement without too many limitations from the Exchequer and as a result hope that it will be able to provide these services much more efficiently. Members of Parliament will see in the printed Estimates that we have provided K£15,225,000 in order that we may make this body much more independent than it has been so far. I am hoping that when the proposals are ready, they will be brought to this House so that Members can have an opportunity to contribute towards their making it a truly service-oriented and useful parastatal to the people of this country.

If Members can turn to the Development Vote, they will see that the amount provided so far is also very little compared to the demands that we are going to have to face in this House. As I have already said, while we

are emphasising preventive, promotive and rehabilitative services we are not ignoring the curative services. To this end, the Ministry has continued to support a very efficient network of health facilities in order to provide the curative services that people want. The new facilities have been constructed all over the country, but I want to also tell members of the public and Members of Parliament that the Ministry is very grateful for the contributions wananchi have made in establishing dispensaries, health centres, Nyayo Wards and even other hospitals.

Mr. Speaker, Sir, Nyayo Wards have become very popular and all of us know that it is the brain child of His Excellency the President as one of his main contributions and sacrifices that he has made for this country. While this has been picked up by members of the public and while a lot of money has been put in from wananchi to build all these facilities, I am afraid that the Ministry has not been able to match this with provision of staff, equipment and drugs for all of them. So as I speak here, there are still quite a few facilities that we are not able to make available to wananchi for their use because of shortage for funds which lead to shortage of staff, equipment and drugs. Nevertheless, there is the Ministry's long term Public Investments Programme which is meant to implement a national wide rehabilitation programme. We hope that all existing facilities will be fully rehabilitated, made much more useful and much more useable by wananchi under the on-going Health Rehabilitation Project. It is in this light that I have told Members before, and I am repeating it now, that we are not going to put up many new facilities. We may not put up any new facilities because we would rather consolidate the ones we have got by first of all rehabilitating all of them and then making them much more useful than they have been hitherto so that wananchi can have these services available to them.

During the 1995/96 Financial Year, my Ministry proposes to spend on capital expenditure, including general administration, planning, buildings and equipment under this Development Programme an amount of K£157,738,740.

At this point again, I would like to thank our donors and our collaborators who have helped in provision of health services because out of this total our donors will give K£108,433,030 or 68 per cent of all the money we expect to spend on Development Programmes throughout the country. Out of these, the Exchequer will provide K£49 million which is approximately 32 per cent. I would like to take this opportunity again to thank both the donors and the Kenyans who have come up and contributed some money towards construction of this facility some of which is not included here.

Mr. Speaker, Sir, the donors funds which I have just read out will go a very long way in supporting Ministry of Health programmes such as the Kenya Expanded Programme on Immunization (KEPI), Primary Health Care, Family Planning Programme, Health Rehabilitation Project that I have just talked about and so on. There will also be a support towards the Mission Essential Drugs Programme which is a programme where mission hospitals, non-Government organizations used procure drugs for their institutions. There are several programmes which come under this and Members of Parliament will be able to see this when they look at the Printed Estimates. I want them to note particularly that presently, the Government finances about 43 per cent of the Development Vote while the remainder is financed by other bodies. The bodies which help mostly give us grants, but there are also loans. Therefore, I want to reiterate my appreciation for this gesture.

In recognition of the important role played by Kenyatta National Hospital a sum of K£21,530,000 has been set aside in order to finance the on-going rehabilitation programmes on buildings and equipment.

Mr. Speaker, Sir, hon. Members are aware of the increasing demand in hospitals and rural health facilities. The Ministry feels that while it is duty bound to provide primary health care and also provide rural health facilities where the majority of people live and where the diseases are most common. Hon. Members will appreciate that we still need a hospital of the calibre of Kenyatta National Hospital that can serve as the highest referral point for our health service.

Mr. Speaker, Sir, I have now outlined the various projects that I want to implement during the year and I hope that hon. Members will appreciate that the figure I am asking for which is K£157,738,740 with a net expenditure of K£49,325,710 will not be adequate, but it will be enough to take us through the next financial year until we raise further money.

Mr. Speaker, Sir, I would like to take hon. Members through the book and indicate to them the various major programmes on which we are going to spend various sums of money.

Mr. Speaker, Sir, the General Administration and Planning will take K£12,697,119. Curative Services will take the largest part because Kenyans still believe that they should go to hospitals for treatment. The Government is the only one shouldering the bigger part of the primary health care programme. Of course, we have done a very big job in trying to educate Kenyans so that they can support the Government and its various programmes in preventive health care, promotive health care and so on. So, Curative Services still take the lion's share, K£194,009,533 compared to Preventive Health Care which takes only K£11 million.

Mr. Speaker, Sir, on Recurrent Vote, as I have already said, the total is K£15,225,000 which we intend to

use to establish a revolving drug fund. Hon. Members are aware of the difficulties we are having in drug procurement, storage, distribution and even at the point of dispensing. We hope that we shall use this money to improvise various ways of controlling the whole system from procurement to the dispensing point. This amount, added to what I read earlier on, will give a total, for Recurrent Expenditure, of K£386,724,500.

On Development Vote, again through the various bodies, we have put in a bit of preventive health care, rural health facilities, training, and again Kenyatta National Hospital which I read earlier on, is K£157,738,740. The total that I am asking for the Ministry of Health is K£544,463,240 29 per cent of that goes to Development Vote while 71 per cent goes to Recurrent Vote.

Mr. Speaker, Sir, I will go through the various points just to highlight the matters that hon. Members always raise in this House. I have already talked about drugs and the introduction of a revolving fund. I know that hon. Members are going to ask about ambulances. As they can see from the Printed Estimates, there is no money provided for vehicles. It is not that the Ministry does not want to buy vehicles, but it is because the money is just not there. I know that there will be very many questions on ambulances, but I am afraid, I have no provision for purchase of ambulances this year. But this does not mean that we are ending the matter here. The matter is constantly under review and I hope that before we come to this House for Revised Estimates, if there will be any next year, we shall revisit this subject and see whether or not we can raise money from any area to make sure that this much needed service is restored and maintained.

Mr. Speaker, Sir, I have already talked about staff and the big portion of the provision of the Ministry which they take. Again, we have a big shortage of staff, but because of reform programme which the Ministry and the Government had initiated, we are forced to limit the numbers that we can employ. Therefore, in the various parts of the country hon. Members will find institutions that cannot be opened because we do not have enough staff, equipment, drugs and so on. Although we have enough training institutions - we can train enough people to man all those facilities - there are limits beyond which we cannot go.

Mr. Speaker, Sir, there are always questions on mortuaries and I would like to invite hon. Members to educate their people. First of all, let people remove dead bodies from mortuaries as early as possible. Secondly, if there are people prepared to join the Government in putting up and maintain mortuaries - with an example of Nairobi, this seems to be a very lucrative business - let us encourage people to put up private mortuaries and provide this service on a private level rather than divert so much needed resources which we could use to maintain the lives of Kenyans on maintenance of mortuaries.

We do provide small amounts as grants to NGOs or mission hospitals. I want to thank the managers of mission hospitals for the good work they are doing and to encourage them to do so. According to our Sessional Paper No. 1 of 1986 and also according to our Reform Programme, the health care provision cannot be limited to the public sector or cannot be a job for the Ministry of Health only. We want as many people to share in. At this point, I thank all those who have taken steps to share in the provision of this service provided they maintain good quality and good service. So, for the mission hospitals, I just want to thank them since they are providing currently 42 per cent of the health care service in the country. Majority of those are church-sponsored institutions. Unfortunately, we shall only be able to set aside about KSh.7.3 million which we shall use as grants to CHAK and to the Catholic Secretariat. These are the two main bodies that maintain mission hospitals in this country.

Mr. Speaker, Sir, I have already talked about the National Hospital Insurance Fund (NHIF) which is going to undergo a reform when we bring a Bill to the House later on. I have also referred to health care financing programme where I have thanked Kenyans for participating in health care provision. In the year that has ended, this has been able to raise KSh.150 million which has been used to maintain services at the source or at the various health institutions. This money does not come to the Exchequer but it is used to maintain the facilities where it is raised and only 25 per cent of it is taken to the district in order to assist in the primary health care programmes.

Mr. Speaker, Sir, the Ministry has achieved a great deal since Independence. We took over from the colonial Government a very weak and small department. In fact, there were only 56 institutions which have now grown. The number of hospitals have risen from 56 at Independence to 101 today; health centres from 110 to 389 today; and dispensaries from 250 to 1,171 today. I am now talking of operational health centres, dispensaries and hospitals. But I have also said that there are other institutions which are not yet opened and which were put up with help of wananchi. We hope that as we go along and make funds available, we shall be able to open them as well. The details of my request are contained in the Printed estimates and I am hoping that hon. Members will study them very carefully so that when it comes to the actual discussion hon. Members will contribute towards making the provision of this very important service much more efficient and usable to Kenyans.

Mr. Speaker, Sir, hon. Members should also look at the Development Vote. We have done our best to

take care of every district. Unfortunately, I have already indicated in the estimates the amount of money available and, therefore, there is no way we are going to overstretch what we are able to provide in the next 12 months. I am hoping that hon. Members will bear with us and raise money through Harambee and improve existing facilities, or initiate some where none exists. I hope that when we come to our renovation programmes hon. Members will appreciate that contribution.

Mr. Speaker, Sir, I beg to move.

**The Minister for Labour and Manpower Development** (Mr. Masinde): Mr. Speaker, Sir, I rise to second this Motion.

In so doing so I want to take this opportunity to thank the Minister and a few of his staff, including the Director of Medical Services, for the work they have tried to do, more so recently. It is just fair that the House should approve the money being requested by the Minister for Health. The Minister has told us how many hospitals, health centres and dispensaries we have in this country and that a few more are still being built. Many of these hospitals, health centres and dispensaries lack qualified and experienced staff. We would like to see that, at least, the few that we have being properly staffed so that they can do the job they are meant to do by providing health services to wananchi.

I think we need more clinical officers and nurses to be spread throughout the dispensaries and health centres so that they can deal with the situation on the ground. We would also like to have a proper distribution of doctors so that every district hospital has doctors in various fields of specialisations. Doctors, clinical officers and nurses may be posted to these facilities, but without drugs they will not help the wananchi.

I want to congratulate the Minister because recently he told this House that an efficient way of distributing drugs has been invented and nearly every hospital, dispensary or health centre has drugs now. Quite a number of health institutions may be having drugs, but I would like to say that Busia District does not have drugs, and I am sure the Minister read that in the newspapers just yesterday. However, it may not be the fault of the Minister. It is possible that drugs got to Busia and eventually develop legs and then walk across the border to some other area. It is important that when drugs are being sent to dispensaries.

**Mr. Anyona:** On a point of order, Mr. Speaker, Sir. I am not quite sure that the hon. Deputy Leader of Government Business is not misleading the House. He says that the Minister for Health is not responsible for the misdeeds in his Ministry. I thought the responsibility lies with the Minister. So, is he in order to mislead the House and the country that the Minister is not responsible? Who do we then hold responsible for that?

**The Minister for Labour and Manpower Development** (Mr. Masinde): Mr. Speaker, Sir, I will continue. The hon. Member is entitled to his opinion.

We have a problem which I think the Minister is going to look into very seriously. We have a lot of doctors who man these hospitals but are also owning private clinics. The ownership of private clinics has gone right down to nurses. So, everybody is scrambling to own a clinic, earn his or her living and forget about the job he or she has been employed to do. On top of that there is looting of drugs because drugs are now going to private enterprises. Also, of late, we are being informed that some equipment is being removed from hospitals and taken to private clinics, where it is being used by doctors and other trained staff who are supposed to be working in Government hospitals.

Mr. Speaker, Sir, to come to hon. Anyona's point, I wish to say that doctors who are manning hospitals and health centres should be held responsible for whatever shortcomings. They should manage the institutions using whatever is available--

**Mrs. Ngilu:** On a point of or information, Mr. Speaker, Sir.

**Mr. Speaker:** Mr. Masinde, would you like to be informed?

**The Minister for Labour and Manpower Development** (Mr. Masinde): No, Sir, I do not want to be informed.

I feel that doctors and hospital secretaries should undergo a special management training so that they can properly look after the facilities that are under their care. If they cannot do that then they should be completely answerable to the mwananchi who is suffering because of their negligence.

**Dr. Lwali-Oyondi:** On a point of order, Mr. Speaker, Sir. Is the Minister in order to continue telling us that the responsibility of the Minister for Health should be transferred to doctors?

**The Minister for Labour and Manpower Development** (Mr. Masinde): Mr. Speaker, Sir, I think that is the same question hon. Anyona raised. So, I will go on. Doctors should take their profession very seriously. At the moment you may go to a general hospital, even at Nine O'clock, and you begin looking for a doctor or a member of the para-medical staff. Many of us have taken patients to hospitals and found that there hardly anybody in the wards to receive them.



**Mrs. Ngilu:** On a point of order, Mr. Speaker, Sir. The Minister is not being quite clear as to whether he knows that most of the doctors in Government hospitals are also running their own clinics. They are using in their clinics the same drugs that are being supplied by the Ministry. Therefore, I am surprised that the Minister is not aware of this!

**The Minister for Labour and Manpower Development (Mr. Masinde):** Mr. Speaker, Sir, the hon. Gracious Lady is not listening to me. This is because earlier on I said that some of the medicines were finding their way into private clinics, which are run by our doctors.

I would like to also mention that quite a number of hospitals have committees to look after their welfare. Now, a certain amount of money is being paid to hospitals by patients, but it is very difficult to know what this money is doing and whether it is being accounted for at all. When you go to a hospital, you are told: "We have not been supplied with drugs; we do not have linen" and so on. I think---

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. We are at a loss because the Minister is complaining like a Back-bencher. He is in the Government and has collective responsibility. That being the case, we thought it was up to him to shed some light in respect to the behaviour of these doctors. Now, we are at a loss!

**Mr. Speaker:** To whom are you complaining, Mr. Masinde?

**The Minister for Labour and Manpower Development (Mr. Masinde):** I am not complaining. I am simply helping to highlight the problems that are affecting Kenyans.

Mr. Speaker, Sir, I would like to thank the Ministry for the assistance they have given to Busia hospital. At least, we have a viable X-Ray machine and a mortuary. However, again, due to lack of experienced staff, we find that when X-rays are taken at Busia hospital, there is nobody to use them. These X-rays have to be sent to Kisumu in order to be translated. So, I am, therefore, asking the Minister to make sure that where there are X-rays, we have radiographers to look after those areas. I think that the Ministry should also initiate the amenity wards so that, at least, we have amenity wards for those who can pay ---

**Mr. Ojode:** On a point of order, Mr. Speaker, Sir. I wonder which Minister Mr. Masinde [**Mr. Ojode**] is asking to take care of this hospital. Is it hon. Ogur? Hon. Ogur is also a shadow Minister for Health. Which Minister is he referring to?

*(Laughter)*

**The Minister for Labour and Manpower Development (Mr. Masinde):** Mr. Speaker, Sir, I wonder whether that was a point of order.

My time has been consumed, but I would like to say that ---

With those few remarks, I beg to second the Motion.

*(Question proposed)*

**Mr. Ogur:** Mr. Speaker, Sir, thank you very much, indeed.

We have not forgotten the times when doctors came out in the open so that this nation can know their suffering in detail. They were not told clearly how to solve the problem affecting the people of Kenya. Instead, they were fired and chased away from their houses. They were thrown out and became jobless. They were ignored. These are the trained doctors from different countries in the world. These are the people we need in our institutions, some of whom have filtered into mission hospitals and private hospitals. However, some were pardoned and came back to run these institutions but with less responsibilities. There are some without offices and others without wards because some wards have cracked and fallen down. There are no patients, no drugs, no ambulances and no money to carry out any repairs.

I sit here and see my colleague replying to some very simple questions on the repair of an ambulance. When you buy a vehicle, you know it will get old so you need to set aside money for maintenance. My colleague does not know how to get drugs from the industrial area and take them to all the institutions in Kenya. This has been very difficult. The President himself has to direct how this has to be done. However, we have more districts than the District Medical Officers of Health. We had less districts those days, and yet these officers were not enough. Now, we have more districts including; Eldama Ravine, Kuria, Suba, Migori and even South Kisii which is the most recent. We have no MOH there, but there are many people there dying. We have sick people, poor roads which cause accidents and all sorts of illnesses, and my brother does not even tour any mortuary. I heard him saying that we should care to take our dead for burial. Does he mean that we should be waiting at the

hospital for our people to die quickly so that we can rush them for burial? We are not Muslims! We are not all Muslims who bury their dead immediately. So, he is out of order. The Minister is out of order!

**Mr. Speaker:** Order, Mr. Ochola Ogur! You are totally out of order to assume the responsibility of the Chair. Proceed!

**Mr. Ogur:** Mr. Speaker, Sir, every Member of Parliament here keeps on asking when such and such a dispensary or health centre will be "opened". There must be a building in existence to be opened. The Minister cannot be waiting here to be asked to go and merely open what is already existing. How can that be possible? He is waiting to be asked to go and up-grade. There are so many health centres with a lot of problems. Many sick people come in; some die, others go back home without any treatment because there are no doctors, clinical officers, nurses or even more seriously, drugs. The Minister has to be asked on the Floor of this House to up-grade a health centre. We hear Questions like: When will the Minister up-grade this dispensary to a health centre or a health centre to a sub-district hospital?

**The Assistant Minister for Health (Mr. Mutiso):** On a point of order, Mr. Speaker, Sir. My hon. friend was an Assistant Minister in the Ministry of Health. With that experience, can he tell us of any one single dispensary or health centre which exists without a single nurse? That is a statement he has made. Can he substantiate that?

**Mr. Speaker:** Order, Mr. Mutiso! You will reply to that when you get the chance.

**Mr. Ogur:** Mr. Speaker, Sir, I was addressing my colleague, a full Minister like me. I do not want to go back to Assistant Ministers!

*(Laughter)*

**Mr. Mulusya:** On a point of information, Mr. Speaker, Sir. The Assistant Minister who has raised that point of order has the same problem. In his own constituency, there are no drugs and, in fact, there is nothing going on. There is no dispensary which has been up-graded. The area does not have somebody to ask that Question here.

**Mr. Ogur:** Mr. Speaker, Sir, as I have said, I was replying to my colleague at par. I do not want to go back to Assistant Ministers.

There has been a lot of misuse of the National Hospital Insurance Fund (NHIF). Anybody can go anywhere looking for these papers from any teacher and claims they are his. We are being cheated a lot and a lot of money is not being collected, and that is the truth. The Minister knows that, only that he does not travel. He only goes to his home and comes back here. He has never visited any of the new districts which are being created every week. So far, we only have the old district hospitals and we have not created any new district hospitals. For example, in Migori District, since he gave away Ombo Mission Hospital, the Minister has either completely refused or is unable to find a substitute.

If Nyayo wards were serving a good purpose, then they should continue opening them in areas where we do not have them. However, they are not good at all, and some of them are white elephants, like the one in Elburgon. Since 1985, it has never been opened and no question has been brought here on it because it is a KANU zone and they are afraid to ask Questions. I would like to speak about it. The people there want it completed and opened. Let it operate because that was the tribal clash area. People really needed that Nyayo ward to be operational but it was not working and nobody has asked why. There was no doctor, no medicine except the dead and the wounded. There were many sick people who needed some help and the Minister does not care about that.

So, can we ask the Minister to go on creating Nyayo Wards which are operating including areas where we do not have them like Nyanza Province, for example. We do not have Nyayo Wards, but we have more malaria and, therefore, we need more of such hospitals because we are living in malaria-prone areas, up to Bunyala where the Minister for Health comes from. So, I am helping my brother here.

Mr. Speaker, Sir, sometimes a doctor prescribes drugs on a piece of paper and the writing cannot be read by the patient. Yet, a doctor talks to a patient who knows how to read. A doctor, a nurse or a clinical officer writes what you cannot read. That piece of paper is given to a pharmacist so that a patient buys some medicine to swallow and then pay for it. My friend, what a frustration? But here is someone who really needs to know the disease which he is suffering from but he is not told. Even if it is AIDS, the Minister should instruct his staff to tell us what illness he is suffering from so that he can read the prescription and then pay for the illness one knows about?

Mr. Speaker, Sir, how do you close half of Kenyatta National Hospital? What type of calculations?

How? What was the reason for closing half of Kenyatta National Hospital; such a huge hospital? Is the Minister really clear in his mind when he closes down that huge important institution? Why not repair a quarter, then repair the quarter later until you complete? What a poor judgement! I support the Motion that he should be given the money.

**Mr. Speaker:** Your time is up. Mr. Sunkuli, the Floor is yours.

**The Assistant Minister, Office of the President** (Mr. Sunkuli): Mr. Speaker, Sir, I would like to begin by thanking my senior colleague here, the Minister for Health and his Director of Medical Services, Dr. Mwanza for what has recently happened, namely, that all of a sudden, the drugs are available in our dispensaries. I personally visited my local Health Centre in Trans Mara and I realised that---

**Mr. Ojode:** On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to say that we have drugs in all dispensaries when Ndhiwa alone does not have even a single drug?

**Mr. Speaker:** Why do you not wait until it is your time? Proceed, hon. Sunkuli. Order! The Chair will not take it very kindly for frivolous points of order. Note it down, then you can argue when your time comes. Proceed, hon. Sunkuli.

**The Assistant Minister, Office of the President** (Mr. Sunkuli): Mr. Speaker, Sir, it is only that I was taking Trans Mara as a case in point where before H.E. the President made the directive that medicine become available, this particular dispensary was suffering from shortage of drugs and today the Director of Medical Services has ensured that this problem has been rectified. I have the duty to thank the Director of Medical Services for this timely thing that he has done.

Mr. Speaker, Sir, the problem that we have had in the Ministry of Health has not been the problem of the policy makers. It has been the problem of the individual doctors, and the Government would have wished every citizen to actually have enough drugs but how can we ensure that everyone of these doctors will handle medicine is actually virtuous enough and moral enough to distribute these drugs as the Government wishes? Therefore, I would like to spend this moment to thank the Ministry of Health and I hope that they will continue in this distribution of drugs.

Mr. Speaker, Sir, I know that the Minister for Health is going to visit Trans Mara very soon, and I want to say two things about it. Trans Mara is a region that is next to Maasai Mara, and all of a sudden we have some diseases that originate from wildlife particularly the wildebeests. I want to ask my friend the Minister for Health to send a medical team to do research on this issue because there are new diseases. There is a disease which the Maasai call *Nang'ida*. Somebody just speaks and he is very happy, but he is terribly sick. He has stiff legs and back. I do not know the English name for this disease. The Director of Medical Services should, in fact, go and find out what the disease is called in English and then proceed to provide us with the cure. It is becoming so widespread, that I do not know how possible this disease can be cured, and it is being caused by the wildlife. Everybody knows that Maasai Mara being the most attractive tourist destination today, has to retain the wildlife, but we cannot retain the wildlife at the expense of our people. We do not know what cure for this disease is. We also hope that the Ministry will investigate why Malaria is widespread there because I know that chloroquine has become resistant to that disease. It has almost become resistant to the second stage of treatment, Metakelfine. I suppose it is not resistant to Quinine.

Mr. Speaker, Sir, maybe it is important for our researchers to go to Trans Mara and find out what exact species of Malaria/Plasmodium that is being distributed by the mosquito there. I thank the Ministry of Health because next month, they are going to spray the whole District with insecticides to kill the mosquitoes. I am very grateful again to the Director of Medical Services, and the Minister for Health for having initiated this programme of spraying the entire Trans Mara. Last year, we had an enormous number of people---

**Mr. Ogur:** On a point of order, Mr. Speaker, Sir. I am a bit worried if the entire District of Trans Mara will be sprayed and then destroy vegetables and other things which do not need treatment of that kind.

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

**Mr. Ogur:** My point of order is that is: Is it really in order to spray Trans Mara District with drugs when some of the insects and animals and vegetables may not need that treatment? Is it in order?

**Mr. Speaker:** Order! It is out of order for you to rise on a point of order that is not a point of order. Proceed, hon. Sunkuli!

**The Assistant Minister, Office of the President** (Mr. Sunkuli): Mr. Speaker, Sir, the hon. Member ought to know that we are speaking about a serious matter. For us, to the people of Trans Mara, malaria is not a joke the way the hon. Member is just presenting it here. We want to carry out a serious exercise of ensuring that this disease, which is a major killer, not just in Trans Mara, but even in Nyatike, stops killing a large number of people. I would like my hon. colleague, the Minister for Health, to ensure that this project of spraying the entire

District does not stop because this is the only salvation we have now. Trans Mara is very near the Mara Game Reserve. It is a very bushy area and we want to ensure that the mosquitoes do not have a comfortable habitat there.

Mr. Speaker, Sir, I also want to bring to the attention of the hon. Minister that Chicken Pox or some disease that looks like Chicken Pox has infected a great number of children in Trans Mara, and we want to know what exact cure we should have for this disease. UNICEF does not come to that region of Trans Mara and I do not know why. AMREF comes only once in a long while, but we need the services of UNICEF in particular, to take care of the children in that area of Trans Mara. I hope also, that the Minister for Health will actually send a team from either KEMRI or KETRI or any other organisation that is responsible for research and the extension of that research, to ensure that these diseases that are all of a sudden cropping up do not become so epidemic as to be uncontrollable in the future.

There is also a disease affecting adults. I do not know whether it is an adult form of measles that is affecting adults. We would like this disease to be researched on so that we know its exact cause and its effective cure.

As the representative of Transmara in this House, I would like to request the Minister for Health to ensure that we have a Tuberculosis (TB) village so that TB patients there can be taken care of and treated. Tuberculosis is spread in so many ways especially as a result of taking unboiled milk and other contaminations. This disease also requires elaborate treatment which we do not have right now. Many of our patients go to Kisii and the population in Kisii cannot even be handled at Kisii District Hospital. Some of the patients go to Kericho District Hospital, which is very far away and we would like the Minister, either through CARITAS, CARE or any other organisations that look after TB patients to ensure that there is a TB village in Transmara.

Mr. Speaker, Sir, I hope that the Minister will not forget next to insert a provision for the approval of this House for the establishment of Transmara District Hospital. Up to today, we are still being served by a dispensary. Other than the Catholic Church which has a hospital in Kilgoris, which also serves the areas of Bomachoge, Bobasi, South Mugarango, Kuria and Bomet, it is the only hospital in the whole of Transmara.

The most important aspect that the Minister should look after is the primary health care as we all know that prevention is better than cure. People require to be sensitized about the need to look after their own environment as a way of preventing the common diseases from attacking them. I hope that in the future this House will be able to vote for more funds for primary health care because that is actually what we require. We require to educate our people and to establish social community based projects that will educate our people on how to look after themselves.

Lastly, I want to call upon our doctors to work a little more professionally than they have done in the past. I know that we have had a bad history of training people from certain communities at the expense of others.

I think that now it is important that the University of Nairobi and all the universities that teach medicine, should take students on a quota basis so that every community can be able take care of their sick people. I say this because when the doctors went on strike, other people suffered.

With those few remarks, I beg to support.

**Mr. Anyona:** Mr. Speaker, Sir, in my contribution this afternoon, I am going to be frank and emphatic on my views on this Ministry. I am not in the habit of passing the buck or apportioning blame, but I think the time has come when this Parliament, this Government and this nation must speak strongly about the health of our people.

I want to speak frankly and strongly because our people are dying. When you go to the rural areas, you see that people are doing nothing else except burying their relatives. If you listen to the radio, for hours on end, you only hear about funeral announcements. When you travel on the highways to every corner of the country, you see coffins in large numbers being transported back home for burial. How can we, as a national Parliament and as a Government not be concerned about this state of affairs?

Listening to the Minister in his opening remarks, I found nothing in what he said except a tired sing-song. We have heard it from him since this Parliament started and we have heard it from previous Ministers and it does not help this country. I think it is a collective responsibility of Kenyan leaders to day, to make the question of health of our people a reality. This promise was made at Independence. Kenyans are very generous because we have not fulfilled it. It was a collective promise undertaking responsibility, not of one party, not of the Opposition, but all Kenyan leaders as a whole. Yet the situation has got worse and worse every year and every day. Today, as we sit here, our people have lost confidence even in this Parliament. I do not know of any one area where the people of that area have confidence in their hon. Member of Parliament in terms of his efforts to improve their health situation. Yet we cannot blame an hon. Member of Parliament. I know a very generous hon. Member of Parliament from our part of the country, who is also a Minister of the Government, who has even

tried to buy drugs with money from his coffers to provide to Government hospitals and health centres and yet that has not made any difference.

I think it is important that as leaders we must be self critical. This idea of praising each other in this House when the country out there has lost confidence, is self deception. For instance, as far as I am concerned, the Ministry of Health, the Ministry of Education and the Ministry of Agriculture, Livestock Development and Marketing are the backbones of any nation. If your people are unhealthy, then how can they receive education that is required for the benefit of the nation? How can they be good farmers? Yet today, the Ministry of Health is really itself sick in the Government of Kenya. How can a sick Ministry treat sick Kenyans? Is it possible?

**An hon. Member:** Tell them!

**Mr. Anyona:** Mr. Speaker, Sir, let us say it clearly here this afternoon that the Ministry is riddled with corruption, mismanagement and theft. The Minister himself has said so. The only wonder is that this afternoon he did not tell the elected representatives of Kenya that he has a problem and seeks our support in solving that problem. So, it looks like he is doing a very cheap public relations exercise to hood-wink Kenyans. Kenyans are much wiser than that.

Mr. Speaker, Sir, I have a lot of respect for this Minister, but we are not going to pat each other on the back when our people are dying. We heard a sweet story here concerning Kenyatta National Hospital, but if you go there, and I wonder if the Minister ever goes there, you will find that even a simple X-ray equipment is not working and they are not even ashamed. Poor families go there and they are told either to go to Aga Khan or any other hospital to get the X-ray taken and bring it back to KNH for reading. What use is this? The Kenyatta National Hospital is a ghost and a white elephant. We should not deceive Kenyans. Even this World Bank rehabilitation programme is all a waste of time.

Mr. Speaker, Sir, I want to go into something that I have heard here also that even Kenyatta National Hospital, now as a parastatal is more inefficient than it was before. For instance, I would like the Minister to tell us why he has a Deputy Director there who is non-professional. What is the reason for it? I know the reason and he knows that I know the reason so he had better tell the House. If he does not tell the House, I will tell them.

District hospitals, health centres and dispensaries have all collapsed throughout the country. Today, when your relative or friend falls sick and you decide to take him to any district hospital, on your way there you know that you are escorting your relative to the grave. They have become graveyards. Kisii District Hospital is a graveyard, totally. That is where mosquitoes, and anything that you can imagine, breed. These district hospitals, health centres and dispensaries have no drugs and yet we are being told a sweet story that drugs are available. Where are these drugs? Why are the people dying if there are drugs? What kind of drugs are you talking about?

**An hon. Member:** They are not there.

**Mr. Anyona:** Mr. Speaker, Sir, they are not there and this is why I said that the country has lost confidence, both on the Government and the Opposition.

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

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

**Mr. Munyasia:** Mr. Speaker, Sir, my point of order regards allegations that hon. Anyona has made that there is a Deputy Director at Kenyatta National Hospital who has been appointed for reasons other than professional. Could Mr. Anyona substantiate?

**Mr. Anyona:** Mr. Speaker, Sir, I gave the Minister a chance to salvage his own integrity. It is, a fact, I can mention the name. I am not saying that he is a bad man. What I am saying is, if you put a wrong man in the wrong job you are not supposed to blame him. How can things not go wrong? He is a very good man, I have been there, he has assisted me in areas where he is qualified. When the Medical Director is not there, whom do I speak to in a professional language as it happened in my presence. So, my hon. colleague there, it is a fact, but I want to leave it to the Minister.

Mr. Speaker Sir, Kisii and Nyamira District Hospitals have no mortuaries. The Minister is telling us to tell the people to take people home quickly and bury them and yet traditions have changed. In Kisii District a body never lay overnight. Never! But, now people are free to do what they want. The Government should provide those services. Ordinary Kenyans are being fleeced to the bone marrow by private practitioners who have put up private mortuaries because this thing has become private business.

Mr. Speaker, Sir, now, by all means I know the Government cannot do everything but let us do the very minimum. I want to know for instance from the Minister what has happened to the mortuary in Nyamira District Hospital. I am told it is not working again the bodies are rotting there. What has happened? Is the Minister aware of that? That is why I said the Minister should be responsible.

Mr. Speaker, Sir, recently there was this emergency procurement of drugs because they had failed to procure them in the first place, because of corruption and mismanagement. I have details. I wrote to the Minister twice; June last and February this year. I have told him, yet he has done nothing. Now, even the emergency procurement did not materialise. The drugs were not supplied and yet I am informed that some cheques have been prepared for these people to be paid then they can supply later. Is it a wonder therefore, that we are in the situation we are now? What is the Minister doing about it?

Mr. Speaker, Sir, whereas I say I do not want to blame individuals. I do not want to blame the Director of Medical Services but it is his responsibility, like it is ours Members of Parliament, to make sure that this nation runs and thrives as one nation.

Mr. Speaker, Sir, I am very pleased this afternoon to see the new Permanent Secretary in the Ministry. He is someone I know very well. I have known him for many years from my school days. He is a man of integrity; I am taking that risk because by so doing I may jeopardise his job. I challenge the new Permanent Secretary and his Minister that as far as I am concerned they have strong team. They have no excuse for not running this Ministry efficiently. If by this time next year, the situation of Ministry of Health will not improved country-wide, then as far as I am concerned the Minister of Health can forget his presence in this House in the future and many of us, because where will the people go? I attended a funeral this weekend and people were saying, "look, may be this is the end as they say in the Bible when people die the end is near, we wish we knew".

With those few words Mr. Speaker, Sir, I beg to support.

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

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

**Mr. Obwocha:** Mr. Speaker, Sir, are you satisfied that hon. Anyona, whom I have a lot of respect for, has compiled with Standing Order 176 on what hon. Munyasia raised that he substantiate who this Deputy Director of Medical Services is at Kenyatta National Hospital who is not professionally qualified, but have been put there because of other reasons?

**Mr. Speaker:** Why did you wait until the end of his speech?

**Mr. Obwocha:** I am asking whether you are satisfied Mr. Speaker, Sir, that he has indeed compiled with Standing Order No. 176.

**Mr. Speaker:** Mr. Nang'ole!

**The Assistant Minister for Energy (Mr. Nang'ole):** Bw. Spika nakushukuru kwa kunipatia nafasi ili nami niujiunge na Wabunge wenzangu kusema machache. Kwanza kabisa ningependa kumshukuru Mtukufu Rais kwa sababu ya lile agizo la hivi majuzi kulingana na vile dawa kadha zinaweza kufika kwa wananchi kulingana na amri aliyotoa. Ningepomba Waziri pamoja na watu wengine wahakikishe kwamba hilo agizo la Rais linazingatiwa. Ya pili ningependa kumpongeza Waziri kwa kutuletea Mswada huu katika Bunge na nina hakika kwamba yale yote ametwambia hapa yatafaidi wananchi wa Kenya.

Kwanza, Bw. Spika, katika wilaya yangu ya Pokot, tuna shida kubwa kwa sababu hatuna dawa kama wilaya nyingine. Hatuna wafanyakazi wa Wizara hii wa kutosha, kutoka madakitari wandogo wanaosimamia Health Centres na hata dispensaries. Ombi langu siku ya leo ni kwamba tuna jengo zuri ambalo lilijengwa hapo awali katika hospitali kuu ya Kapenguria ikinuiwa kwamba itakuwa kama shule ya kufundisha wauguzi. Kama nia ya Waziri ni kuhudumia watu wa Pokot ipasavyo angefikiria kufunguwa hiyo shule ya wauguzi ya Kapenguria.

*(Mr. Speaker left the Chair)*

*(Mr. Temporary Deputy Speaker*

*(Mr. Wetangula) took the Chair)*

Bw. Naibu Spika wa Muda, katika wilaya ya Pokot sehemu nyingine ni baya na magari hayafiki kwa sababu hakuna barabara. Sehemu nyingine ni mbaya sana hata watu kutoka wilaya nyingine hawawezi kupenda kufanya kazi huko. Lakini hiyo shule ya kufundisha wauguzi ikifunguliwa itasaidia wafulana na wasichana kutoka wilaya hiyo kujiunga na kazi hii ya afya na kuweza kuhudumia watu wao. Hiyo ni ombi kubwa ambao ninaomba Waziri wa Afya.

Bw. Naibu Spika wa Muda, ombi lingene ningepomba Waziri akiwa hapa, Permanent Secretary na Director of Medical Services, kufikiria mwaka huu kwamba wafulana na wasichana wa Pokot wanachukuliwa kwa wingi kujiunga na vyo vingine ambavyo kufunza mambo ya matibabu pia huko tuna shida ya magari. Kule Kacheliba ambayo sasa ni Wilaya ndogo hatuna hata gari moja la kuhudumia karibu tarafa mbili za Kacheliba. Ombi langu ni kwamba Waziri afikilie kutupatia magari.

Bw. Naibu Spika wa Muda, naiomba Wizara itupatie magari ya kubebea wagonjwa katika Hospitali ya Kacheliba. Pia katika sehemu ya Kacheliba tuna kituo kimoja tu cha afya ambacho kinahudumia tarafa mbili. Ni umbali wa zaidi ya kilomita 150 kutoka tarafa ya Kacheliba hadi ile tarafa nyingine. Si vizuri kwa maeneo haya mawili makubwa kuhudumiwa na gari moja la kubebea wagonjwa. Hii ina maana kwamba watu wanaoishi katika tarafa ya Lale wanalindwa na Mungu. Kukitokea jambo la hatari huko mambo yatakuwa mengine kabisa.

Pia ningependa kuyapongeza mashirika yasiyo ya Serikali na ambayo yanafanya kazi katika wilaya ndogo ya Kacheliba. Mashirika yaliyo chini ya Kanisa Katoliki, Africa Inland Church na mengine yanafanya kazi nzuri sana. Kwa hivyo ningependa Wizara ya Afya ijaribu kuyasaidia mashirika hayo ili yazidi kutoa huduma bora kwa wananchi katika sehemu hizo.

Bw. Naibu Spika wa Muda, kuna visa vingi vya ugonjwa wa kifua kikuu katika sehemu yetu. Hata hivyo ningependa kuishukuru Serikali kwa juhudi inazofanya kuwapatia watu matibabu hasa katika sehemu Kacheliba, Manyatta na Sigor. Jambo la kusikitisha ni kwamba sehemu hizi hukumbwa na upungufu wa dawa muhimu. Tumeambiwa kwamba mgonjwa wa kifua kikuu akikosa kumeza dawa au kudungwa sindano kwa siku mbili au tatu anaweza kupatwa na madhara makubwa. Ningeiomba Wizara ijaribu kila iwezavyo kuona kwamba dawa zinapatikana kwa wingi. Pia ningeiomba Wizara ihakikishe kwamba kuna lishe bora kwa wagonjwa katika sehemu hizo.

Bw. Naibu Spika wa Muda, ugonjwa wa Kala-a-zar umewaua watu wengi katika wilaya ya Pokot. Dawa ya ugonjwa huo haipatikani kwa urahisi na ikipatikana bei yake huwa ghali sana; kati ya Kshs9,000.00 na Kshs10,000.00 hasa katika hospitali za watu binafsi. Kwa hivyo ningeiomba Wizara ifanye bidii kuhakikisha kwamba dawa ya kutosha za kutibu ugonjwa huu zimepelekwa katika Wilaya ya Pokot ili kuwaokoa watu wetu. Hii ni kwa sababu watu maskini wakipatwa na ugonjwa huu wao hufariki kwa sababu hawawezi kupata pesa za kugharamia matibabu yao wenyewe. Watu wengi katika Wilaya ya Pokot wamepoteza maisha yao kutokana na ugonjwa huo.

Bw. Naibu Spika wa Muda, Wilaya ya Pokot ilijulikana kama "closed district" wakati wa ukoloni. Mpaka sasa kuna kata ambazo hazina vituo vya afya. Ombi langu kwa Waziri na maofisa wake ni kwamba tungependa wachukue hatua kuhakikisha kwamba watu wa Pokot wamepata huduma za afya ambazo wanahitaji. Mpango ASAL unafanya kazi nzuri na kuna mashirika yasiyo ya Serikali (NGOs) ambayo yangetaka kuja kutusaidia yanakaribishwa. Shirika lolote likija kutusaidia bila shaka tutatoa shukrani.

Ningependa kumshukuru Waziri wa Afya kwa kazi anayofanya. Mimi namfahamu kama mtu mwenye bidii na sina shaka kwamba atarekebisha mambo mengi ambayo yalikuwa yameharibika katika hiyo Wizara. Yeye ana kundi jipya la maofisa wakiongozwa na Katibu wa Kudumu katika Wizara. Mkurugenzi wa Matibabu pia ni mtu mwenye bidii na mwenye jina nzuri na ninajua kwamba mambo katika Wizara ya Afya yatabadilika.

Kwa hayo machache, naomba kuunga mkono.

**Mr. Nyagah:** Mr. Temporary Deputy Speaker, Sir, I would like to thank the Minister for Health for ensuring that he has a very, very big team here that will be able to take note of some of the problems that we are going to touch on on the Floor of the House.

Secondly, I remember that I did inform the new Director of Medical Services, when he was appointed that he was joining a Ministry that was riddled with corruption. I told him that even though he was qualified it was going to be a very difficult Ministry to look at.

Having said so, I thank the Minister once again for the first time in the history of my being in Parliament for accepting that his Ministry is riddled with a lot of corruption. I also urge the Minister to try and follow the foot steps of one of his predecessors, Mr. Arthur Magugu, in what he used to do; paying impromptu visits to hospitals in the country. Instead of relying on written answers from his officers, the Ministry should also visit the hospitals so that he has facts on his fingertips.

The Ministry of Health is my pet subject and I have nearly 60 Questions here which I intend to forward to the Ministry. I hope that these Questions will get the right answers. I would like to criticise the Ministry right from the outset. I have a letter before me and which I would like to lay on the Table of the House. This letter was written to the Permanent Secretary on 24th September, 1994 but up to this day - and I know that it is not the mistake of the new Permanent Secretary - the Ministry has had not courtesy to write to me to inform me regarding an answer that I got on the Floor of this House regarding an ambulance that was supposed to have been taken Gategi. When I asked a Question in this House regarding that ambulance the Minister replied:-

"Yes, indeed, this ambulance was repaired and sent to Gategi but the Member of Parliament has not been to Embu in a long time."

Today, more than one year later, this ambulance has still not found its way to Embu. Maybe this is something the Minister can look at.

*(Mr. Nyagah laid the letter on the Table)*

Mr. Temporary Deputy Speaker, Sir, the other point that I would like to touch on - and I am happy we have a big team of officers from the Ministry - relates to upgrading of Embu Provincial Hospital. If you look at page 416 of the Development Estimates book, Embu Hospital is referred to as a Provincial Hospital. But when it comes to funding, it is done on the basis of a district hospital. I think something is terribly wrong here. We have eight provinces and I believe that if an initial mistake was made and a provincial hospital built in hon. Mulusya's constituency, it was not our mistake to have Embu Town as the provincial capital. We have a problem with Eldoret Hospital which is regarded as a provincial hospital but when it comes to funding it is treated just the same way Embu Hospital is treated. But Eldoret Hospital may be lucky in that it is affiliated to a Moi University and therefore they probably get better service. But I would like to inform my friend the Minister that we have got enough land in Embu. The President has said that this should become a provincial hospital. The Minister should ensure that the funding of Embu Hospital is done on the basis of a provincial hospital. We would appreciate that.

Mr. Temporary Deputy Speaker, Sir, we would appreciate that. The Hospital Board, I believe, came to see you or one of your officials last week to find out about the status of Embu Provincial Hospital.

Embu Provincial Hospital had a massive programme 13 years ago and at the time it was costing the Government Kshs. 88 million. To date as I stand before you, this has not been done. I do not know how much this would cost. It is also not in the Estimates that there is any chance of any expansion programme taking place.

Having said that, I would like to take exception with one Non-Governmental organization called, Plan International. I would like to thank them immensely for a good job well done. They have given us a paediatric ward which is fully operational. Right now, they are constructing a maternity ward which will be completed by the end of this year and we look forward from what I hear for His Excellency, the President to come and open it. I hope that by that time when you accompany him during the opening of the new maternity ward, you will be able to see a lot of rotting buildings that were put up 13 years ago.

Let me take exception with one thing you talked about and that is a mortuary.

**An hon. Member:** Address the Chair.

**Mr. Nyagah:** The population in Kenya over the years has soared. When we got our Independence the population was seven million. Today we hear that we are 25 plus million. We obviously expect more deaths and especially in a situation where our hospitals are not able to cater for the population. One wonders who is responsible to the Kenyan citizens. Is it they themselves or this Government? Our mortuary was put up to hold a capacity of seven bodies. The average occupancy of this mortuary is in excess of 40 bodies at any given day. If you dare pick up the telephone and ring now you will find that there will be more than 40 bodies there. We must respect the dead. Even as we bury them we bid farewell to them in decency not rotten bodies not to mention that we have an estate right next door to Embu Hospital mortuary.

Yes, indeed, a lot of money has been found through cost-sharing, but the initial intention of the cost sharing was not for this money to go into capital expenditure. Today in Embu as an example, we collect more than Kshs. 1 million a month, but most of it is ploughed back to pay for electricity. The Ministry pays, Kshs. 27,000 and the cost of electricity in Embu Hospital, hon. Mutiso only goes up to Kshs 100,000 plus. I remember one day when hon. Mutiso sat with me in this House and was directed by his Minister to come to Embu. To date he has never done that. I say this with bitterness because some of these Ministers do not take their jobs seriously. Hon. Mutiso is included.

Mr. Temporary Deputy Speaker, Sir, let me make a few quotations from the Printed Estimates. I would like the Minister, when he is replying, to tell us why the Medical Training institutions in Embu, Machakos, Meru, Kitui, Kisumu, Homa Bay, Nakuru and Eldoret seem to have a figure that is common; denominator K£218,700 and when you look at one of them in Kabarnet it is excessively funded. The amount allocated here is K£918,700. We would want to get an answer from the Minister as to why there is some exception in Kabarnet. Before I take note of the next point, I would request the Ministry that when it comes to recruiting students into the medical training institutions, it ensures that students from all the tribes are recruitment. This is one of the Departments that the man who heads it is a Fourth Former and is not qualified to head it. He has enormous powers in this particular Department. We would ask the Minister, if he has the powers, to put in a man who is qualified enough to look after the medical training institutions.

Mr. Temporary Deputy Speaker, Sir, the expenditure in the rural health, from what I notice is that Homa Bay, Migori, Kuria, Kakamega and Vihiga have been very very heavily funded whereas other areas like where I come from we have only got K£200,000. What is K£200,000? What can it do? Why exempt these six or so districts that have been heavily funded by between K£1,200,000 and the least K£441,000 yet noting from the



Printed Estimates of 1994/95 there were equally highly funded and all the other districts were under-funded?

Mr. Temporary Deputy Speaker, Sir, lastly before my time is up, I would like to take issue again with drug distribution. The last time Embu Provincial Hospital which is a referral hospital and caters for people from Kitui, Kirinyaga and Ukambani where hon. Mutiso comes from in Machakos got medication was in October 1994 and I would want you to challenge me on this! We plead with the Ministry to ensure that these most essential drugs are brought. I speak with facts!

I support hon. Anyona that the drugs that were supposed to have been brought forward this time have not also reached Embu and I ask you to probably check on that.

**An hon. Member:** Are you supporting the Motion or not?

**Mr. Nyagah:** With those few words, I beg to support the Motion.

**Mr. Badawy:** Ahsante sana Bw. Naibu Spika wa Muda. Nimesimama baada ya kusikia maelezo yenye nia nzuri kutokana na Waziri katika mipango na matayarisho ya kuhakikisha kwamba Wizara yake ya Afya inatoa huduma, usaidizi kwa upande wa usimamizi, dawa na vifaa ambavyo vinahitajika katika hospitali zetu.

Bw. Naibu Spika wa Muda, hata nami naunga mkono yale maoni yaliyotolewa na Mhe. Anyona na sina budi kufanya hivyo kwa sababu hata Waziri mwenyewe wiki mbili zilizopita alitoa maoni ambayo yalitufurahisha sana sisi waakilishi wenzake na yalirudisha imani kwa wananchi kwa kujua kwamba Waziri mwenyewe amehusika na anayajua yale maovu yaliyomo katika Wizara yake hasa katika hospitali nchini.

Ningependa tena kumwomba Bw. Waziri kuwa katika hali ya kutenga na kupanga pesa za kuhudumu hospitali ingefaa ayatilie maanani mambo kadha. Njia ambayo ingetumika badala ya kuwa facilities na pesa ziwe zitagawiwa hospitali kulingana na status kama vile district hospitals na sub-district hospitals, ni ile ya kuangalia idadi ya wagonjwa wanaotembelea hospitali fulani. Kwa sababau nikizungumza hivyo, hospitali ya Malindi ambayo ni Sub-district Hospital ukiilinganisha na hospitali ya Kilifi ambayo ni hospitali ya Wilaya utaona kwamba wale wagonjwa ambao wanakwenda huko ni wengi sana. Hii ni kwa sababu Malindi ni jiji kubwa sana na kuna watu wengi wanaoishi humo, kuna wageni wanaotoka sehemu mbali mbali na hata watu kutoka katika sehemu ya kusini mwa Tana River, Lamu wanahudumiwa katika hospitali hii. Iko haja tuiipatie hospitali hii pesa ili tupate huduma za kutosha. Tupatiwe dawa na wakaguzi wa kutosha kulingana na idadi ya watu. Kile kipimi ambacho kimekuwa kikitumiwa zamani cha kutoa huduma kulingana na status ya hospitali kama vile district au sub-district wakati huu sasa ambapo idadi ya watu imezidi hakiwi ni kipimo cha sawasawa. Nimeshukuru sana kuona kwamba kwa upande wa matibabu Wizara ya Afya imepatia Malindi Hospital wataalam katika area ya magonjwa fulani. Hivi nikizungumza tuna Paedetrician, gynaecologist na hata surgeon lakini kitu cha kusikitisha ni kwamba hata na ujuzi na huduma za watu hawa hakuna vifaa vya kutosha kama vile laborities za kuwawezesha kufanya investigations ambazo zinaambatana na ujuzi wao. Sasa inakuwa hakika hawa watu hawafanyi kazi sawasawa na hata cases nyingi inabidi zipelekwa Kilifi na pengine Coast General Hospital na hali kazi ambayo hawa wataalam wanaweza kuifanya ni ile ile ambayo inaweza kufanywa na general practioners. Nikiseme hivi ni matumaini yangu kwamba Waziri hatawatoa huko hawa madktari sasa kwa sababu hakujawahi kuwa na huduma kama hizi.

Kadhalika, Bw. Naibu Spika wa Muda, kwa upande wa madawa, nafikiri Waziri atakumbuka watu wa Malindi hujaribu sana kwa kuomba awafadhili kwa kuomba marafiki watuletee madawa lakini hii isiwe ni sababu ya Wizara kutusahau. Ukweli ni kwamba kuna madawa mengine ya muhimu kama ya magonjwa muhimu kama high pertension, asthma na kadhalika. Madawa kama hayo hatupati kwa sababu ni ghali. Zaidi pia tungeomba madawa kwa upande wa malaria yazidishwe.

Bw. Naibu Spika wa Muda, hospitali ya Malindi, kulingana na ukubwa wake na sababu kadha wa kadha ambazo ziko hivi sasa, hukosekana gari mpaka hivi sasa kwa sababu gari liliharibika mwaka na kitu uliopita. Hiki ni kitu ambacho kinasababisha huduma ya hospitali ya Malindi izarote. Karibu madaktari wote hawakai katika kiwanja cha hospitali kwa sababu nyumba zote zimechukuliwa na idara nyingine. Sasa madaktari wote wa Malindi wanakaa nje ya hospitali. Hivi ni kusema kwamba kukiwa na dharura yoyot, anayempeleka mgonjwa wake ni lazima atafute gari la teksi la kumchukua daktari ambaye anahusika, yaani doctor on call. Gari la kuwapeleka wafanyakazi wa hospitali kazini Kilifi, Coast General Hospital na kadhalika inabidi kukodeshwa. Hakuna gari la kuwahudumia. Hata ambulensi hakuna.

Bw. Naibu Spika wa Muda, jambo lingine ni kwamba kulingana na ukubwa wa hospitali ya Malindi na vifo ambavyo vimezidi, hospitali yetu haina mortuary, yaani chumba cha kuhifadhia maiti. Kile kijumba kilichoko ni kama stoo, hakina usalama na kadhalika. Hii ndiyo sababu nadhani mlisikia miezi mitatu iliyopita eti hata maiti iliibiwa katika stoo. Maiti haiwezi kuhifadhiwa katika mortuary ya Malindi.

Bw. Naibu Spika wa Muda, kabla sijamaliza, sitaki kusahau jambo moja muhimu sana. Nimesema tunataka hospitali ya Malindi ipanuliwe na sisi wenyewe tuko tayari kusaidia kwa kazi hiyo. Ushahidi ni kwamba hivi sasa tunajenga chumba cha X-Ray kwa Harambee na tunaishukuru Wizara ya Afya kwa kutuahidi

kwamba itatuletea mashine ya X-Ray. Lakini nia yetu ya kutaka kuipanua hospitali yetu ni kwamba ardhi ya hospitali imechukuliwa na kupatiwa watu binafsi. Nashangaa, ijapokuwa nimekuwa nikilitaja jambo hili mara kwa mara, sijui ni kitu gani kinafanya waliopewa ardhi hiyo wasiweze kupokonywa kama inavyofanyika mahali pengine. Tunasikia mahali pengine kadha wa kadha waliopewa ardhi ya public utility plots kama za hospitali na shule, basi zinachukuliwa tena. Kwa hivyo, namuomba Waziri atilie mkazo jambo hilo.

Bw. Naibu Spika wa Muda, mambo ya cost-sharing ni mazuri na ia nayaunga mkono kabisa. Lakini yafaa sub-districts zifikiriwe kwa ukubwa wa watu na hospitali. Jambo hilo pia linasababisha kuwa hakuwezi kuwa na district management board. Bodi inayosimamia hospitali ya Malindi ni ile ya Kilifi District na inakuwa na kazi mbili. Wawakilishi wa Malindi ni wachache na hawawezi kuwa na tashwishi la kutosha katika kamati ile kuwaeleza zile shida za hospitali ya Malindi. Hii ni kusema kwamba ningemuomba Waziri afikirie sana watu wa Malindi, ijapokuwa hatujabahatika kupata wilaya yetu mbali na Kilifi, tufikiriwe tuweze kuwa na management board yetu. Hata ikiwa ni kubadilisha sheria, basi yafaa sheria ibadilishwe ili wagonjwa waweze kuhudumiwa sawa sawa.

Bw. Naibu Spika wa Muda, eneo la Malindi ni kubwa kama nilivyosema na vituo vya afya ni nyingi sana. Masikitiko ni kwamba kwa muda mrefu sana - kama miaka miwili au mitatu hivi - vituo vya afya bado havijaweza kufikiwa na madaktari. Hii ni kwa sababu hakuna facilities lakini tatizo kubwa ni kuwa hakuna gari Malindi la kuwawezesha madaktari kutembelea vituo vya afya ambavyo viko nje ya mji wa Malindi na mbali na hospitali ya Malindi. Basi, ikiwa Wizara ya Afya ina lengo la kuihamisha hospitali ya Malindi mahali pengine, lile swali la ardhi kupewa watu wengine liangaliwe ili tufanye rehabilitation ya zile nyumba ambazo ziko huko na ambazo ni kuu kuu. Pia hakuna sehemu ambayo inaitwa "casualty" katika hospitali ya Malindi; wadi ni pale pale; casualty pia ni pale pale na ule msongamano umekuwa ni kubwa sana. Hivi sasa hospitali ya Malindi ina vitanda kati ya akina mama na baba kama 30. Kwa hayo machache, naunga mkono.

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

I want to begin by giving the Minister information: That the parking lot in front of Kenyatta National Hospital is water-logged and is in danger of becoming a mosquito breeding ground.

Mr. Temporary Deputy Speaker, Sir, we refuse to accept the reason given by the Minister for Health that the reason for deterioration in health services in this country is due to decline in funds per head of population for medical services. If you look at the budgetary provision for the last ten years, you will find that the Ministry of Health is one that has progressively received additional funds throughout the year. For example, the provision this year in the Recurrent Estimates is K£362 million compared to K£298 million last year. This is an increase of 20 per cent. The Ministry of Health has received an increase of over 10 per cent over the last ten years when we have had a population growth rate of 4 per cent or under. In other words, the increase in funding to the Ministry has been far much higher than the increase in population. Therefore, the reason for the decline or deterioration in health services in this country has got to do with corruption and mismanagement.

Mr. Temporary Deputy Speaker, Sir, everybody knows that it is not the cost-sharing that is the problem. This means that wananchi are actually adding to it. But the Government is in the habit of trying to blame everything that goes wrong on the Structural Adjustment Programme. It is the responsibility of this Government to come out with a policy that will address the problems facing this country. So, they have no business coming to tell Kenyans that because they have been forced to implement Structural Adjustment Programme, therefore, very essential services like health and so on must be allowed to deteriorate. The real reason is that money is being "eaten" by people in the system. Money which is supposed to be used for purchases of drugs is being used by some other people. The tendering procedure is shoddy and, therefore, the drugs are overpriced. The same drugs, as has already been said here so many times, find their way to private clinics run by officials of the same Ministry. I have a very good example here in Langata Health Centre, where one very senior officer carries drugs every evening to a clinic that she is running somewhere in Kabete.

Mr. Temporary Deputy Speaker, Sir, some of these things have very good reasons. We have a very demoralised public service. How do you expect a graduate doctor to survive on a salary of Kshs15,000/- a month? The Government itself is actually encouraging corruption. We have been saying that these are people who are highly trained; they are looking after the lives of the people of this country and they should be carefully remunerated. The Government should compare the cost of living in this country with what it is paying its civil servants. You cannot underpay your doctors and then at same demand that they should be patriotic and continue to provide health services when, in fact, the Government itself is doing everything to undermine good conditions of their service. Every now and then we read in newspapers - and this is a shame - about somebody who has served the Government for 20 good years being evicted from a Government house because it has been sold to somebody else who does not need it and who will take and sell it to some Indian.

Up there in Kibera we have donors who have offered to come and build a health centre, but there is no land available. All the land that was available for public utility has been taken and given to big sharks who are right here in this City in the sun. So, it is because of poor policies of this Government that we are experiencing a deterioration of services in the country. The staff of Kenyatta National Hospital are members of a trade union. But the management of this hospital continues to discriminate against these union members in terms of promotion and yet trade union membership is allowed by law. This is something that the Minister needs to look into.

As I have already said, the solution to this is for the Government to come up with a comprehensive policy on medical services in the whole country. This is what will address the question of terms and conditions of service of medical staff and also the question of corruption, which is a cancer that is eating the fabric of our society. Unless the Government does that we are going to continue to have this kind of situation. We have patients in private hospitals in this country who have been arrested because they cannot pay accumulated medical bills. We keep on conducting Harambees every day for our people to be able to receive medical services. This is something we never used to do some few years ago.

In conclusion, I would like to talk of a sickness of a different kind. We have a very important person in this continent; a person who has made a very positive contribution to the democratisation process in Africa. Right now he is almost dying in custody. He is suffering from poor health. This person has been subjected to a life prison sentence by a Government that has no mandate or business to be in power. This is General Olusegun Obasanjo. All the democratic countries in the world like the United Kingdom, the United States and so on have condemned---

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, Mr. Raila Odinga! What has General Obasanjo to do with our Ministry of Health? You are grossly out of order!

**Mr. Raila:** Mr. Temporary Deputy Speaker, Sir, I am saying that General Obasanjo is very sick and we are talking about health. I am saying that this Government, which claims to be democratic, ought to join other democratic governments like those of the United Kingdom, Germany and the United States in condemning the---

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, Mr. Raila Odinga! Due to your persistent defiance of the order of the Chair your speech is cut short under Standing Order 87.

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): Mr. Speaker, Sir, I thank you very much for having given me this opportunity to contribute to the debate on the Vote of the Ministry of Health. It will be appreciated that this is the only Ministry that deals with the unborn, the living and the dead! There is no other Ministry which deals with the unborn, the living and the dead people. So, it is a very important Ministry and I am sure that that is why the Sessional Committee has given it a priority. I am glad that the Minister has requested all his senior officers to sit in the Civil Servants Benches in this House and I can see that the two sets are full; they will hear what hon. Members are saying.

I happen to be one of the people who, in the history of Independent Kenya, have served as a Minister for Health for the life of a Parliament. I do think that the current Minister for Health has definitely tried to control the Ministry despite the difficulties he has been facing. Difficulties come because the Ministry consists of very educated and dedicated people like doctors. However, a lot of care is needed in handling them. I remember that when I was appointed to that Ministry I was told by then Permanent Secretary in that Ministry, the late John Kyalo, who was also a Minister in this Government, that doctors are hypocrites and that it would be difficult for a non-professional to deal with them. I told my Permanent Secretary that I would be able to deal with them because my teaching profession had given me a lot of knowledge on how to deal with professionals.

Indeed, I managed. When I went to that Ministry there were a lot of strikes by doctors. The hon. Dr. Onyonka and Dr. Njoroge Mungai had just been in that Ministry. However, for the five years I was in that Ministry there were no strikes of any kind. The reason for that was the way I was talking to the doctors. Every fortnight I used to meet the leading doctors right from the provinces to find out what problems they were experiencing. I am glad to say that at least I found doctors very understanding. I think that the strike that was on could have ended much earlier if there was dialogue between the doctors and the Ministry officials. This is very important. I am only advancing this as an advice because I managed to do it and I succeeded. Although hon. Ogur is claiming to be a shadow Cabinet Minister for Health, he seems not to understand why doctors cannot write the name of a disease on a prescription.

**Mr. Raila:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Mr. Ochola Ogur is a shadow Minister for Health. He is not claiming to be one. Is the Assistant Minister in order to insinuate that "he is claiming" when he knows that Mr. Ogur is the shadow Minister for Health?

**The Temporary Deputy Speaker** (Mr. Wetangula): I did not get what you said. What did you say?

**Mr. Raila:** The Assistant Minister said that "hon. Ochola Ogur is claiming to be a shadow Minister for

Health". We are saying that hon. Ochola Ogur is, indeed, the shadow Minister for Health. Is he in order to insinuate that Ogur is claiming to be what he is not?

**The Assistant Minister for Commerce and Industry (Mr. Osogo):** Mr. Temporary Deputy Speaker, Sir, we know that all shadow Ministers do claim that they are Ministers. I insist that they do claim.

He seemed not to understand the reasons why doctors cannot put a disease on a prescription. A disease can only be explained to a patient. This explanation cannot even be given to the nearest relative without the permission of the patient. This is the ethical practice of the doctors. So, I think hon. Ogur was wrong in saying that doctors prescribe drugs, you do not know the disease, you go and buy the drugs that you do not know. The doctors do not want the people who are selling drugs to know what your disease is. Those who are selling the drugs are concerned with selling you the drugs.

I would like to draw the attention of the Minister to the fact that the doctors in Government service are now competing with private doctors. Doctors in Government service do private service, and all of them are now competing in things like; who is driving the biggest car, who is having a posh house, and that is why they have caused the health bill to be very high. It is very expensive to be a sick person and I can see the reason why those who do not have money can die. Since I was born, I have only been admitted to a hospital twice; once, when I was seven years old and secondly, only early this year. For the first time, when I went to Nairobi Hospital, before I was admitted, I was asked to pay Kshs47,000. This was before I was even admitted.

**An hon. Member:** But you have money!

**The Assistant Minister for Commerce and Industry (Mr. Osogo):** That is why I am saying that I can understand why people who do not have money die. I was very sick. I was brought from my home, sick with diabetes which I had never suffered from. But when I arrived, I was instructed that I must make a down payment of Kshs47,000 before admission. I did not have that money but, fortunately, the accountant knew me and so he allowed me to write a cheque for which there was no money in the bank. I had to send somebody to this Parliament to borrow money so that I could take that money to the hospital for that cheque to be honoured. That is why I am standing here today and contributing to this Motion, otherwise, I would be a dead man.

Mr. Temporary Deputy Speaker, Sir, the other point I would like to make is that hospitals would not be full if everybody was responsible for educating everybody else on how to prevent diseases. As Members of Parliament, I think we have got the responsibility, in our political platforms, to assist in educating the constituents on how to prevent diseases. Most of the diseases, including AIDS which is very fatal, can be prevented by people restraining themselves from doing certain things. I think if we took the responsibility of educating our constituents on how to prevent diseases, we would have fewer people demanding the curative services of the Ministry of Health. I would request that rather than going to platforms and talking politics and even carrying politics to funerals of the unfortunate dead ones, we should be able to take the opportunity to educate our people. I would like to agree with hon. Anyona that we should educate our people on how to prevent these diseases so that pressure can be reduced on the curative aspect of the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, somebody has mentioned something about the Medical Training College (MTC) "boss". I would like to inform the Minister that the MTC boss is here. He was only a Health Inspector when I was the Minister for Health, but he has become such a difficult man in the present position where he is that the Minister should be able to tell him that he has a got a responsibility as a public servant to attend to the public who want his services. I have personally been in that place and, in spite of the fact that I have been a Minister there, the gentleman could not be able to see me. I just wanted to find out how many of my constituents had been admitted for medical training because it is important that we too have nurses in areas where there are none. I would like the Minister and, may be, his Permanent Secretary who is here, to tell this gentleman that it is important that he attends to people who want his services. Also, replying to correspondence. Hon. Nyagah has mentioned it. It is important ---

**Mr. Kariuki:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the hon. Assistant Minister in order to single out one officer and criticize him, as if he is not supposed to see any other person except the hon. Assistant Minister?

**The Assistant Minister for Commerce and Industry (Mr. Osogo):** I do not know whether that is a point of order or not. I would like to end by saying that if correspondence was replied to by Ministries, particularly, the Minister for Health, there would be fewer Questions in this Parliament to the Ministries.

**The Temporary Deputy Speaker (Mr. Wetangula):** Your time is up, Mr. Osogo. Dr. Lwali-Oyondi!

**Hon. Members:** Only Luhyas!

**Dr. Lwali-Oyondi:** Thank you very much, Mr. Temporary Deputy Speaker, Sir. There are some people who like going out and when they come in, they want to speak. It is very unfair. Now, they want to

complain. I think they are the corrupt lot. They should not talk about corruption.

I wish to say a few things on this Ministry. When we attained Independence, we had three enemies that we were to fight. These used to be mentioned in Swahili as "Ugonjwa, Umaskini, Ujinga, yaani, kutojua kusoma". However, all these enemies that we were supposed to have fought have instead fought us and now, there is more ugonjwa, umaskini and ujinga. We are even sticking arrows into ourselves. You do not look very clever when you throw arrows into another person's body. Huo ni ujinga. We have to try and fight these enemies.

Much has been said about corruption and I do not need to repeat it because of time. However, one thing is clear; that our people are dying due to selfishness on the part of the people who are supposed to look after us. They would rather have us all die. The Kenyan population is now in danger because of selfishness. We are being chased by inflation and by diseases like Malaria, AIDS and so on. We are being chased around by accidents which are killing us and now, the Kenyan, on the whole are endangered species. If we are not careful, those who are seeking to look for riches might find themselves owning those riches, but without a population to admire them with their riches.

Mr. Temporary Deputy Speaker, Sir, I wish to say something about the mortuaries. Mortuaries have been a disgrace in this country, and those who are mortuary attendants have not been left behind in their corrupt dealings also. They are trying to keep up with the Johnsses. When a body is brought in a mortuary dead, usually after an accident or due to some sickness, these mortuary attendants throw the deceased on the floor either to stay until they are bribed so that they put him in a cold room or they let him rot. The more rotten the person becomes, the better because the owners of this particular individual will not be able to touch the body. First of all they will be so shocked that the mortuary attendant will now demand anything up to Kshs.10,000 so that he can collect those rotten remains of this particular person and put them into the coffin. The police also are to blame in this case. Somebody dies in an accident, for example, with all identifications and they do not inform the owners that this particular person has died. They let him lie there and these corrupt mortuary attendants will let the person get rotten.

As I speak here, my niece who had just completed her degree work and she had just got married, and was teaching at Mogotio High School died in an accident in a Nyayo Bus and with all her Identity Cards, even the Blood Grouping card, the Police simply took the cards and hid them, and these funny mortuary attendants had to let her rot. We got her with worms all over her chest having been thrown away and she was stinking. The mortuary attendants in Eldoret Hospital were demanding Kshs.3,000.00 and every other officer was demanding some money. It is a very pathetic case. Even as I speak now, I am going to attend to the Harambee of the late Professor Were who was also thrown about in the mortuary and he got swollen up beyond recognition despite his Identity Cards being in the pockets. We have gone to a hellish situation whereby our need for money has gone beyond expectations. Actually even the Devil himself cannot go to that extent.

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

*[Mr. Deputy Speaker resumed the Chair]*

Mr. Deputy Speaker, Sir, while on this mortuary business, the Chiromo mortuary at the University of Nairobi is doing a good job, but since people are going there to collect their dead, the students are getting affected. There are people who begin yelling around there because of the grief they have because of their deceased. This is affecting the students. The University would probably do better if it had to look for another place like Kabete area where there is enough room or control those whose people are dead such that only ambulances or hearses which come to collect the dead so that the students are not disturbed with the wailings. You cannot study when you see somebody falling on the ground and crying. This is now becoming quite common there, and I think the Minister should liaise with the University so that the whole place is controlled.

Mr. Deputy Speaker, Sir, I would like to say something small about Health Training. There is discrimination in Nakuru. Many people who are very highly qualified are not getting into the Medical Training School and the trainers seem to be choosing trainees from certain ethnic groups. Nakuru is suffering in everything. There is discrimination, and people who are not qualified are actually getting into the Medical Training College so long as they come from certain ethnic groups and those who are very, highly qualified are not taken. This can be confirmed by looking at the list of trainees which is available in Nakuru Provincial General Hospital. Let anyone of the officers or the Minister go and get that list and it will prove to him that there is a terrible discrimination in training.

Mr. Deputy Speaker, Sir, money that is being collected from hospitals like Nakuru District Hospital is over Kshs.20,000 per day on the so called cost-sharing. This money is spent by the officers there, and I am sure it is being done in every District. I would like Members of Parliament to be associated with that money and take control, at least to see what is being done with the money, and if possible, it should be accounted for. This money should be able to buy essential things like X-Ray films, plaster of Paris, anaesthetics, suture materials, oxygen, disposable syringes, laboratory reagents and blood bags for storing blood. These are essentials because anyone of us can have an accident and you would not ask the accident victims to go and look for all those things. Usually, the accident victim's money is stolen by various people who are around the accident and he gets to the hospital without any money. They are asked to buy these items and sometimes people lose their lives when they do not have money. Hon. Osogo has just said that you are asked for Kshs.45,000. The items I have mentioned should be there, and they should be bought with this money that is usually collected from *wananchi*.

Mr. Deputy Speaker, Sir, another thing is on buildings. If you open page 408, we have item 410 of the Printed Estimates. We have houses being put up. This money is being wasted because the present doctors, particularly in Nakuru, have lost their houses. Their buildings have been grabbed by the Provincial Commissioner and his henchmen. They are giving them to politically-right people. Why do we have to build more houses when they are being pinched and given to other people?

Lastly, Mr. Deputy Speaker, Sir, Naivasha District Hospital which is on the highway is having no water. I took some accident victims there and the doctors were stitching them with water in a bucket. How can you keep septic in that way? I support the Motion. Thank you.

**Mr. Rotino:** Thank you very much, Mr. Deputy Speaker, Sir, for giving me this opportunity to be able to contribute on this Motion of the Ministry of Health. As I speak now, there is a lot of increase of cases of Malaria in West Pokot, especially the lower parts of West Pokot. I have asked Questions in this House several times, pointing out that Sigor Health Centre has had no Land Rover for the last three years. The reasons the Ministry always gives are very flimsy reasons. I want to appeal to the Minister, with the help of the new Permanent Secretary in the Ministry, to be able to assist the people of Sigor because they are really suffering. The nearest hospital is more than 60 kilometres away from Sigor. When somebody is referred to Kapenguria District Hospital, somebody has to look for a Matatu and Matatus are very expensive. I am really appealing to the Ministry to consider providing a Land Rover to Sigor Health Centre because at the moment, as I have said, we have a lot of cases of malaria because during the rainy seasons, there is a tendency of cases of malaria increasing, and it is very important that we have a Land Rover to ferry those who are sick or those who are referred to the District Hospital. In the Ministry of Health, we have two sections.

There is a Preventive Section and Curative Section.

Mr. Deputy Speaker, Sir, I would like to urge the Ministry to put more emphasis on the preventive side, the community based health care programmes because in those marginalised areas where health facilities are very far from the people, more preventive should be done. The Ministry should be able to work with those NGOs and with the Church related organisations that work in those remote areas to be able to equip those areas with preventive facilities so that the people are able to prevent those diseases. For example, we should have community based trainers in those communities so that they can go round teaching people how to prevent malaria and other common diseases within the area. If the Ministry already has them, then they are not working because we do not see them going round homes and we do not see them in the *barazas* that we attend. These trainers should teach *wananchi* how to keep their compounds clean. We need more of them to be trained within the Government system so that we are able to prevent diseases because prevention is better than cure. All of us are aware that curative services that are available in this country are very expensive and we need the Ministry to consider this very seriously because the people who cannot be reached by curative services are suffering. We need the Ministry to equip and put a lot of emphasis on training community trainers to facilitate the health services.

Mr. Deputy Speaker, Sir, I would like to talk on National Hospital Insurance Fund (NHIF). This is a big misuse of public funds.

*(Applause)*

When anybody who is a member of NHIF is admitted in a hospital, I understand that the Fund only pays for ten days and no more. This is only bed facilities, what happens to the other amount of money? I think NHIF should be treated the same way as NSSF because some contributors pay KShs.80, others KShs.120 while others pay slightly more per month, but where does this money remitted monthly to this Fund go? I would like the Ministry of Health to give us a clear cut policy on this so that each contributor knows the fate of his money. This should be

treated as any other insurance fund. The Ministry should give us a clear cut on this because the Ministry on one hand deducts the monthly deductions and on the other hand it gives medical allowances. How do you marry the two? Can the Ministry give clear policy and this policy should be made public so that all contributors should be able to know the fate of their own money.

Mr. Deputy Speaker, Sir, I would like to rush over very many things that I want to speak about. I would like to talk about cost sharing. Cost sharing is something that has been misused because many people in the rural areas cannot afford the KShs.10 that they are required to pay. I think some review of this cost-sharing should be considered so that not just a blanket cost-sharing is given. Maybe cost-sharing should be introduced in district hospitals and those who are able to pay the KShs.10. These people are being fed with relief food and yet they are expected to pay KShs.10 for a hospital card. I think the Ministry of Health should think about this again and see what to do with cost sharing because it is not fair to those people who have got problems and who cannot afford to pay the KShs.10.

Mr. Deputy Speaker, Sir, now I would like to turn to the doctors' or health workers' remuneration. The salaries that the doctors are being paid are so meagre that they cannot afford to meet their own expenses. Therefore, they run to open private clinics and then the Ministry again opens private wing within the Government hospitals and that even makes the situation worse. When somebody goes there who is not able to pay, many of those drugs meant to be used within the Government hospitals go to the private wings within the Government hospitals. I think that the Ministry should get rid of these private wings within Government hospitals so that we do not encourage corruption within those wings so that we are able to treat the 70 per cent of our rural folks. Many of our people are in the rural areas and these drugs do not reach them as most of these drugs end up in the private wings and private clinics.

I would like to thank the Ministry for introducing the checks within the Ministry. These are going to go along way in curbing theft within Government hospitals. Although I know that there are a lot still to be done within the Ministry. The Ministry of Health just as the Ministry of Education is a key Ministry and is a very important Ministry. I would like to encourage the staff within the Ministry of Health to work extra hard, day and night so as to help our people because the death rate has gone up. Infant mortality is increasing every day in the rural areas. Why? Because less health facilities reach the rural areas. I would also like to encourage the Ministry of health staff to work closely together with the NGOs. The Ministry of Health also should be able to monitor closely their health worker workers because as we know, many hospitals are not very as clean as they should be. It should be able to have a unit to monitor cleanliness of the hospitals as well as equipment.

Mr. Deputy Speaker, Sir, I would like to request the Ministry of Health to open a Nurse Training College in Kapenguria so that we are able to train our own young people. This area lacks nurses at the moment. Since Independence, we have less than a hundred trained nurses. Even last year, only 9 trainees were admitted for nursing training. This was very discouraging and I would like to appeal very sincerely to the Ministry of Health to give more of the Pokots opportunity to be trained as nurses so that they can go back and work in those remote areas. Not everybody can agree to go to work in those areas like Pokot. I speak with a lot of bitterness because health facilities in West Pokot are very meagre and even those NGOs working there, the Ministry of Health seems not to be working closely with them. I would like to appeal to the Ministry to work closely with them because they are the people who reach these people.

Mr. Deputy Speaker, Sir, I would like to speak about the drugs. I would like to thank the Ministry for introducing the Drug Monitoring Unit and providing the hospitals with drugs, but more still need to be done. For example, when drugs are sent from Nairobi to Lodwar or Kapenguria, you are not very sure whether those drugs are going to reach their destination. I would also like to request the Ministry to equip Kapenguria District Hospital.

With those few remarks, I wish to support the Motion.

**Dr. Kituyi:** Thank you very much Mr. Deputy Speaker, Sir, for giving me a chance to say one or two things about this Ministry.

First, I wish to congratulate the Minister for Health for starting to implement the Manifesto of FORD (K) on health services because one of the most important steps in rationalising medical care and medical services in this country, is the separation between primary and tertiary and referral services between front line, regional and national Health institutions.

Mr. Deputy Speaker, Sir, having thanked the Minister, I would want to express my anxieties about what he is doing. When I look at the Printed Estimates, for the Ministry of Health, the first thing to strike me was a sad thing. It was saddening to notice that the Government at long last has totally withdrawn financing for the Mobile Health Unit and for the first time since independence, the Government has anticipated only thirty mobile clinics that are funded by donors and NGO's are going to be of significant value to this country. This is

unfortunate because at the time when the Government is supposed to rationalise health services in this country, and emphasize preventive and promotional medicine, the role of mobile health units for clinical purposes and for community education will have been enhanced instead of being stifled by the withdrawal of all funding from the Exchequer.

Mr. Deputy Speaker, Sir, I listened to the Minister for Health talking about the drugs problem that is coming under control and I have recently listened to the same Minister talking like any consumer of health services in this country, about the different arms of Government that are responsible for the problems of theft of drugs, a Minister of Government blaming CID officers for stealing drugs. Sometimes we are confounded whether this Government expects the Opposition to be the custodians of public interest, or it is the Government of the day. When a senior Minister of the Government goes to the Press to complain about police officers stealing drugs, what would have expected is that an officer from his Ministry will be giving evidence in a court of law, not a Minister talking like he wants to impress that he doing something about it without any clear action to the persons that are suspected to be culprits. Who shall we trust to be the custodian of public drugs if not the Minister for Health?

Similarly, we have listened to both the Mover and Seconder of this Motion. They are complaining about what used to be done about what is beyond their ability to do. I think it is part of the Government policies that a Minister accepts responsibility for what happens under his Ministry. If I was the Minister for Health, the first thing I would have done, is to admit my inability to do what needed to be done but is not done and not to try to pass the buck by. I was very interested in saying how the allocation of resources in the Development Estimates, related to the declared policy of Government on social dimension for development. This is because Health and Education Ministries, are the key sectors if a Government is committed to a rehabilitation of the social sector or social dimension, but we see a number of things. First, that 68 per cent of the anticipated expenditure on development is from Appropriation-in-Aid, most of these, anticipated money from donors. This is alright in only one way that the donors realize the importance of expanding the access of the Kenyans to particularly preventive services in health. But it is also unfortunate that it is like an underdevelopment of priority, particularly in preventive and promotion of health from the Government of Kenya. We would have expected more net expenditure from the Government on preventive and promotion of health, than what comes out in this Budget. But that is not all.

There are a number of very disheartening things about this Ministry and its relationship with donors. I have raised it before in a Motion before this House, that this Ministry has a notorious reputation within the donor circle for its inability

to absorb voted allocations. The Ministry of Health has a very notorious record for the pipeline of donor funding.

The absorption capacity has been declining at a time when the Minister will tell that services are not being offered adequately because of funding. At a time when the Government is abdicating itself and humiliating itself before donors to beg for money, you find money still unspent at the end of the year. Mr. Speaker, Sir, in this Financial Year, the Danish government is withdrawing K£4,800,000 equivalent of 50 per cent of the entire expenditure of promotional and preventive medicine.

Mr. Deputy Speaker, Sir, this was 100 per cent of the funding for the Kenya Expanded Programme on Immunisation. The funding was withdrawn because of two things. First, this Ministry has not presented to the donors a forward budget for KEPI. Secondly, because this Government signed a bilateral programme which it has failed to adhere to; just one paragraph 17 in the Bi-annual Consultations which ended this spring, about the right of the donor to check the accounts. After signing the bilateral programme the Government developed cold feet and the consequence of it is that 100 per cent of the funding for the national immunisation programme in this country has gone down the drain.

Mr. Deputy Speaker, Sir, until recently this country had the most impressive immunisation cover; children under one year old had almost a 90 per cent cover; under five year olds had 71 per cent cover and the best in Africa. These were figures to be proud of. This is a component of medicine that is critical to the expansion of promotive and preventive medicine. So, all of a sudden, because of bureaucratic red tape and the inability to honour pledges made during bilateral negotiations, we are destroying the most successful component of our health.

This is something that should be mourned. At a time when we are expecting more donor funding, you see donor dissatisfaction reflected in declining allocations. That is why you can see the allocation for the expansion of headquarters coming 000down from Kshs150 million last financial year to about Kshs40 million this financial year. You see the allocation for curative medicine dropping from K£2,600,00 to K£1,900,000 at a time when the population is increasing; at a time when the underclass is expanding in this country. What one would have expected is attention to conditions which make it possible for this country to accede to the resources necessary for this sector of health services.



Mr. Deputy Speaker, Sir, there is an anomaly that has occurred in this country. The collapse of efficient public health has coincided with the expansion of shoddy private health services. They are normally called "sick homes." These "sick homes" as we see them in this country, are like sub-standard secondary schools that we see in our urban areas. They are a reflection of a declining public health service. They are not a reflection of the growth of the private sector. We need to do two things. First and foremost, it should be possible for a Government committed to reviving a sector that is critical to the poor of this country, to introduce a solidarity tax; that those who benefit from private health practice, be they big hospitals like Nairobi Hospital, M.P. Shah or Aga Khan Hospital or these amorphous entities called sick homes, pay a certain tax that goes directly into the rehabilitation of public health care in depressed neighbourhoods. This has been done in other countries and it is about time this country started paying attention to this possibility. There is no way we are going forever to tax other areas to finance this. But if we can show a direct relationship between what accrues from taxing these amorphous entities that are emerging and rehabilitation of services to the underclass, people who live below the sewage line, then we would start being consistent in our actions with our commitment to sustainable social development.

Mr. Deputy Speaker, Sir, I listened to the Minister talk about his attempts to be fair to all areas of this country. In the recent past I have had occasion to disagree with the Minister. On 13th April, 1995, when we passed the Supplementary Estimates across the Board, Bungoma District had a reduction of its recurrent expenditure by 50 per cent apart from salaries. The Minister said that I was talking hot air and I challenged him to prove the contrary but he never took the opportunity to do so. When he was moving this Motion, he said that all areas have been given equal treatment. I challenge him to show a single penny in the Development Estimates for 1995/96, which has been allocated to Bungoma District. Bungoma District has received zero allocation.

Thank you, Mr. Deputy Speaker, Sir.

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

I support the estimates very strongly, but I would like to suggest to the Minister for Health a few things that need to be improved. First, cost-sharing should be definitely be streamlined especially in the health centres in the country side. Money should not be submitted to the District Headquarters to be "eaten." We should encourage the management committees in various health centres to open accounts to deposit their money, so that it can assist in development. In my area, money is submitted straight to the District Headquarters, and the management committees have a lot of problems in development of a certain areas.

I would also like to request the Ministry of Health to start a medical fund for Members of Parliament, particularly when they have got some health problems or when they are involved in accidents. Recently, we were raising money for one of us and it seems that there is no medical fund at all for the hon. Members. I would appeal to the Ministry of Health to create a Medical Fund to cater for the hon. Members.

The private clinics which are operated by doctors encourage corruption particularly if the doctors owns private clinics are near the places where doctors work. This should be streamlined if doctors are to continue to assist patients away from their places of work, so that they can plan their timetables in a way that will enable them in their private clinics on certain days while on other days they are in their usual places of work. This is because Government medicines find their ways into these private clinics. Sometimes, doctors spend a whole week in their private clinics instead of catering for the public.

I will now talk about nursing homes. I would like to emphasise here that the mushrooming of nursing homes which are claiming illegal refunds and getting a lot of money from the National Hospital Insurance Fund should be checked seriously by the Ministry of Health. There are several in my area and I feel that the owners and beneficiaries collude to defraud the Fund and end up getting a lot of money without rendering any services. Whether these money is supposed to be paid to the nursing homes, is something that I do not know. I would like the Ministry of Health to streamline this particular area.

During the colonial days there used be people known by the names bora afya visitors or inspectors, who used to go around villages to encourage wananchi on how to put up toilets, better houses with ventilation and clean their business premises where food was being sold so that there was no dirt which would cause epidemic diseases.

These health visitors or "bora afya" who were there in those days are not there. If the Ministry of Health could revise this trend we would not have problems of people not owning facilities that are proper for health like toilets and so on. I would definitely encourage and recommend the "bora afya" inspectors in the villages to visit homes and encourage wananchi to set up better toilets and observe hygiene in the handling of food.

Mr. Deputy Speaker, Sir, health centres are set up just without much thought in our country. We would like the Ministry of Health to consider population density when they want to start a health centre in an area. This

population will assist them to know how many doctors they require. By knowing how many people a doctor will attend to they will be able to train doctors accordingly. There are certain areas in my Constituency where we do not have any health centres and yet people are densely populated. There are only a few health centres in my Constituency and they are far away from most people. These people have to travel long distances to go to district hospitals.

I want to emphasise that we would like the directive by our President that medicine should be sent directly to the district hospitals be implemented with immediate effect so that our people in these health centres can collect their medicine nearby. As some people say there is a history of theft in our hospitals. The implementing of this directive will assist in reducing theft cases.

I whole-heartedly support the Motion on the Estimates. Thank you, very much.

**Mr. Mathenge:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity to contribute to this debate.

The amount of money K£362.8 billion is a lot of money that the Minister is asking this House to approve for his work in the country. When I was coming from Nyeri this morning, I thought I would come here and attack the Minister for not having taken much interest in the Nyeri Provincial General Hospital which I visited recently. After having studied the Budget proposals I see that the Minister has given some increase in the allocation of funds to Nyeri Provincial Hospital and other hospitals in Nyeri. Looking at these Estimates as a whole for the whole country I think the Minister has tried to be fair in the allocation of funds and when a Minister does something reasonable I think we should congratulate him and ask him and his friend, hon. Mutiso, to continue doing a good job and not to go backwards. We do hope that the allocations, as contained in the Printed Estimates will remain so on the ground. We do not want to hear of transfers of cash between provinces or hospitals. We expect that money allocated in the Printed Estimates will be spent as approved here in this House.

Nyeri Provincial General Hospital is in dire need of attention. The kitchen equipment which is there needs to be repaired or replaced altogether. There is inadequate supply and storage of water in that hospital. The mortuary is also in a pathetic state. The X-Ray requires complete renovation or replacement. People have to go to private doctors to enrich them for X-Rays and so on. We also need high quality drugs to be made available at the hospital so that members of the public can get drugs at affordable prices.

I went to Kenyatta National Hospital recently and noticed that it is very much congested. I think it is high time the Government decided not to expand it any further, but to renovate it because it is in shameful condition. Instead of spending more money there expanding that hospital, if money is available, it should be spent in the provincial and district hospitals to improve the facilities in those areas rather than to pour money in a hospital that is too difficult to manage at the moment.

Mr. Deputy Speaker, Sir, in many hospitals one sees very many bonded and unserviceable vehicles lying idle and have been lying idle there for years. It is high time now the Ministry took action to get those vehicles sold through public auctions so that money can be gained by Government to provide new vehicles or better services. So long as those vehicles remain there, some clever people go and steal spares from them and in the end a vehicle that was grounded for only minor defects becomes a shell. It becomes free for everybody to go and salvage the vehicle. So, the Ministry should make sure that all unserviceable or bonded vehicles are sold or repaired, but keeping them idle there will result to higher losses.

Mr. Deputy Speaker, Sir, on the question of training. At Nyeri Hospital, they train nurses and that school has not been improved for a long time. I am glad now since I have heard that it is going to issue diplomas to those who train there. However, if you are going to produce good products in form of nurses from there, I think, we need to improve the training centre so as to make it a better training institution.

Mr. Deputy Speaker, Sir, I have looked at the estimates and noticed that the Ministry is spending very little money, if any, on improvement or maintenance of buildings. Most hospital buildings have not been repainted for well over five or ten years. It is a shame to look at a Government buildings which look as if nobody owned them since they are neglected.

Surely, as we dress ourselves well, the Government should make sure that its image is also acceptable to the people. But when you look at the buildings in ugly conditions, it shows how ugly those who are responsible for their maintenance are in their brains.

Mr. Deputy Speaker, Sir, we expect those people who are supposed to keep Government property in good order to do so and also show that they are in leadership capacity, but not to wait until somebody goes to remind them about their work. They should not be led, but they should lead in improving the image of the Government. But one looks at them and think they have abrogated their responsibility.

Mr. Deputy Speaker, Sir, windows in those buildings have no panes. You look at them and see that they are broken and their doors have no locks and you wonder as to what is happening.

Another thing that the Minister ought to look into is the financing and inspection of mission hospitals. When Government doctors were on strike most people went to mission hospitals for treatment. The Government should inspect mission hospitals and also give grants to them so that they can continue to render services to wananchi. I have in mind Mathari and Tumu Tumu Hospitals. These hospitals need financial assistance from the Government. Mathari Hospital has only two doctors and how those two doctors work and manage to treat the patients who go there is very difficult to imagine! Those few doctors in mission hospitals seem to be dedicated. This is the same situation at Tumu Tumu hospital.

I think there is need for the Minister to ensure that the auditors visit hospitals regularly to ensure that drugs and other equipment provided are not misused by people who want to become rich overnight. The Minister should ensure that whatever is supplied to hospitals has a register which is properly maintained. Now, it is pointless to keep on transferring matrons and doctors from one hospital to another within very short periods. I want hon. Mutiso to stop transferring our matron because she happens to be from his own area, but has been working in Kikuyuland. I want her back in Nyeri Provincial Hospital. I need not go very far with this issue because I have made the point and I hope the Minister has noted it.

I hope that drugs will no longer be diverted to areas other than where they are meant to go. I hope that in this financial year our hospitals will get more supplies. I thank the Minister and I think our friendship will improve because he has been very fair in this year's Budget.

#### ADJOURNMENT

**Mr. Deputy Speaker:** Order! Hon. Members, it is convenient time for the interruption of our business. The House stands adjourned until tomorrow, Wednesday, 19th June at 9.00 am.

The House rose at 6.30 pm.