

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 19th July, 1995

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

## PRAYERS

## ORAL ANSWERS TO QUESTIONS

*Question No.363*

### RETIREMENT AGE FOR POLICE OFFICERS

**Dr. Otieno-Kopiyo** on behalf of **Mr. Kapten**, asked the Minister of State, Office of the President:-

- (a) what the mandatory retirement age of police officers is;
- (b) how many police officers above the rank of Senior Police Inspector and have attained the age of retirement were still in the service; and
- (c) how many police officers from the Abaluhya Community, above the rank of Senior Police Officer, had left the Police Force since 1st January, 1994, and what the reasons were for leaving.

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

- (a) The mandatory retirement age for all civil servants including the police is 55 years.
- (b) The Kenya Police Force have no rank of Senior Police Inspector.
- (c) The alleged rank of Senior Police Inspector is non-existing in the Kenya Police Force hence the issue of officers of such a rank having left the police does not arise.

**Dr. Otieno-Kopiyo:** Mr. Speaker, Sir, given the fact that the mandatory retiring age for police officers and other civil servants is 55 years, what is the reason for the compulsory retirement of certain police officers at the age of 50 years or below 55 years? What are the special circumstances under which these people have been retired?

**Mr. Sunkuli:** Mr. Speaker, Sir, that is a hypothetical question. The hon. Member should be specific because, I am not aware of any police officer who is being mandatorily retired yet he is under 55 years old.

**Dr. Otieno-Kopiyo:** Mr. Speaker, Sir, Mr. Sugweu who was a Senior Deputy Commissioner of Police was retired at the age of 50 years. Having done a commendable job, he was even the Commander of the Presidential Escort, he is still a young man, but the Government has given him a job at the Ministry of Commerce. So, could the Assistant Minister give me the reason for that specific case and then he could use his imagination to tell me the other cases that he knows?

*(Laughter)*

**Mr. Speaker:** Order! Order, Dr. Otieno-Kopiyo. First of all, you have already been informed and the Chair would like to inform you that it is out of order to put any hypothetical question. Mr. Sunkuli, you can answer the factual question.

**Mr. Sunkuli:** Mr. Speaker, Sir, the hon. Member is talking about a member of the Police Force who retired. We are talking about cases of mandatory retirement, which the Member has not been able to prove.

**Mr. Munyasia:** Mr. Speaker, Sir, the Assistant Minister tells us that there is no such rank as "Senior Police Inspector", but the word "senior" could also be substituted with the word "chief". So could he now answer the question, how many Abaluhya above the rank of Chief Inspector of Police have been retired since January 1994?

**Mr. Sunkuli:** Mr. Speaker, Sir, that would be a good question to be asked next time.

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

*Question No.569*

### PROVISION OF MARKET PLACE

**Mr. Obwocha**, on behalf of **Mr. Obure**, asked the Minister for Local Government:-

- (a) whether he was aware that Magena Trading Centre does not have an open place for trading; and
- (b) whether the Government could consider providing a place for "wananchi" so that they could do their business peacefully.

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

(a) I am aware.

(b) The issue will be presented before the Town Planning, Markets and Housing Committee meeting in August, 1995.

**Mr. Obwocha:** Mr. Speaker, Sir, Magena Market is one of the leading markets in Bomachoge Constituency on the way to Kilgoris. The market place has not been designated where "wananchi" can have a place for trading. Can the Assistant Minister tell this House which town planning and housing committee he is talking about? Is it the town planning and housing committee of Kisii County Council, or the new district which he has yet to give a name? This is because Bomachoge now falls under the new district.

**Dr. Wameyo:** Mr. Speaker, Sir, this falls under the existing council, as of now.

**Mr. Obwocha:** On a point of order, Mr. Speaker, Sir. There are many councils around this market. There is the Ogembo Town Council and also the Gusii County Council under which Bomachoge Constituency falls.

I am asking specifically, according to the Assistant Minister's reply to part "b" of the Question in which he said that the issue will be presented before the town planning, markets and housing committee, of which council, is it Ogembo or Gusii Country Council?

**Dr. Wameyo:** Under which Bomachoge falls!

*(Laughter)*

**Dr. Lwali-Oyondi:** Mr. Speaker, Sir, arising from that answer, is that Assistant Minister aware that in many local councils, especially municipalities, there are no places left any more for public markets apart from the old, old municipal markets that used to cater for a smaller population? What is he doing to make sure that members of the public are given a proper place where they can trade, instead of wananchi getting some marketing place and then they are chased away and somebody puts up his building there?

*(There was no recording for some time due to technical failure)*

**Mr. Otieno:** Mr. Speaker, Sir, the importation of handsets has been liberalised. Anybody can bring in his own handsets and sell them at his own price. Now, because of limitation on the lines, when a distributor of these handsets has got a line, he tends to charge his own cost. That is private business exploiting private subscribers; it is not KPLC that is doing so. When the larger capacity is installed, the importation of handset equipment will continue to be liberalised. Anybody will bring it, but I am sure the charges will come down because there will be no limitation on lines. I may add here also---

**Mr. Raila:** On a point of order, Mr. Speaker, Sir. The Minister is misleading this House that he is liberalising when, in fact, he is still centralising the telephone systems here. I mean it is pointless telling this House that we can have handsets while he knows that the core installation is still centralised. We are not liberalising. The hon. Minister is saying that if somebody wants to come and put powerless systems...

**Mr. Speaker:** Order! Order! One thing must be clear in your mind when you have a point of order; that is a point of argument! Mr. Kamuyu.

**Mr. Kamuyu:** Mr. Speaker, Sir, out of several million Kenyan businessmen who may wish to have this kind of facility, it is noted that only 2,279 have been issued. Out of the 994 pending applicants to date, it is not foreseeable in the near future when this provision will be made. Can the Minister explain why such inefficiency? Why did his Ministry start something that it is not able to proceed with and provide to this nation?

**Mr. Otieno:** I think I said the new equipment will be available for use at the end of the year.

**Mr. Speaker:** Very well! Next Question, Mr. Gichuki.

*Question No.572*

#### SUPPLY OF CLEAN PIPED WATER

**Mr. Speaker:** Mr. Gichuki is not here? Next Question.

*Question No.455*

## KILLINGS BY WILD ANIMALS

**Mr. Sankori** asked the Minister for Tourism and Wildlife:-

(a) how many people from Kajiado Central Constituency have been killed or injured by wild animals between 1990 to 1994; and,

(b) if the answer to "a" above is in the affirmative, what action does he intend to take to stop this menace.

**The Minister for Tourism and Wildlife** (Mr. Ngala): Mr. Speaker, Sir, I beg to reply.

(a) Between 1990 and 1994, a total of 22 people were injured and two were killed by wild animals in Kajiado Central Constituency.

(b) No payment has been made for any of the above cases. However, there is budgetary provision to pay compensation during the current financial year for death and injury for those cases which were approved by the Kajiado District Wildlife Compensation Committee at various times.

(c) This question does not arise in view of the answer given under part "b" above.

**Mr. Sankori:** Mr. Speaker, Sir, it is so sad that I cannot get an answer of this nature from the Minister for Tourism and Wildlife, especially when I have asked the same Question for the period of nearly five years and I continue to get the same answer; "Nobody have been compensated." Can the Minister tell this House, if he could undertake to pay these people as soon as possible?

**Mr. Ngala:** Mr. Speaker, Sir, I do not know why the hon. Member is commenting on this reply because I have given him the reply the way I know it. We will give an undertaking to see that the victims of wild animals will be paid because the Kajiado District Wildlife Compensation Committee has already made recommendations. There are 11 cases which have already been approved and immediately the money is available, they will be paid. Here, I have a list of names like Mr. Kitaru ole Koseli of Kajiado who suffered buffalo injury; Mr. Tokina Ekresi---

**An hon Member:** How much money?

**Mr. Ngala:** He will be paid Kshs10,000.

Mr. Kashono Ederekiria of Kajiado buffalo injury Kshs5,000 and Mr. Lamcheranga Tergei who was injured by cobra Kshs10,000. These are cases which have been approved by the Kajiado District Wildlife Compensation Committee. So, this is all what I can tell the hon. Member.

**Mr. Leshore:** Mr. Speaker, Sir, I would like the Minister to tell this House, how much more has been set aside because so many cases have been pending since 1989. Let him give us the specific figure that has been set aside during this financial year, 1995/96?

**Mr. Ngala:** Mr. Speaker, Sir, the figures that I have read here are amounting to Kshs18 million. This is what has been set aside during this financial year. The moment we get this money, we will be able to pay the cases on the basis of first-come, first served to enable the people to be paid.

**Mr. Nyagah:** Mr. Speaker, Sir, human life is extremely expensive. Is the hon. Minister satisfied that the Act that stipulates that when one is killed by the wild animals get compensated to sum of Kshs20,000 is enough? While at that, would he consider---

**Mr. Speaker:** Would you Mr. Nyagah ask one question? Maybe, you will attempt to catch my eye next time.

**Mr. Nyagah:** Mr. Speaker, Sir, it is the same one.

**Mr. Ngala:** Mr. Speaker, Sir, I totally agree with the hon. Member and the House that the amount of Kshs30,000 is inadequate. I would like to inform this House that there is an Inter-Ministerial Committee that was set up to look into the review of the appropriate amount for death and injury. Once the committee is through with its deliberations the figure will be improved somehow...

**Mr. P.N. Ndwiga:** On a point of order, Mr. Speaker, Sir. I am surprised that this hon. Minister is giving us a wrong story. Last year, this House passed a Motion which called on his Ministry to act immediately at that time. He said that they were going to organise committees in those areas where people have been affected by wildlife. Now, the hon Minister has come here with *sarakasi* stories. Could he be specific?

*(There was no recording for some time  
due to technical failure)*

**Mr. P.N. Ndwiga:** Mr. Speaker, Sir, I withdraw my remark and I invite the Assistant to Runyenjes.

**Mr. Ngala:** I am aware of what the hon. Member has said. The Committee is there. It is composed of the District Commissioner (DC), game warden and agricultural officers. All these people are there. They meet in the DC's

Office if necessary but the Committee does meet. We are aware of the injuries and the crop damages that are inflicted by these animals but we are doing everything possible to make sure that these menaces do not occur so often.

**Mr. Speaker:** We shall look at it at another angle. Mr. Gitonga's Question. It is still on Wildlife!

*Question No. 513*

CURBING OF ELEPHANT MENACE

**Mr. Gitonga** asked the Minister for Tourism and Wildlife:-

(a) whether he is aware that in the last three years elephants have caused great damage to food crops and farms bordering Kinale and Kereita forests; and

(b) if the answer to "a" above is in the affirmative, what action he intends to take to stop this menace.

**The Assistant Minister for Tourism and Wildlife** (Mr. Sing'aru): Mr. Speaker, Sir, I beg to reply.

(a) I am aware that in the last three years elephants have caused great damage to food crops and farms bordering Kinale and Kereita Forests.

(b) I intend to take the following action to stop this menace.

(i) A fence will be erected at Kinale and Kereita Forests to stop elephants from causing damage to food crops and farms. Fencing of Kinale will be carried out during the 1996/97 financial year subject to the availability of funds and completion of the environmental impact assessment study.

(ii) In the meantime, game wardens and rangers are monitoring the movement of elephants using vehicles and a plane to quickly react to their threats. They are now on standby to forestall any future invasion by elephants.

(iii) Arrangements are underway to form a community wildlife committee at Kinale and Kereita Forests. This Committee will work closely with the wardens to tackle all the wildlife related problems in the area.

**Mr. Gitonga:** Mr. Speaker, Sir, I would like to thank the Assistant Minister for admitting that elephants have caused a great damage to food crops and farms bordering Kinale and Kereita Forests. However, while I would have liked to thank him very much, I find it difficult to do so because when it comes to part "b" of the Question, the answer given is very vague. On the one hand, he says that a security fence will be put up in 1996/97 financial year and, on the other hand, he goes on to say that this will be subject to availability of funds and completion of environmental impact assessment study. Would the Assistant Minister be specific and tell us that this fence will be erected in the 1996/97 Financial Year and inform this House when this environmental impact assessment study will be completed?

**An hon. Member:** Jibu sawasawa!

**Mr. Sing'aru:** Mr. Speaker, Sir, as I have said, that fence will be erected in the 1996/97 financial year. As of now, 78 kilometres have already been fenced from Turime to Rhino Game and Kinale and Kereita Forests fall under phase V of Aberdare Project which is now going on.

**Mr. Falana:** Mr. Speaker, Sir, I think the elephants are getting more smarter than the Assistant Minister and his staff.

*(Laughter)*

Although the Assistant Minister talks about a fence he is not even specific. He does not say what type of fence he is going to put around that area. He does not say whether it will be made of electric wiring, wall or concrete. He does not even say the kind of the fence that would put the elephants away from the farms. Having said that, is the Assistant Minister satisfied that putting up fences alone along the farms, because this is a common problem everywhere, is enough to keep the elephants away? Elephants, jumbo as they are, you can imagine when they are in the farms and the rangers come to scare them away, the damage they do when grazing on those farms alone is enormous. Is the Assistant Minister satisfied that the fence alone is enough protection for these farms? Why do you not think ahead of the elephants? The elephants are smarter than you people!

*[Mr. Speaker left the Chair]*

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

**Mr. Sing'aru:** Mr. Temporary Deputy Speaker, Sir, the fence is electric. That is what we are planing to put up. The Ministry intends to put up electric fences around the national parks which are close to the farmers.

**Dr. Kituyi:** Mr. Temporary Deputy Speaker, Sir, it is on record that this Ministry has promised a fence to every hon. Member who has wanted a fence. Only in the past one year, this Assistant Minister promised that they were immediately embarking upon the construction of a fence around the road from Marura towards Gilgil to keep off the Zebras from crossing the road at night. We have not seen any action to match those words. What reason does the Assistant Minister have for us to believe him this time when he is so willing to make promises that he never honours?

**Mr. Sing'aru:** Mr. Temporary Deputy Speaker, Sir, we are now talking about Kinale and Kereita Forests and, as I said before, the Ministry is going to fence that place in the 1996/97 Financial Year. That is the plan of the Ministry.

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

*[Mr. Speaker resumed the Chair]*

**Mr. Falana:** On a point of order, Mr. Speaker, Sir. The Assistant Minister has not responded to my question which was very specific. I asked if the Ministry has any other plans, any other hope for the farmers, besides putting up the electric fence because these fences sometimes fail and the elephants just cross the fence or sometimes throw their calves to the fence and break them and then walk across? That fence has proved ineffective. So, what other plans does the Ministry have for the farmers? You have not responded to that question. Sema kitu tusikie!

**Mr. Sing'aru:** Mr. Speaker, Sir, we are using rangers and well equipped machines and planes to keep away the elephants within the farmers' farms.

**Mr. Kamuyu:** Mr. Speaker, Sir, can the Assistant Minister comment on the fact that funds previously negotiated for by Dr. Leakey, the former Director of Kenya Wildlife Service(KWS), for fencing purposes, have since been withdrawn and that Dr. Western is no longer capable of negotiating for these funds consequent to which now there are more areas not being fenced unlike before and, therefore, human beings and crops are suffering?

**Mr. Sing'aru:** Mr. Speaker, Sir, that is a different Question and if the hon. Questioner wants to ask it, he can put it as a Question and then we can answer him.

**Mr. Mak'Onyango:** Mr. Speaker, Sir, arising from the answer given by the Assistant Minister, that so much damage has indeed been done, to crops in these particular areas, is he prepared to consider compensation for the farmers affected?

**Mr. Sing'aru:** Mr. Speaker, Sir, I think the Wildlife Compensation Act was passed by this House and if the hon. Questioner wanted that to be done it is only possible if the Wildlife Compensation Act, Cap. 676, is amended. If that section is removed that is the only time that the Ministry can compensate the farmers but, as of now, we are tied up by that Act.

**Mrs. Ndeti:** Mr. Speaker, Sir, I would like to know from the Assistant Minister what is the criteria used to determine the priority areas where they need to put up electrical fences because it looks like it is only when an hon. Member asks a Question here in the House and then an electrical fence is promised? But until such a time a Question is asked here, nobody thinks about your area. I have a lot of elephants along the Chyulu hills which are killing people, damaging crops and causing a lot of damage in the area. Do I have to bring a Question here to be prioritised? How is the priority list drawn by the Ministry and how much money is set aside for this work?

**Mr. Sing'aru:** Mr. Speaker, Sir, there is no criteria. When we get a report, we just act on it with immediate effect.

**Mr. Gitonga:** On a point of order, Mr. Speaker, Sir. The Assistant Minister has said that they are using vehicles and aeroplanes to monitor the movement of elephants in order to react to their threats. How do they react? These animals are very intelligent. In the past, they reacted by shooting red glares into the air. How do they intend to react in future?

**Mr. Sing'aru:** Mr. Speaker, Sir, we have now formed what is called "a problem animal control unit" which uses vehicles and well-equipped rangers and planes to chase away elephants which are causing all these problems.

**Mr. Speaker:** Let us go back to Mr. Mwangi Gichuki's Question for the second time?

*Question No. 572*

#### SUPPLY OF CLEAN PIPED WATER

**Mr. Speaker:** Mr. Mwangi Gichuki not in yet? So, the Question is dropped. Next Order.

*(Question dropped)*

**POINT OF ORDER**

## UNPAID NCC WORKERS

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. Hon. Members, I have no doubts you are aware that over the past two days, there has been continuing commotion around City Hall related to the failure by the Local Authority to pay workers their standing arrears and it seems to be just getting worse. Such a time, the population do and have a right to look to the National Assembly to show attention and caring before the crisis gets out of hand.

With your leave, Sir, I would like to request the Minister for Local Government to give a clear Ministerial Statement on what urgent measures he is considering to take to arrest the situation. Thank you, Sir.

*(Applause)*

**Mr. Speaker:** Very well. Anybody from the Ministry of Local Government to respond to that point of order? None. Anyway, they have heard it. Next Order.

**COMMITTEE OF SUPPLY**

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

**MOTION**

THAT, MR. SPEAKER DO NOW LEAVE THE CHAIR  
VOTE 11 - MINISTRY OF HEALTH

*(Minister for Health on 18.7.95)*

*(Resumption of debate interrupted on 18.7.95)*

**The Assistant Minister for Education** (Mr. Komora): Thank you, Mr. Speaker, Sir. I stand to support the Vote for the Ministry of Health because a healthy nation will survive while an unhealthy nation is destroyed.

Mr. Speaker, Sir, some of the things we are forced to say are actually unnecessary, but we have to say them for lack of being listened to. There is a general shortage of hospital workers, particularly in the less developed areas of this Republic. In considering deployment of personnel to those remote areas, certain factors are not taken into consideration by the Ministry of Health. In training for personnel in those areas, people are considered on national basis and always these areas suffer lack of personnel because the national standards may be higher than the people who have completed Form IV from those areas. Yet when trained people from other areas are available, they do not stay when they are posted to those remote areas.

Mr. Speaker, Sir, I have in mind my own district which has to be attended to. I happen to come from a district which has been a security area for a long time. Therefore, many people from other areas of this Republic are not keen at all or happy to go there. We have other areas in this country with the same problem. We also have similar problems in education, but we have accommodated that problem by making sure that there is provision for training of local people to go back to their local areas so that they can reduce the gap of properly qualified personnel. So, I suggest to the Ministry that they give this particular consideration so that these areas can get their own people being trained adequately.

Mr. Speaker, Sir, we also have other problems which must be drawn to the attention of the Minister for Health. People from other areas are simply not staying there. They have one or two excuses for going away every time. People like hospital secretaries, store managers of hospitals and so on, do not stay. Most of the senior staff from other areas are always taking off. They only go back to claim their allowances and then go back to wherever they come from and pay little attention to their own jobs. In the light of this, we have microscopes for the hospital being stolen every now and then or even two weeks ago. When you look at it, it is obviously negligence. I would like the Minister for Health to take this matter seriously and make sure that they post people to those hospitals who are serious and keen to make sure that they keep to their jobs. They should work and serve the nation as they are being paid for it. These people are even paid remote area allowances. But when they are so negligent that even "watchmen are not watching" for what they are paid for and also their supervisors are not there to supervise, then we have a lot of

problems. A sick man in a remote area where he has no place to turn to, obviously dies.

Mr. Speaker, Sir, when it comes to development, I am very perturbed. In 1992/93 financial year, there was provision for the development of Hola Hospital, but nothing happened then. In 1993/94 financial year, there was again provision for development of Hola Hospital, and nothing happened. In 1994/95 financial year, there was also provision for Hola Hospital, but nothing happened. Today, we have the same provision of Kshs70 million being allocated to Hola Hospital and nothing is really going to happen if it has just become a custom that, that provision is made in the Development Estimates and nothing happens. I am even more perturbed when the Minister for Health knows that Hola Hospital is a district hospital and they call it "a sub-district hospital". Last year, a terrible mistake was made. The AIE for the development projects in Hola was sent to Lamu. Hola is the Headquarters of Tana River District. There is a post office and a box number for the hospital. Obviously, somebody should know where Hola is!

As a result of the AIE going to Lamu, where it stayed for more than three months, it was posted back some time in December, and by the time it was discovered that it was for Hola Hospital, it was too late for the district officers to do anything about it!

Mr. speaker, Sir, the immediate need for Hola Hospital is renovations because it is being torn into pieces. The allocation here is for new buildings, whose planning has not been done. The same applies to Ngao Sub-district Hospital. This hospital was formerly under a mission, but was taken over by the Government in 1979. It was built a long time ago when I was seven years old and now I am 62 years old. Obviously, buildings put up about 50 years ago are completely old and unfit for occupation by even healthy people. In this hospital there is no mortuary. Instead, there is a banda of corrugated iron sheets in which corpses are kept. This banda is next to Ngao village and it is always stinking whenever a corpse is kept there.

We are informed that there are no funds for these hospitals. I have raised this matter a number of times with the Minister for Health and he has told me to conduct an Harambee for this place. I agree to do that, but there is no information from the Ministry to enable anybody to do Harambee for any project. There is no planning of that hospital. In a district where the people are living on famine relief, it is too much to expect the local community to rebuild a whole hospital that was built 50 years ago. Something has got to be done. We would like the Minister for Health to produce plans for various blocks, so that if we have to conduct an Harambee or beg for money from donors, we know what we are doing that for. If I started looking for money for Ngao Hospital today, how much do I ask for? The Minister for Health has to be more serious.

As I often say, Tana River District is three times the size of Central Provincial and it is equal to the size of Western and Nyanza Provinces put together. When you have two hospitals which are 200 kilometres apart, sick people have to travel to them and yet there are no ambulances, then you can see that something must be done in that district. I am appealing to the Minister for Health to consider the plight of Tana River District residents because they are citizens of this Republic. I am not appealing on behalf of the indigenous people only. We have settlement schemes and irrigation projects in which people from upcountry live. These hospitals are national institutions; they are available for the good of the health of this nation, and something must be done about them.

There is a new health centre at a place called Minijila near Garsen. The donor for the nearby project at Garsen decided to fund this project because the previous project at Garsen Village was badly done and the walls had cracked, after which the whole project had been condemned. For the last three years, there has not been water for the new health centre at Minijila and, therefore, people cannot use the health centre. I would like the Ministry of Health to work in conjunction with the Ministry concerned with water to make sure that a facility of that nature is supplied with water so that it serves the communities. These matters are serious.

Now, supply of drugs has been a big problem in this country. We are grateful for the President's efforts to ensure that drugs are sent on an emergency basis to all parts of the country. We have received some drugs. But bearing in mind that a health centre like the one at Kipini is to be supplied with drugs from Hola, which is more than 200 kilometres away, I should say that something must be done in improving the supply of drugs.

Thank you, Sir.

**Dr. Oburu:** Mr. Speaker, Sir, I would like to start by supporting this Vote. First I would like to teach the Minister for Health a bit of planning. In this country we have very many health facilities put up by the Government, but they are not meant to serve the people. This is because you will find a main block for a health centre which does not have equipment, staff, water or security and yet it is called a "health centre". A health centre is not one until it starts treating, or delivering services to the people.

I think the Ministry of Health is not adhering to the policy of the Government on Budget rationalisation programme. According to this programme, facilities which have been put up with enormous public funds must be fully utilised first before new projects can be undertaken. But the Ministry of Health appears to be quite eager to create new development projects and yet the few in existence are not being utilised because of lack of staff, equipment, medicine or staff houses and so on. So, the Ministry of Health should take this policy seriously and start working on

it.

In my Bondo Constituency, we have a Bondo Sub-district Hospital. This hospital does not have an authority to incur expenditure as it is the case with other sub-districts hospitals. This hospital depends on the Siaya Medical Officer of Health (MOH) for buying even very small items for the hospital. As a result, this hospital does not even have enough blankets and mattresses for the beds in it. The hospital staff are still waiting for the Siaya MOH to give them some money so that they purchase these items. Construction of Bond Sub-district Hospital started more than three years ago, but in the last three years there has been no work done on it. Its contractors, Kitek Contractors were supposed to complete it some time back. However, they stopped working three years ago.

In the year 1993/94, Kshs6 million was set aside for the project but it was returned to the Treasury unspent because the contractor had abandoned work. In the last financial year the project was allocated Kshs2 million which was again returned to the Treasury because the contractor did not return to site. This financial year, there is an allocation of Kshs1.6 million. This contractor has also failed in a construction project in Kapsabet. He was also given work in the Coast Province at Tausa, which he also failed to complete. Since a senior officer of the Ministry comes from Tausa, this contractor's contract was terminated and then the Ministry of Public Works and Housing was allowed to do an in-house job and the project has been completed. Now, since our hospital has no godfather in the Ministry of Health, it appears to be neglected and it might never be completed. This is because the amounts allocated for its construction have been diminishing; it was Kshs6 million; then it dropped to Kshs2 million and now it is Kshs1.6 million and yet the Siaya MOH has requested for Kshs15 million for completion of the hospital. I have heard from Hon. Komora, who comes from Tana River District, that Hola Hospital has been given millions of shillings which have been returned to the Treasury. Why can these millions of shillings not be given to Bondo so that we can complete our hospital and get service?

I would also like to comment on the award of contracts by the Ministry of Health. There appears to be some favouritism in the award of these tenders. Either the contractors have their godfathers or some political cover-up to ensure that they get these contracts. These godfathers are big people to whom they give some 10 per cent commission. I have an example of Anyuongi Dispensary in my constituency. The tender for the construction of this dispensary was awarded to a contractor more than four years ago. This contractor has failed to perform his duty and the Ministry of Health has, on several occasions, promised us that they were going to terminate this contract. However, it appears that every time they promise that they are going to terminate the contract, that man sweet-talks somebody else and he is again allowed to continue. He even slapped some of the inspectors who went to inspect his work because he did not like them and I thought some severe action was going to be taken. Nothing happened because this man is being covered by some political patronage. I think the Ministry of Health should check to see that, at least, contracts are awarded to competent contractors and not on political patronage basis. I also have another project in my constituency called Got Agulu Health Centre which, in the current budget, has been allocated K£30,000. This project does not have water. A whole health centre has been completed but there is no water. Also, there is no equipment and no staff houses. I hope that this time, this K£30,000 will not be returned to Treasury because of one reason or another.

On the question of public health, we have very many markets being closed in my constituency because of outbreaks of diseases or lack of facilities. Recently, we had an outbreak of dysentery but this is now a question of the past, and yet some of our markets continue to be closed by the Ministry of Health. We would like the Ministry to look into this matter. If markets are closed for particular reasons, once those reasons are over, they should take immediate steps and open them up, and not to unnecessarily inconvenience the people using these facilities. We also have something called the Bamako Initiative on Public Health. This Bamako Initiative has provisions for providing equipment to what they call local committees. However, in Siaya, the District Commissioner is withholding funds for the purchase of these equipment. We have talked about this several times at the DDC and everywhere else, but it appears that our pleas are falling on deaf ears. No step is being taken to make this project functional in my constituency and in the whole of Siaya district.

I would also like to request the Minister for Health, in conjunction with the District Commissioner in my district, to make sure that cess money or service charge money which is collected for the construction of public health facilities, like toilets in the markets, is promptly released to the county council so that the county council can perform its duty of constructing these public health facilities. In my district, I have evidence that a lot of money is being held by the DC, Siaya, because he would like the county council to explain to him the exact item on which they intend to use the money. However, my understanding is that the DC is only a conveyor of this money from the contributors to the county council. He has no business checking what these people are going to utilize the money on. This money is meant for service and it should be used for service. If these people misuse the money, the DC is not an auditor to check the utilization of these funds.

With those few remarks, I beg to support.



**Mr. Wetangula:** Thank you, Mr. Speaker, Sir, for giving me this opportunity to support this Motion. In doing so, I want to make a few comments that may be helpful to the Minister.

First and foremost, I want to touch on the issue of the conduct of doctors, especially in rural-based-health facilities. The Minister has to find a way of controlling and regulating the conduct of Government doctors in rural hospitals. The much talked about theft of drugs from hospitals, corruption and malpractices are all either directly perpetrated or aided and abetted by doctors. If you go to rural hospitals, there is not a single Government doctor who does not run a parallel private clinic next to the hospital. They do not have any equipment or source of drugs. They are using Government drugs, which is taxpayers money, to earn an expensive living for themselves. As ethical persons, doctors have to come out of this conflict of interests. They must choose either to serve the public and the Government or go to the private sector. They cannot have it both ways, and it is important that the Minister institutes a way of investigating and establishing which doctors are engaged in these double standards. The result should only be one: Have them summarily dismissed without benefits. I do not think there is any single Member of Parliament in this House who cannot volunteer information to the Minister about a doctor in Government service in their areas who is practising privately. I suggest that our colleagues here have a duty to help the Minister in this direction. The Minister has also been crying about corruption but we are seeing very little action. It is not enough to say that we have corrupt practices in the Ministry. We want to see positive action. We want to see arrests, prosecutions and convictions so that a deterrent is set for those who have the habit of dipping their hands in the public purse. We need an example through a positive action by the Ministry so that the public and the taxpayer can be safe.

Mr. Speaker, Sir, more important is the issue of the NHIF. The Minister suggested yesterday that he intends to bring a legislation to convert NHIF into a parastatal. The intentions of the Minister may be noble but this country is riddled with nightmare after nightmare of the management of parastatals. How sure are we that the NHIF will be properly managed when it becomes a parastatal? In my humble suggestion, a way should be found of converting the NHIF into a full-fledged insurance body. If need be, let them float shares at the stock exchange for the public to buy, own and control this insurance cover that is very important to the workers of this country. Further to that, we have workers who contribute every month to NHIF. At the end of their working life, they turn out not to have utilised their contribution at all. My suggestion is that the Ministry has to turn NHIF and the policies that workers pay for into quasi-life policies because the money they pay earns interest. At the end of one's working life, if you have not, along the line, utilised your contribution to the NHIF, a worker is entitled to his benefits by way of payment of the contribution, with or without interest.

There is a lot of talk around the country about the frauds that are going on at the NHIF. Doctors in this country are setting up nursing homes and private clinics which they are using as a means of acquiring huge sums of money through fraudulent claims from the NHIF. A mechanism has to be found to see that the contributors benefit fully, the doctors who are engaged in this scheme are punished wherever found and the loopholes through which they are syphoning money from the NHIF are closed. It is disheartening to the workers of this country to see that they are contributing money every month and at the end of the day, it is other unconcerned third parties who, through fraudulent means, benefit from their sweat. To see that they are benefiting from it, they have nothing to show to it and there other unconcerned third parties, who through fraudulent schemes, are immensely benefiting from the workers' sweat. I urge the Minister for Health, in his process of re-structuring the NHIF because I think that it is the most important arm of his Ministry in terms of money generating, to ensure that the money contributed towards the NHIF spreads out to help the spread of health facilities for the benefit of the common good.

Mr. Speaker, Sir, I will briefly touch on the issue of health services in Bungoma District. We have a small health centre in Sirisia Constituency, called Ingalasia. This health centre was started close to ten years ago, the foundation was laid and five courses of bricks were laid. To this day, nothing has been done. Day in day out, year in year out we have been asking at the DDC level why was this health centre started if there was no intention of finishing it? I urge the Minister to find some funds somewhere and come and finish the construction of this health centre.

Mr. Speaker, Sir, Bungoma District Hospital has been suffering like all other hospitals with lack of drugs, lack of a mortuary and lack of ambulances *etcetera*. I request the Minister to make available funds so that these facilities can be made available. Currently, the situation or at least about two months ago, was that anybody who dies in Bungoma, and this is a very regular event, the bodies are either taken to Kitale or to Kakamega for preservation. This costs a lot of money to the poor bereaved families and to us leaders because every time we have such an occurrence people fall on us to give them money to transport the body for preservation to prepare the funeral and then to bring it back for burial. It will help a great deal if the mortuary at Bungoma was properly rehabilitated and expanded so that it can serve the area properly. Busia hospital has for a long time relied on Bungoma district mortuary, which has now broken down. I do not know what Busia is doing now.

We also have petty but very serious diseases that could be easily controlled if the Ministry set in motion the preventive measures towards diseases. We have typhoid and dysentery *etcetera*. There is not a single day that I go to

Bungoma and I do not find people I know down with typhoid. I do not know whether the problem lies with the Ministry of Land Reclamation, Regional and Water Development or the Ministry of Health or whichever. But either way, we need a system of setting proper sanitation for the public, so that diseases like typhoid can be avoided. At this day and age, thirty years after Independence, we should not be struggling against typhoid and dysentery. We have more serious issues to deal with. With have AIDS and many, many other diseases that we should not spend our energy on diseases that can be eradicated once and for all. I urge the Minister to look into that and see that this is done.

Mr. Speaker, Sir, another important issue is the provision of ambulances, not only to district hospitals, but to the country at large. It is desirable for the Minister to do his very best, not just now, but in the very near future, to ensure that there is a possibility of provision of at least one ambulance per division or per location. A lot of women die on their way to delivery and people who die on their way to hospitals, simply because means of transport is totally unavailable. If we spend a little money and put in transport at the hospital level to assist in the transportation of patients to areas of treatment, it will help a great deal. This is a matter that does not just affect Bungoma. I have every reason to believe that it affects every other area in this country, the need for ambulance.

Finally, I would like to urge the Minister for Health, who has so far been doing a very good job, to be steadfast in his fight against corruption in his Ministry so that money is not wasted through dubious means.

Thank you.

**Mr. Akumu:** Thank you, Mr. Speaker, Sir, for having sharp eyes. Very rarely Speakers see me at this corner.

Mr. Speaker, Sir, I do agree with hon. Wetangula that an example needs to be set. The only disagreement I have with him is that he wants to begin with doctors and nurses, the people who are grossly underpaid, and the people who tried to form a union or an association to defend themselves and were cracked. The people whose morale is now very low. I think that these are not the people that we should talk about.

*[Mr. Speaker left the Chair]*

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

The people who we should set example about are the type of people who took money and bought houses. Those houses next to Kenyatta National Hospital; the higher people. The people that are using billions of NSSF money, but not the small doctors and nurses. Let us be quite honest, until we begin to set up example at that level, hon. Wetangula would be wrong to go and punish the doctors and the nurses because they are doing what other people are doing.

Mr. Temporary Deputy Speaker, Sir, I want to agree with hon. Wetangula also that we need ambulances and I have two divisions in Nyakach which do not have ambulances. In fact, in Pap-Onditi sub-district hospital the items that were donated like sterilisers are being returned because there are no generators. I would like to plead with the Minister, who is asking us to give him Kshs4 billion that he should do something at least to show that the health services is revived back to at least where it was during the colonial period. It is getting worse. Try to at least restore confidence in our own Government by doing something. I think that what is happening today is sad. People are dying in the rural areas from simple, curable diseases because of lack of medicines. You yourself stand here and admit like an ordinary mwananchi, that there is so much theft of drugs that you are fed up with your staff. Now, who else do we look up to? While we are going to give this Kshs4 billion, we are asking you to tell us a mechanism through which you are going to ensure that these drug thefts are stopped and that you will monitor these regularly and what co-operation you need from the community and hospitals committees elsewhere.

I took four accident patients there and I had to visit them six hours and nobody had attend to them. The attendants say quite simply that there are no drugs and later you could see that there was total lack of supervision. So, I think one of the things that the Minister ought to do is to restore the morale of your staff and I think to do this you need to negotiate with the doctors and nurses and agree with them on better terms and conditions of services.

You need to negotiate with the doctors and nurses and agree with them on better terms and conditions of service, pay them well and then make it an offence for one to go and practice outside the Civil Service. But do not punish people for copying what you are doing. Until you set a good example, things will never improve. If you walk into any hospital you will find patients sharing beds. Some of them even sleep on the floor. That never used to happen in this country 30 years ago. People used to yell in this House. There are nationalists who are turning in their graves when they see what is happening in our hospitals today; people sharing beds, sleeping on the floor and so on. We have people sitting here who are looting this country. Nobody should blame the simple doctors and nurses.

Mr. Temporary Deputy Speaker, Sir, I would like to appeal to the Minister once again that, if possible, in

every health centre and every hospital, there should be committee to assist in the elimination of corruption. I think it is important that we should involve the community in the elimination of corruption. I agree with the Minister that we should find what we can do with the National Hospital Insurance Fund (NHIF). It should be converted into a parastatal but not like other parastatals where things are controlled by the big people, like the National Social Security Fund. The contributors to that NSSF live in the slums yet people who do not contribute anything to the Fund are using its resources to buy palaces. If we are going to make the NHIF a parastatal, then it should be a parastatal that is run efficiently; in the interests of our people.

Once again, I would like to appeal to the Minister that if he does not do something about the terms and conditions of service of doctors--- We know that expatriates are paid better. We know that whenever there is a crisis the Minister brings in other people whom he pays better than our doctors. We should have better terms and conditions of service for doctors and nurses; pay them well and then make it an offence for one to engage in private practice. But if they open private clinics because you are under-paying them and because they are copying you as Ministers, we will not be able to take action against them. We will support persecution of the small man while the big man does whatever he wants. We will not do that. We are giving the Minister this Kshs4 billion on the understanding that he will monitor everything and report back to this House; that he will ensure that the drugs reach the dispensaries; that he will set up committees to monitor the theft of drugs and that the NHIF will be transformed into a parastatal through an Act of Parliament. It should be an efficient parastatal for the contributors and not like the NSSF which is only benefiting the rich when the contributors live in the slums.

Mr. Temporary Deputy Speaker, Sir, one other thing which is making voters lose confidence in this House is the state of health of the country. I am glad that hon. Anyona said that the new Permanent Secretary in the Ministry of Health is his friend; he was his college mate. We hope that the PS will work with the Minister to ensure that our health services in the country are improved. If he cannot do that, then that is pathetic. I want to promise everybody that an African Government can do better healthwise; that it will build more dispensaries. We have many dispensaries in Nyakach but they are all empty. I can count them for you. They have no drugs and the staff there are grossly under-paid. I think it is important that the Minister does something about this.

I have also emphasised the question of the provision of ambulances and the need for better training. I was shocked to hear hon. Sunkuli say that universities train people from certain ethnic groups while others are suffering. Let him visit the Kisumu Nursing School and he will find everybody else being trained there except Luos. Let him go to Maseno and see how many are being trained there. So, this talk of some groups being trained and others not being trained is not true. Let us spread better training facilities throughout the country. Let us give everybody a chance to get the best training available. The emphasis should be on primary health care.

I really hope that the Minister will give us more confidence next year when he seeks for more funds to improve the services provided to our people by the Ministry. This is because the Minister has new blood in the Ministry in the form of a new Permanent Secretary. We are worried about the health of our people and I think it is important to tell the Minister that we are giving him Kshs4 billion but---

**The Temporary Deputy Speaker (Mr. Wetangula):** Mr. Falana!

**Mr. Falana:** Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Vote. This is a very important Ministry because it deals with human life. A lot has got to be said about this Ministry.

Without taking up a lot of time, I would start by saying a few things about Marsabit District Hospital. I would like to touch on the shortcomings of that hospital also.

I would like to take this opportunity to thank the Government for giving that hospital a face-lift. We now have a good new outpatient wing and an annexe to the theatre. But the unfortunate thing is that with all those good facilities, the manpower is not there. The whole Marsabit District Hospital has only one doctor. It is this one doctor who does the administrative work. It is the same doctor who goes round in the wards. He also attends meetings of departmental heads and so on.

We have never had a surgeon in that hospital. If it was not for the services of the African Medical Research Foundation (AMREF), people in that area would be facing a lot of difficulties. You will find that every time there is minor surgical operation to be done AMREF is contacted and its doctors always fly to Marsabit to carry out such an operation. That is a remote area and it is far away from the capital City and other places where there are better facilities. I think that area needs better attention than it is getting now. It is very expensive to fly AMREF doctors from here to Marsabit whenever there is an operation to be done. It would have been cheaper for the Ministry to post a surgeon to Marsabit District Hospital to take care of these minor operations. AMREF doctors are tired of flying to Marsabit District Hospital. They have even written to the Ministry complaining about being misused instead of being used. The Minister should take note of what I am saying and kindly consider posting a surgeon to Marsabit District Hospital. That will be cheaper than asking AMREF doctors to fly to Marsabit District Hospital every now and then

when there are operations to be performed.

We have only one doctor in a district hospital. We have a lot of emergency cases every now and then, and you can imagine how patients suffer with only that one doctor. When he comes to Nairobi, the patients are left unattended. There are times when he is forced to come to Nairobi. For example, sometimes between May and June this year, the Medical Officer of Health (MOH) Marsabit, came here and stayed for 24 days, which is almost four weeks. You can imagine a whole district hospital being left without a doctor for that period. It is a very serious state of matter. I have been to the Ministry Headquarters and talked to the authorities there, and I think what I said has been taken positively, and I just want to emphasise that the promises that I have been given be speeded up.

Ambulance is another issue, Mr. Temporary Deputy Speaker, Sir. Transport in that part of the world is a nightmare. There are no ambulances to ferry patients to hospitals. You can imagine with those prohibitive distances, patients being ferried on camel backs, horse backs, donkey backs, and sometimes even on wheelbarrows for long distances to a hospital. It is terrible! There is not one single ambulance in that district hospital to ferry patients to hospitals when the need arises. We are not all that poor. At least people can afford with the cost sharing to pay for the fuel, perhaps, to get a patient from a reasonable distance to the hospital. You cannot ride on the money you have if the means is not there. So, if an ambulance could be availed in that district, we would really appreciate.

There is a lot of scandal, and that does not only go for the Ministry of Health; it goes for the most of the Ministries. There is sale of Government vehicles. Let the Kenya Government take note of that. Government vehicles are boarded when they are very serviceable. A GK vehicle could be put off the road by an officer or an interested party. It is shelved and put on the rocks for a few months and then under some funny style of tendering, the interested man who is either a departmental head or a businessman buys the vehicles in a very scandalous way. He wins the tender, gets the vehicle off the rocks, fuels it, puts the battery and just drives off on the same day. No garaging, no nothing. The Ministry of Health is not an exception. There is an example at that particular hospital now, and I think the Ministry should take up this issue and make a check. I know of a vehicle which was donated by an organisation and was just used for sometime. It was just shelved for sometime but it is now on the road, having been bought by an interested person in that organisation. The guy just drives comfortably there while the patients, the Kenyans who badly need that transport foot to the hospital. The taxpayers who badly need it have to walk to the hospital. I feel it and I think I have to say it for them to hear. I really feel it. I am hurt.

**An hon. Member:** They are stones and they cannot hear!

**Mr. Falana:** Yes, these stones will hear today!

**Mr. Shikuku:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Much as I agree with the hon. Member, we can hear him, but because he knows whom he is talking to, he has got to say it that way. I do not have to say the name because you know it. The people he is talking to are busy chatting also, and he has got to shout louder for them, but he knows whom he is referring to.

**An hon. Member:** Stones!

**Mr. Falana:** Thank you hon. Martin Shikuku. It is well said. So, Mr. Temporary Deputy Speaker, Sir, I have only cited the Ministry of Health as an example, but this practice is very common in all Ministries; it is rampant. Government vehicles are just boarded and put on rocks for some special purpose just to be driven away after some time. Tenders are given at a very funny site, and I think it is time the authorities address themselves this issue and the practice be stopped. Let us stop dilly dallying around with taxpayers money. Let us give them the services they need.

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

*[Mr. Speaker resumed the Chair]*

Mr. Speaker, Sir, patients' food is another issue. Surely, I know there are tenders issued for the able people to apply and supply food to the sick people in hospitals. This is another homework for the Ministry of Health. Surely, does this food which we pay for get to the patients? Do the patients really benefit from this Vote we are being asked to approve and give to the patients? Does the patient in the hospital get his right share of the tax he pays? I doubt it. I think it has become the trend of the day. I know tenders are issued, there are some patients put on some very special diets, perhaps milk, eggs and some fruits. You would be very lucky to get medicine, let alone those delicacies. Surely, let us be serious. This food meant for the patients does not get to the patients. There are ways, of course. It is easy to get that money. The money is never returned to the Treasury, it goes somewhere, to some people. It is easy. The vouchers are written, signed, examined and everything is processed properly. When it comes to the Controller and Auditor-General, he will have nothing to say. The payment will be perfectly done. The

question is not how the payment is effected. The bone of contention here is that the money has been paid, alright. The payments are perfect, alright, but what has been paid for has not achieved the goal. Has it gone to the patient? This is what the Ministry of Health should address itself to. This money somehow finds its way and it is consumed and the supplier supplies virtually nothing. So, if that commission and the kickbacks business could be stopped, it will serve the patients well.

Mr. Speaker, Sir, there is a hospital board. I would also like to know whether that Board is just set there for advisory purposes or they have executive powers to say and what they say is executed. I know Boards do some wonderful jobs, but how far does the Board go?

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

**Mr. Shikuku:** Ahsante sana, Bw. Spika. Jambo la kwanza, hii ni Wizara muhimu, Wizara ambayo inalinda maisha ya watu, na Serikali yoyote ambayo ni Serikali, ambayo watu wanajua maana ya Serikali, ni Serikali ya kulinda maisha ya watu.

Serikali yetu tukufu - namuona rafiki yangu Mhe. Mutiso yuko hapa - lazima iangalie maisha ya watu. Kwanza, tulipopata Uhuru, tulisema shabaha ya kutafuta huo Uhuru ni kuleta elimu, maradhi yamalizwe, umaskini umalizwe, na kadhalika. Namuona Mhe. Mutiso anakumbuka kwa sababu tulikuwa na yeye. Leo ukiangalia, hizo shabaha haziko. Umaskini umezidi, na matibabu hakuna kabisa. Namshukuru Waziri wa Afya kwa sababu amekubali kwamba kuna ufasidi na wizi. Hili ni jambo kubwa. Hizi fedha tunakata hapa katika--

**Mr. Speaker:** Nafikiri, Mhe. Shikuku tulisema neno "wizi" halitumiwi kwa Bunge. Pengine ni "kutumia mali ya raia bila kibali chao".

**Mr. Shikuku:** Bw. Spika, Mhe. Waziri mwenyewe, na sisi tulijua, na hapo lazima tumpe shukrani, alikubali. Dawa huihiwa na wafanyi kazi wa Wizara hiyo. Tunamshukuru kwa sababu amesema ukweli ambao tunamwambia.

Bw. Spika tunamshukuru kwa jambo hili. Ningependa kumshukuru Waziri. kwa sababu amesema ukweli. Ningependa kumuuliza Waziri wa Wizara hiyo ni kazi gani atafanya kukomesha wizi kwa sababu hawa wezi ndio wauwaji. Juzi nilikuwa Butere Health Centre. Mama mmoja alikuja kwangu akaniambia, "Nilipimwa, nikandikiwa sindano na dawa ya kumeza. Ukiangalia kwa kadi yangu hii utaona kwamba wametia alama ya kuonyesha kwamba nimepata dawa na sindano na bado sijadungwa sindano wala kupata dawa".

*(Hon. Angatia and hon. Ali consulted)*

Nafikiri Mhe. Waziri akilisikia jambo hili litamfaidi sana. Wizi ungali upo mhe. Angatia na huyu mhe. Waziri Msaidizi anaweza kukuona saa ingine. Bw. Spika huyo mama anajua kusoma. Alikuwa ameandikiwa dawa ya sindano na ya kumeza lakini walikuwa wametia tick katika kadi yake kuonyesha kwamba alikuwa amepata dawa na hali hakuwa amedungwa sindano wala kupata dawa. Yeye alikuwa anaenda kwa chemist hapo kununua dawa na sindano hakudungwa na kadi ilionyesha kwamba alikuwa amepata. Huwo ndiyo wizi.

**Mr. Speaker:** Order! Niliamuru kwamba neno "wizi" haliambatani na Kanuni za Bunge hili.

**Mr. Shikuku:** Ahsante sana, Bw. Spika, lakini wizi umezidi---

**Mr. Speaker:** Nilisema jambo hilo halikubaliwi katika Bunge hili. Pengine ungesema kwamba "wanachukua mali ya raia bila idhini yao".

**Mr. Shikuku:** Ni ulanguzi basi! Ni jambo nilikuwa namuelezea Waziri ili alifahamu. Ikiwa kadi ya mgonjwa imewekwa alama ya kuonyesha kwamba amepata dawa na hali hajapata, basi yule mfanyakazi wa hospitali ameichukuwa hiyo sindano na ataitumia katika hospitali yake binafsi. Yule mfanyakazi ameichukuwa hiyo dawa na atampa mtu mwingine kwa sababu hakumpa yule mama haki yake.

Tunataka kumueleza Bw. Waziri kwamba tunafanya Harambee ili kujenga hospitali. Ninataka kuchukua fursa hii kuwashukuru watu wa Finland kwa mengi waliyofanya katika sehemu ya Mkoa wa Magharibi na hasa Butere. Nina vituo vya afya karibu saba ambavyo vimejengwa na hawa watu.

**Hon. Members:** Serikali ya Nyayo imevijenga!

**Mr. Shikuku:** Bw. Spika, ninaambiwa kwamba ni Serikali ya Nyayo imevijenga. Ninashukuru hiyo Serikali ya Nyayo tukufu lakini kabla ya watu wa Finland kuja, ilikuwa wapi? Wametoka mwezini au wapi?

*(Laughter)*

Walikuwa wapi? Watu wa Finland wamefanya kazi kubwa na ni lazima tuwashukuru wazi. Wamefanya kazi nzuri na sisi tunawashukuru. Hata Butere Health Centre ambayo ilijengwa na hawa watu na Serikali tukufu ikaachiwa si ilishindwa kuirekebisha? Tena, walikuja juzi kuirekebisha na tuna Serikali tukufu ya KANU. Hata ukiambiwa

ujengewe nyumba halafu iwe huwezi kuweka viti ndani na hata ukataka nije nikupakie rangi, basi wewe ni mwanaume gani?

Bw. Spika, ninaishukuru Serikali ya Finland.

**Hon. Members:** Serikali ya KANU!

**Mr. Shikuku:** Bw. Spika, watu wa Butere sio wapumbavu sana. Wanaelewa mambo sana. Wanajua ni nani alifanya hiyo kazi. Kwa hivyo, hata ukipiga kelele na kusema KANU, KANU, jambo hilo haliingii. Wanajua ni nani aliwajengea hospitali. Juzi tulipata dawa. Tunashukuru kwa jambo hili. Hivi sasa hiyo dawa imeanza kupotea. Ni lazima Bw. Waziri afanye juhudi kuona kwamba dawa zinatumika vizuri. Ninakubaliana na yeye kwamba wananchi wote wawe askari wa kuchunga wafanyakazi katika hospitali. Wakipata habari kwamba hakuna dawa walete hiyo habari kwa Mbunge au diwani wa sehemu yao nasi tutamwambia Waziri naye atachukua hatua ifaayo. Hiyo ndiyo njia moja ya kuweza kufanya kazi.

Pili, kuhusiana na chakula na mavasi. Ukiangalia hii Voti tunatoa pesa ili kuona kwamba wananchi wanapata chakula. Chakula hakiko katika hospitali. Isitoshe, zile nguo ambazo zinavaliwa na wagonjwa na wafanyakazi zimechakaa. Hapo zamani kama ungeingia katika hospitali ungesikia halufu ya afya. Siku hizi unafikiria umeingia katika chumba cha kuhifadha maiti. Ile uniform imechakaa na tena ni chafu; si nyeupe tena. Zamani kama ungeingia hospitali ungeona kwamba kila mtu alikuwa na nguo safi. Madaktari walikuwa wanavaa makoti meupe na wauguzi pia mavasi meupe na kila mahali palikuwa na halufu safi. Siku hizi hakuna hiyo na bado tunatoa pesa.

Tunaambiwa tufanye Harambee. Harambee inaweza kufanyika kidogo; hatuwezi kufanya kila kitu. Wengine wetu tulianza kutoa Harambee miaka ya zamani na bado tunaendelea na bado tunaambiwa tutoe pesa. Ninakumbuka nilileta Hoja hapa katika Bunge kwamba watu wa "super scale" wakatwe asilimia 15, 10, 5 na 1 katika mishahara yao ili hizo pesa zizeze kuwapatia watu kazi. Bunge hili lilitupilia mbali hiyo Hoja. Waliniambia, "Bw. Shikuku, wewe unajua sisi ni Wabunge na unataka tutoe asilimia 10 kwa mshahara wetu na hali hatuna mshahara mkubwa?" Wakati huo mshahara ulikuwa mdogo. Hiyo Hoja ikatupwa lakini kutoka mwaka huo wa 1968 mpaka leo, mimi ninakata asilimia 10 ya mshahara wangu kwenda kwa Butere Self Help Development Fund ambayo bado ingali inaendelea. Hiyo ndiyo Harambee ambayo ninaweza kutoa. Ukiniuliza nitoe Harambee ya elfu mbili, ishirini, thelathini, mimi siwezi kwa sababu sitaki kuenda kunyakua mali ya umma halafu nikishafanya hivyo niirudishe na kuwauliza wananchi wapige makofi ya kilo. Jambo hilo sitaki na sitafanya.

Wakati umefika wa Waziri kuanza campaign ya kuonyesha watu kujilinda na maradhi; what you call preventive medicine. Watu kujikinga kutokana na magonjwa kwa sababu sasa mtu akiwa mgonjwa anashindwa kununua dawa. Kama kuna kitu ambacho ni ghali sasa ni dawa. Watu wadogo wanakufa kwa sababu hawawezi kujimudu ile bei ya dawa. Ikiwa sasa tunaweza kumchangia Mbunge alipe deni la hospitali je watu wadogo nani anawachangia? Ni vigumu kabisa kupata matibabu kwa sababu gharama ya matibabu na dawa imepanda. Hata daktari kukushika tu anahitaji Kshs700. Madaktari hawa nao kweli ni watu wa nchi hii au ni wa nchi nyingine? Mbona wanawanyasya wagonjwa namna hiyo? Kumwona tu mgonjwa wanaitisha Kshs700. Akimshika anahitaji shilingi Kshs1,000. Lazima tuanze preventive medicine. Watu wafundishwe jinsi ya kuepukana na maradhi kwa sababu matibabu yamekuwa ghali sana kwa watu wadogo. Wengi wa hawa watu wanakufa kama nzige huko mashambani. Pia hata kule kwa Dr. Misoi Wanandi wanakufa na hana habari anauliza habari ya Butere hapa. Sisi waheshimiwa---

*(Several hon. Members stood  
to catch the Speaker's eye)*

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

**Mr. Shikuku:** Kwa hayo machache, naunga mkono.

**Mr. Speaker:** Lakini lazima waheshimiwa wasubiri mpaka wakati wa mhe. Mbunge ufike wa kuketi chini. Mhe. Biwott!

**Mr. Biwott:** Thank you, Mr. Speaker, Sir, for giving me this opportunity to contribute to the Estimates of this very important Ministry.

Health is life. It is the Ministry that deals with life and, therefore, it is the Ministry that deserves all the attention of the Ministry of Finance, donors, public and the professionals.

Mr. Speaker, Sir, health begins with a healthy body and, therefore, it is important for the Minister to ensure that immunisation programme is carried out effectively throughout the country, especially on common diseases is done on kids in future. A hospital without an ambulance is not a hospital. Therefore, I would plead with the Minister to find every possible means to ensure that every hospital is provided with an ambulance of some sort since it is the only saviour. There should also be a first-class and an effective First Aid Department within the hospital because those are the areas where we need to act.

Mr. Speaker, Sir, today, health has become more important than even the Ministry of Education. Today, the

cost of medicine or treatment is beyond the means of everybody. It is impossible these days to raise money through Harambee to finance medical bills for people who are either caught up with accidents or serious diseases because it has really become impossible to cope up with the high rates of hospital bills. I do agree with the hon. Shikuku that doctors and the Ministry of Health should find ways and means of making medicine affordable or within the reach of every common man and not to pursue their professions in an unprofessional uneconomic pursuit to the extent that wananchi are rendered incapable of meeting those expenses.

However, the only thing I do not agree with hon. Shikuku is his attitude towards Harambee because without Harambee we cannot really succeed. There is no money that the Government can provide that will enable us to do something. There is need for and I do congratulate the Minister for focusing on National Hospital Insurance Fund (NHIF). This is an area where there has been a lot that needs to be rectified. In fact, it is a place where thefts and manipulations and frauds have been going on. So, instead of relying only on parastatals to sort it out, he should ensure that, that scheme is used to mitigate the impact of the fees that the hospitals are charging. This should be made available to all hospitals, including private hospitals because wherever mwananchi is being treated, he should actually receive the benefits of that National Hospital Insurance Fund.

*[Mr. Speaker left the Chair]*

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

Mr. Temporary Deputy Speaker, Sir, we see billions and billions of grants money being signed on account of Ministry of Health. We hope that this will be made available to all the hospitals throughout the country. In fact, there is a tendency at the moment for the donors to direct their funding to a few pockets or areas in this country, especially where the Opposition has made a lot of noise. They do not want to raise any money or do anything. It is no wonder the hon. Member for Butere opts to praise the foreign power as opposed to his own. We hope that any money that is available should be made available to Kenyans generally to---

**Mr. Shikuku:** On a point of order, Sir. Did you hear the hon. Member say "I opt to praise foreign governments instead of my own"? If he did so, is he not imputing improper motive? I said and I am a better nationalist than him because I brought Uhuru here that where credit is, I will give it. I give credit to the Finland Government for having put up six health centres in Butere with their own money.

**The Temporary Deputy Speaker** (Mr. Wetangula): Mr. Shikuku, that is a point of argument and not a point of order!

**Mr. Biwott:** Mr. Temporary Deputy Speaker, Sir, I am glad that he has made that contribution because he has at least alluded that he is directing his praise to whoever donated the money and forgetting that the Government had requested for it. That is his own Government! A day an hon. Member shall wake up a little bit and see the difference between wood and tree, I think, that is when the whole thing will dawn to him that there is need to focus clearly so that we can actually develop because we need to develop.

Mr. Temporary Deputy Speaker, Sir, a lot has been written about the so-called "secret talks" that have been going on. But there has been no secret talks going on because we talk friendly. To me, it is a very good idea because all tribes ---

**Mrs. Ndeti:** On a point of order, Sir.

**An Hon. Member:** But hon. Biwott is taller than you!

**Mrs. Ndeti:** No, I am taller than hon. Biwott!

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Ndeti! The rules of this House do not allow you to be insolent to your colleagues. I only gave you an opportunity to raise a point of order and not to talk about "heights" here!

**Mrs. Ndeti:** Sir, someone behind me shouted that I am of the same height with hon. Biwott. I am not the same height with anybody here; I have my own height! Is hon. Biwott in order to talk about "Kamatusa and GEMA discussions"? What do they have to do with health? Can he talk on health matters?

**Mr. Biwott:** Sir, first of all, I will take the challenge of the hon. Gracious Lady to carry out some measurements at some point in time and see who is taller and how far we can go. But in the case of Kamatusa, it is relevant because people are worried and worry disturbs their own mind and body for nothing.

Sir, we do believe in peace all of us in the country. We also believe that the Kalenjin and the Kikuyu must live in peace in Rift Valley. We also believe that the Luhya and the Kalenjin must live in peace and they must be talking. We also believe that the Kisii and the Kalenjin must live in peace and talk to each other. We also believe

that the Luo who border us on the west must live in peace with the Kalenjin and talk together. So, all those discussions are necessary and, I think, everybody of goodwill should support it because we want to build a united country that is ---

**Dr. Lwali-Oyondi:** On a point of order, Sir. Is the hon. Biwott in order to begin discussing tribalism in the National Assembly instead of letting us discuss Kenya and not about tribes or divide and rule?

**Mr. Biwott:** Sir, I am surprised that Opposition Members should be itching when they themselves were talking about reconciliation, full understanding and so on. This is a wonderful reconciliation and I am addressing the rest of the world about it since it is ---

**Mr. Shikuku:** On a point of order, Sir. I have heard you, Sir, rule several times that we should confine ourselves to the subject matter. Do you think this "Kalenjin-Kikuyu" discussion and whatever is related to the Vote on the Ministry of Health?

**The Temporary Deputy Speaker** (Mr. Wetangula): You are right, hon. Shikuku. In fact, I have been wondering what hon. Biwott is up to because he is clearly out of order!

**Mr. Biwott:** With those few remarks, Sir, I beg to support and commend the Minister for Health for his considerable efforts and hope that all hon. Members here will support this Vote.

**Mrs Ndetei:** Thank you, Mr. Temporary Deputy Mr. Speaker, Sir.

*(Loud consultations)*

There are loud consultations on my side and so I need the protection of the Chair.

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Members! Shall we hear the hon. Gracious Lady in silence?

**Mrs. Ndetei:** Mr. Temporary Deputy Speaker, Sir, I have very few points to make. First of all, this country is going through a crisis in the medical sector. We know that the Government has promised to buy drugs, to supply to all the health centres and hospitals. But when it comes to distributing the drugs you find patients being given prescriptions to go and buy drugs from pharmacists. We are not pointing an accusing finger at these Ministers but we know that something somewhere along the line is wrong. Drugs are disappearing somewhere on the way. We have heard even Ministers complaining that there are no drugs in their constituencies. It is the responsibility of all of us, as Kenyans, to try to find out what is happening and then point it out to the Government.

Now, we would like the Government to take drastic measures against anybody found peddling drugs from Government hospitals so that other people can learn a lesson. It does not help to just say that it is the fault of the Government. However, we know something is wrong somewhere and the Government should find out where the drugs are disappearing to. This can be done if the Ministers are colluding in the disappearance of the drugs; but if they are not - we have heard them complain too - the matter should be addressed very seriously by the police. Recently, we had a very disturbing report where special branch officers were caught being involved in selling of drugs from hospitals. Let us hope that the Government will come out and control this problem.

The other thing is that hospital staff appear to be very demoralised and we do not know why this is so. In the past, hospital staff used to come out and very strongly support the operations of hospitals by way of having clean bed sheets, floors and ensuring that patients were properly looked after. Now, sometimes you go to hospitals and hear doctors and other medical officers talking very rudely to patients. As if lack of drugs was not enough, you find hospital staff---

*(Loud consultations)*

Mr. Temporary Deputy Speaker, I cannot hear myself speak because there are a lot of consultations in the House!

**The Temporary Deputy Speaker** (Mr. Wetangula): Order hon. Members! Hon. Ndetei wants to be heard and heard clearly!

**Mrs. Ndetei:** All these problems are affecting us and yet these Ministers are making a lot of noise. If you go to hospitals in their areas---

**The Temporary Deputy Speaker** (Mr. Wetangula): Order, hon. Ndetei! Members of Parliament do not make noise!

**Mrs. Ndetei:** But if they are consulting, they should do so quietly like hon. Members!

Now, I am saying there appears to be apathy among the medical staff in this country. I appeal to the Minister to ensure that the top staff in his Ministry go out and find out what is demoralising hospital staff; that is where things



are going wrong! Take a simple thing like cleaning a ward. You will find that cleaning staff are not doing it properly and the doctor in charge is not doing proper supervision, and the linen in the hospital is very dirty. As hon. Shikuku said, when you walk into a hospital you feel as if you are walking into a mortuary. This shows that something is not right. Detergents are being provided and yet there is no cleanliness! What has gone wrong?

We have lost our pride in being Kenyans! This can be seen in every sector of our national life. For example, go to our airports in Nairobi or Mombasa and you will find the staff are stealing toilet paper. Kenyans have stooped so low as to steal toilet paper. Something has gone wrong with the moral fabric in this country. We must address it. The health sector is so badly affected because it is our lifeline. When you are sick, you go to hospital with the hope of coming out alive. But today, when you go to our hospitals you feel as if you have gone there to die faster.

Mr. Temporary Deputy Speaker, Sir, I want to go back to my constituency. Makindu Sub-district Hospital is more than 80 years old and yet it has very few facilities. I am asking the Minister to upgrade it to a full district hospital status. It serves a large population which is resident in Taita, Kitui, Makueni and Machakos Districts. It is also vital for everybody in this country because it is situated along the Nairobi/Mombasa Highway. You see, tomorrow any of us could have an accident along the Nairobi/Mombasa Road. This is the only hospital between Nairobi and Voi where somebody can get medical attention. So, it needs to be upgraded. Last Saturday we had an Harambee there to build an X-Ray room because we have an X-Ray machine but we have nowhere to store it. So, wananchi have to build through Harambee an X-Ray room for it.

Again, this hospital, which is nearly 100 years old, has no mortuary. There is only a room of 10 by 10 feet, which has no cooling facilities and bodies are just placed on the floor. Much as we support the Harambee movement, so long as it is not abused by a few people, we want the Government to come out and budget for things like mortuaries and wards. Now we have a small theatre but patients who are operated on are put together with other patients who are suffering from various diseases and yet in this situation infections are very likely. We need wards in this hospital into which patients can be admitted and taken care of. We also need maternity wards because the population of mothers who are covered by the hospital is very high.

There is no ambulance in this hospital. I know that the Ministry has been very kind and has given us a Land Rover to be used as an ambulance. However, we need a bona fide ambulance which can ferry patients to Nairobi, Machakos or to any other hospital. A week ago there was a very nasty accident, just outside Makindu Sub-district Hospital and it was very sad because we did not have a bona fide ambulance which could transport the very badly injured victims. Instead relatives of those patients had to be telephoned and had to hire ambulances either from here or from Mombasa to ferry their people away from Makindu. This was very sad because a lot of Kenyans cannot afford that kind of expense. So, we ask the Government to provide one or two bona fide ambulances - because of the size of the population this hospital is taking care of - to this hospital.

Mr. Temporary Deputy Speaker, Sir, when it comes to provisions to hospitals and clinics we find that very basic equipment for basic attendance by doctors is missing. Things like bandages and simple gloves are missing and yet, as of necessity, medical staff delivering a mother must wear gloves. But these facilities are missing not only in hospitals in my area but in hospitals and clinics everywhere in this country. You will take a patient to hospital and you will be told to rush and buy the gloves before the doctor can touch your patient. Sometimes this happens at a critical stage - you cannot tell the baby to wait. We are asking the Ministry of Health to ensure that some of these very basic requirements are available, particularly in maternity wards so that mothers and newly born babies are not subjected to the rigours of the problems that have been going on in this country. These people need tender care and quick attendance.

This is the responsibility of the Ministry because Kenyans are paying taxes. We are being told to come together and conduct Harambees, but only little can be done through Harambee because Kenyans have been over-taxed. With the introduction of the VAT virtually everybody is being netted in. Even the shopkeeper who runs a shop with stock worth Kshs200.00 now has to pay the VAT. This will "kill" the Harambee movement in this country completely. Kenyans are now going to be forced to close down their businesses. In the rural areas, we have been getting support in Harambees from these small-time businessmen. But now they are not going to operate any more - all their money will be scooped off by taxes. Yet we are being told to go back to them and conduct Harambees. This tax money had better be distributed fairly so that Kenyans can also reap the benefits of their own taxes. Some of the infrastructure we are asking for cannot be built, through Harambee but can be built by a Government Budget. The wananchi in most of the areas cannot afford to build a mortuary, a ward and so forth. In my own constituency, we cannot afford such amenities, whether we like it or not. The Ministers are buying Mercedes cars. We have seen the sizes of Mercedes cars for Government officers, not just for Ministry staff but also for parastatals. They growing in size and yet the services in hospitals are shrinking in size. We want to see a reversal of this trend so that more services go to the people.

With these few remarks, I support.

**Mr. Boy:** Ahsante sana, Bw. Naibu Spika wa Muda, kwa kunipatia nafasi niongee machache juu ya habari ya Hoja hii.

Kwanza kabisa, ningependa kumshukuru Katibu mpya wa Wizara hii kwa kazi nzuri. Pili, ukweli ni lazima usemwe. Wizara hii, kwa maoni yangu mimi, kutoka kwa Katibu kuendelea chini, yote imeoza; haifai!

**Mr. Shikuku:** Jambo la nidhamu, Bw. Naibu Spika wa Muda. Asubuhi hii, wewe ulikuwa Kitini---

**The Temporary Deputy Speaker (Mr. Wetangula):** I was just about to deal with him.

**Mr. Shikuku:** Oh, I see! Ndiyo ninataka kuuliza: Je, ana haki kusema "Serikali yake imeoza"?

**The Temporary Deputy Speaker (Mr. Wetangula):** Boy Juma Boy, in the morning, I excluded Dr. Kituyi from the proceedings of this House for using the word "rot". You have to withdraw and apologise to the House.

**Mr. Boy:** Bw. Naibu Spika wa Muda, ninaondoa na kuomba msamaha. Ninabadilisha na kusema ya kwamba haiko sawasawa kwa sababu moja. Kinachonishangaza ni kwamba kwa kila kitu, ni lazima kuwe na "intervention" ya Mtukufu Rais. Hata juzi, ili madawa yafike katika wilaya, mpaka Rais aunde kamati ya kuchunguza swala la madawa na ufisadi, ndiyo dawa kidogo zikafika katika wilaya. Sasa, kinacho nishangaza ni hiki: Kama ni nchi nyingine, kule kuingilia kwa Rais kwa jambo hili kungebidi wale watu wanaohusika wajiuzulu. Tatizo linalonishangaza ni hili: Ni kwa nini mpaka mkuu wa nchi atangaze, aunde kamati ya kugawa madawa ili madawa yafike? Hizi pesa tunazozipitisha miaka nenda miaka rudi huwa zinaenda wapi? Kila mwaka tunapitisha Bajeti hapa. Pesa zake zinaenda wapi? Nikitoe mfano wa hospital ya Mkoa wa Pwani ambako kumekuwa na vita kwa sababu ya daktari kumpiga muuguzi, hakuna dawa. Hata "gloves" za daktari kufanyia upasuaji ni lazima zinunuliwe nje. Sasa, ni lazima tuwasifu tu eti wanafanya kazi nzuri kwa sababu wako pale? Kwa haya mambo mengine, ukweli lazima usemwe. Sema ukweli hata kama ni mchungu. Ni lazima tuwaambie watu wa Wizara ukweli. Kitu ambacho ninaomba, na kinacho ni shinda ni; kwa nini hawa wakubwa wa Wizara hii, wenye masuti, matai na magari makubwa hawazuru hizo hospitali za wilaya na mikoa? Wako Nairobi tu. Kwa nini hawafanyi ziara za ghafla? Mimi kila nikiwaona, wanafungua semina ya UNICEF, ya SIDA na zinginezo. Kwa nini hawafanyi ziara za ghafla kwa hospitali za wilaya bila kutoa ilani? Katibu aonekane amefika hospitali ya wilaya ya Kwale au Webuye kwa ghafla ili aone mateso ya wananchi. Hilo ndilo swala kubwa. Wakubwa wote wamejaa hapa community Health Department ambako kuna magari ya Serikali mengi. Mimi ninashindwa, hawana petroli ya kufika kwa wilaya?

Ombi langu ni kwamba kama hakutakuwa na ziara za ghafla au uangalizi unaofaa wa maofisa wa nyanjani, haina haja ya kuzungumza maneno haya kila siku. Sisi tulipata nafasi ya kuzipokea zile dawa ambazo zilikuwa "dispatched". Wiki moja baada ya kuzipokea, mimi na Wabunge wenzangu watatu pamoja na DC wa Kwale, Bw. Ng'eno, tulienda kuzipokea. Tulipata ya kwamba zile dawa zilikuwa bado kwa stoo, hazijakuwa dispatched. Mpaka Bw. DC akarudi tena kutoa magari yake mara mbili. Kila ukirudi, storeman ni mjeuri, anapita upande huu, MOH anapita upande ule, na huku wananchi wanateseka, na wakubwa wote wako Nairobi. Hii Nairobi sijui ina nini na wakubwa hawa? Wamejaa sana kule hata nafasi ya kukaa hakuna. Hii Nairobi ina kazi gani kwa wakubwa kama madawa hayako ya kutosha? Kama pesa zinazovotiwa kwa mahospitali zingelikuwa zinatumiwa sawasawa bila ya ufujaji na hawa wanaoitwa hospital administrators, mambo yangukuwa mazuri. Lakini utaona hospital administrator, supplies officer na hospital secretary wana njama. Hawa watu wote wanaendesha magari makubwa makubwa na hawachukui mikopo. Zile pesa zinatoka wapi kama si ufujaji? Haya ndiyo maneno tunayoyaona kwa macho na hayazungumzwi.

Ningependa kuzungumza juu ya Kwale Sub-district Hospitali. Ambulance ya huko ni gari ya DC. Gari kubwa iliyoko hapo iko na Bw. mkubwa, MOH, impeleke Diani, imregeshe. Mgonjwa akiwa mahututi, ni lazima gari ya DC itafutwe. Sasa, mimi ninashindwa, zile ambulance ni za wakubwa kutembelea au kupeleka wagonjwa hospitalini? Bw. mkubwa amekaa kule na gari ambayo imeandikwa GK, Ministry of Health, ya kumpeleka yeye tu. Wagonjwa hawana magari. Hili ndilo swala linalonishinda. Kuhusu Shimba Hills Health Centre, miaka nenda miaka rudi, tukiuliza maswali, tunaambiwa kuna magari. Hata upepo wa gari hakuna. Hii ni hatari bin danger, uwongo mweupe! Lakini ukiuliza swali, unaambiwa ambulance iko. Mtahudumiwa na ile ya Mswambweni. Sijui kama hawa mabwana wanajua umbali wa kutoka Msambweni mpaka Shimba Hills. Kazi kubwa yao ni kukaa hapa tu. Watu wote wanaokaa Diani, hata hawa wakubwa huwenda wakakaa Leisure Lodge na Jadini kule, kutoka feri mpaka Diani, ile hospitali ya pekee iliyoko katikati ni Tiwi Health Centre. Haina X-Ray wala "mortuary", na wakubwa hawa na mabendera yao, wote hukimbia Leisure Lodge. Hata wale wanaofanya "technical appearance" hapa wanakaa huko, lakini hospitali hiyo ya Tiwi ambayo wakipata ajali lazima wapelekwe huko, haina hata X-Ray unit wala chochote, na wakubwa wa gredi wako hapa. Si waombei vibaya lakini ninawatahadharisha ya kwamba, mtu akipata ajali katika eneo hili, itakuwaje, na feri ndiyo hizi zinajaa. Hakuna X-Ray unit, hata mortuary ya kuhifadhi maiti hakuna.

Bw. Naibu Spika wa Muda, ukifika mortuary ya Mombasa, huna haja ya kuuliza iko wapi. Ukiwa umbali wa kilomita moja unusu, hiyo harufu inakwambia mortuary iko wapi. Huulizi! Ukifika hapo mortuary, usulize iko wapi. Shikilia pua lako. Kule kunakotaka harufu mbaya, wewe fuatilia tu, utakuta ni mortuary. Huna haja ya

kuuliza. Kuuliza mortuary ya nini na harufu inakueleza wazi? Watu wote wanakimbilia Mombasa, lakini ni shida kwa watu wa Mombasa kutazamwa. Haya ni mambo ambayo lazima yatazamwe. Tuzungmze habari ya hospitali ya Msambweni. Nyumba kubwa ambayo ni nzuri sana imejengwa na msaada kutoka Uchina. Lakini ukiingia ndani, utakuta vitanda ni vibovu, shuka ni zile zimezeeka na tena ni chafu. Jumba lilojengwa ni nzuri lakini ukitaka X-Ray, lazima uende Mombasa, dawa hakuna.

Sasa, mimi ninashindwa, mambo haya hayaangaliwi, na huku tuna Wizara, Waziri, Manaibu wa Waziri na maafisa wengi.

Ninashindwa kwa sababu kama wangukuwa wanatembelea hospitali kama ya Msambweni, mambo yangerekebishwa. Jina maarufu la hospitali ya Msambweni ni "nenda kamtwae". Maana yake ni kwamba ukipelekwa huko, jua utatoka huko ukiwa maiti. Ukiwa mgonjwa watu wanauliza; "amepelekwa wapi"? Jibu huko ni "amepelekwa enda kamtwae". Jamaa wanaanza kuchimba kaburi. Wewe ukipelekwa huko, basi jua utatoka huko ukiwa "aliye kuwa marehemu". Umeshakufa! Hospitali ya Msambweni inajulikana sana kama "nenda kamtwae", na hili si jambo la siri; ni jambo la dhahiri. Sasa tunauliza, wakubwa hawa wa gredi wanafanya kazi gani?

Si jambo la dhahiri. Pesa zinapeanwa leo, lakini hazionekani na mwananchi. Mini nafikiri - labda wenzangu watasimama kwa jambo la nidhamu - kuna Opposition kubwa ndani ya Wizara hii kuliko vile tunavyodhania. Nadhani pengine katika hii Wizara kuna watu wengi wa Opposition kuliko watu walio waaminifu kwa Serikali. Kwa sababu pesa zake zadidimia sana, hapa yatakikana watu katika Wizara hii wa pledge loyalty yao vizuri sana.

**Mr. Shikuku:** Jambo la nidhamu, Bw. Naibu Spika wa Muda. Mhe. Mbuge amesema pengine kuna upinzani katika Wizara hii na yeye anajua kwamba sisi tumelia kuwa hatupati dawa na hospitali zanuka. Ana haki ya kusema kwamba kuna upinzani katika Wizara hii na anaweza kuthibitisha kwamba kuna wapinzani ambao wanafanya Wizara isifanye kazi?

**Mr. Boy:** Bw. Naibu Spika wa Muda, nimesema kwamba ni mafikirio yangu.

**Mr. Shikuku:** Mabaya sana!

**Mr. Boy:** Kwa nini kuwe na ufasadi mwingi namna hii? Ufasadi huu unafanywa na watu wanaotaka kuiangusha Serikali!

**Mr. Boy:** Ndiyo ionekane kwamba Serikali ya KANU haifanyi kazi. Kwa hivyo, ufasadi umeingiwa sana na watu wa upinzani.

Kwa hayo machache naunga mkono.

**Mrs. Ndetei:** On a point of order, Mr. Temporary Deputy Speaker, Sir. When the hon. Boy says that these people in the Ministry of Health are in the Opposition, is he alluding to the fact that there is a lot of corruption in the total Civil Service and that it is only being caused only by those who believe in opposing the Government? Is that what he means?

**The Temporary Deputy Speaker (Mr. Wetangula):** Order! Hon. Boy has already left the Floor, so that is not an issue. The Minister should reply now.

**Hon. Members:** Oh! Oh! No! No!

**The Temporary Deputy Speaker (Mr. Wetangula):** Order, hon. Members. If you have your booklet of Standing Orders, you surely know the procedure. I do not see why you should protest, hon. Obwocha.

**Mr. Obwocha:** Mr. Temporary Deputy Speaker, Sir, on a point of order.

**The Temporary Deputy Speaker (Mr. Wetangula):** Order, hon. Obwocha! Disallowed. Carry on hon. Angatia!

**The Minister for Finance (Mr. Angatia):** Mr. Temporary Deputy Speaker, Sir---

**Mr. Obwocha:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Did the Chair invoke the name "Henry Dickens Onyancha Obwocha", the hon. Member of Parliament for West Mugirango?

**The Temporary Deputy Speaker (Mr. Wetangula):** Order, Mr. Obwocha! Hon. Angatia carry on!

**The Minister for Health (Mr. Angatia):** Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to reply. I want first of all to thank all those hon. Members, including my colleagues, the hon. Ministers who have made various suggestions on the Vote of the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, very many hon. Members have aired their views, but it will not be possible to deal with every hon. Member's views. It would suffice to say that I am very pleased with all the remarks that have been made. It just means that there is a lot of interest in this Ministry. It is also obvious that everyone of us is interested in good health and I hope that they will also work in their own areas to make sure that Kenyans enjoy good health. On that one, we are totally in agreement and there is no difference. I can only thank the hon. Members for their contribution.

Mr. Temporary Deputy Speaker, Sir, there are a number of points that I would like to go over which some hon. Members raised, although it will not be possible to address every issue. First of all, I have assured this House

and I have told hon. Members from time to time that when I next gazette boards of management of health centres, district hospitals and provincial hospitals and district management boards, I will include hon. Members of Parliament in these boards.

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

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

It is important that hon. Members know what is going on in health centres and hospitals in their areas. It is equally important that hon. Members of Parliament should know that as far as management and drugs are concerned from headquarters up to the institutions in their areas, the Ministry does its job and does its job very well. If hon. Members are not able to visit their own hospitals and talk to their own staff, then it is not possible for Afya House to know what is going on in every health centre in every part of this country.

It is true that those are Ministry of Health staff and those are Afya House staff, and it is our rule that they do their work properly. But in these days of cost-sharing, in these days of transparency and liberalisation, hon. Members of Parliament and councillors should feel invited when drugs arrive at the hospitals, health centres and dispensaries. They should be able to go in and inspect. After all, I have been able to visit all provincial hospitals and half of the district hospitals and these hon. Members are nowhere to be seen. I do not have to tell an hon. Member that I am going to Embu in order that hon. Nyagah may be present. But I have been to Embu hospital many more times than hon. Nyagah has been there.

**Mr. Nyagah:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the hon. Minister trying to say that I am never in Embu hospital whereas the other day when he popped into Embu Town, he was going to receive a health clinic that was funded by the Japanese Government in Nyambene? His car developed mechanical problems nearby and then he walked into the hospital since he had nothing else to do. Is he in order to mislead this House that I never visit the hospitals?

**The Minister for Health (Mr. Angatia):** Mr. Temporary Deputy Speaker, Sir, you can be sure that hon. Nyagah can shout louder than I can, but he does not know what goes on at Embu District Hospital.

**Mr. Nyagah:** Ah! No! No!

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

**The Temporary Deputy Speaker (Mr. Ndotto):** Order! Order, Dr. Kituyi, I have not given you permission.

**The Minister for Health (Mr. Angatia):** Mr. Temporary Deputy Speaker, Sir, Embu District Hospital is funded like Machakos, Nakuru, Eldoret and the rest. The figures are all in the book. He is holding the books and he comes here and has the audacity to claim before the House that it is not funded like a provincial hospital. So, I want to teach him stage number one of---

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

**Mr. P.N. Ndwiga:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Minister in order to say that hon. Members of Parliament from Embu do not understand what is going on in that hospital when we have raised so many Questions in here concerning that hospital? As several hon. Members here have said, this hospital is not a place to visit; it is a mortuary and not a hospital.

**An hon. Member:** Mr. Munyi, can you tell them one or two things about that hospital?

**The Minister for Health (Mr. Angatia):** Mr. Temporary Deputy Speaker, Sir, as you see, I never said anything like that. I have simply informed these hon. Members that I have visited all provincial hospitals and that I have allocated money to Embu District Hospital like to other provincial hospitals. It is not an arguable point. I do not see why somebody should get incensed and yet the money is in the books, the money is here

**An hon. Member:** Where is the mortuary?

**The Minister for Health (Mr. Angatia):** Mr. Temporary Deputy Speaker, Sir, yesterday, hon. Anyona argued that he does not want to see non-professionals at Kenyatta National Hospital. At KNH, we have a director and two deputy directors, one technical and the other one administrative. Hon. Anyona has a grudge to grind because he knows that a fellow Kisii was removed from the KNH and so he has things to say which are un-professional and improper. He should be able to find out how the KNH is administered. KNH has more personnel who are non-technical than technical staff and they have got appropriate deputies, appropriate heads of departments *etcetera*. We know what we are doing; we are not haphazard. I want also to answer hon. Dr. Kituyi---

**Hon. Members:** On a point of order---

**The Temporary Deputy Speaker** (Mr. Ndotto): Order, hon. Members! The hon. Minister is replying to the hon. Members' views and if we continue raising points of order, he is not going to cover what he is supposed to cover. I am not going to allow these points of order when he is replying.

Continue, Mr. Minister!.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, I know that there are---

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

**The Temporary Deputy Speaker** (Mr. Ndotto): Overruled!

**The Minister for Health** (Mr. Angatia): As I was saying, Mr. Temporary Deputy Speaker, Sir, I know that there are a few new districts that were not taken care of while the Budget was being prepared. I have got a list of them and I am going to make sure that they are all provided with something when we do the Revised Estimates. The rest of the district hospitals, including Bungoma District Hospital, have been allocated money despite the fact that one hon. Member alleged that there is not a single cent provided to Bungoma District. We have provided money to all district hospitals.

Mr. Temporary Deputy Speaker, Sir, I would like to assure hon. Members that solutions to health in this country do not lie in the amount of drugs to be provided. Members have to face the reality which is---

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

**The Temporary Deputy Speaker** (Mr. Ndotto): No! Not allowed!

**Mrs. Ndetei:** That is a breach of the Standing Orders! That is dictatorship!

**The Minister for Health** (Mr. Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, I would like hon. Members to realise that the solution to good health---

**The Temporary Deputy Speaker** (Mr. Ndotto): Order Minister! Hon. Ndetei you have used a word that is unparliamentary. You cannot accuse the Chair of being a dictator because I have not dictated on anything and I order you to leave the Chamber for the rest of the day.

*(Mrs. Ndetei withdrew from the Chamber)*

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

**The Temporary Deputy Speaker** (Mr. Ndotto): Overruled! Continue, Mr. Angatia.

**The Minister for Health** (Mr. Angatia): Obviously, Mr. Temporary Deputy Speaker, Sir, some people are not interested in the good health of our people in this country. They can say a lot of things in this House but when we invite them---

**Mr. Obwocha:** On a point of order, Mr. Temporary Deputy Speaker, Sir. I am sure the Chair heard what the Minister said. Is he in order to imply, in this House, that hon. Anyona was complaining about the Deputy Director of Kenyatta National Hospital because a Kisii was removed from that post when it is known that the Kisii who was there was removed a long time ago and there have been many subsequent Deputy Directors of Kenyatta National Hospital? Is he not misleading this House?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, there is no other reason why hon. Anyona should say what he said. If Members of Parliament showed this interest in health in the areas where they come from the way they have shown interest in health on the Floor of this House, Kenyans would be enjoying much better health than they are doing today. I, therefore, want to invite Members of Parliament to take note of the fact that good health in this country lies in simple hygiene, clean water, balanced diet, a clean environment, immunisation which the Government is giving free of charge and a constant vigilance to make sure that there are unnecessary outbreaks in this country.

Mr. Temporary Deputy Speaker, Sir, instead of Members in public meetings inviting the donors to withhold funds from this country and instead of spending a lot of time urging donors not to give this country money, let them spend that time urging Kenyans to look after their health well. There is enough in this country to keep us in good health if only wananchi are reminded about how to look after their health well.

Mr. Temporary Deputy Speaker, Sir, while a Member of Parliament knows that DANIDA is giving us plenty of money to the tune of K£3,875,00 to support our Essential Drugs Programme, the same Member joins others to tell donors not to bring money to this country. After he has agreed with donors on what to say, he comes here and tells this House that the donors are withdrawing money. I do not know how he knows about it. I also do not know why, after telling them to withhold money, he comes here and complains that donors are withholding money. Let us be a bit more honest than that.

Mr. Temporary Deputy Speaker, Sir, it is true that mortuaries are a problem in this country.

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

**The Temporary Deputy Speaker** (Mr. Ndotto): Dr. Kituyi, what is worrying you?

**Dr. Kituyi:** Mr. Temporary Deputy Speaker, Sir, we want to respect the Minister in replying to the debate, if he has the decorum and dignity of a Minister. If a Minister stands here and continuously misleads the House and he very arrogantly makes statements he knows to be untruth, it is very difficult for us to keep quiet like in a church. Is it in order for this Minister, on two occasions, to misrepresent my position? One, I challenged him to show one cent allocated to Bungoma District in the 1995/96 Development Estimates. Let him quote one cent in the 1995/96 Development Estimates that has been given to Bungoma District. When I made a presentation about Kenya Extended Programmed of Immunisation, which he is just talking about now---

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! What is your point of order? Continue, Mr. Angatia.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, I have just quoted K£3,875,000 from DANIDA. I also have got a figure of K£22,000 for Bungoma for specified projects and the hon. Member insists that not a single cent has been given to Bungoma District. Who is telling the truth? This is shown under Sub-Votes 317, 914,270,335, and 910. The amounts allocated under these Sub-Votes total K£22,000 for Bungoma. Last year, Bungoma District got Kshs800,000 to repair a mortuary. They finished the work just the other day. Right now, Bungoma District has got money for sewage; nearly Kshs4 million to maintain the sewage system in the town. There is no district that has been denied funds. All districts are going to get something. I object to sweeping statements that not a single cent has been given to Bungoma District. The amount of money available is small and if we give each district K£20,000 we are doing very well indeed. Nobody should come here to announce allegations that are not true when he knows he can read and he knows that it is true that Bungoma District is getting K£22,000.

Mr. Temporary Deputy Speaker, Sir, drugs are being supplied to all health institutions. If drugs are arriving at the hospitals, I am inviting Members of Parliament to go to the districts and show the goodwill that they are showing in this House.

Mr. Temporary Deputy Speaker, Sir, I have decided, since yesterday, that we shall send a summary of the drugs distribution to the Provincial Commissioners and District Commissioners. We shall send copies of those distribution sheets to the National Assembly Library here. Hon. Members should be able to follow what we are doing.

We have got 1,170 dispensaries, 400 health centres, 100 hospitals and it is not possible for the Director of Medical Services to be at all those places every day throughout the year. If the hon. Members are serious, let them visit those hospitals when drugs have been sent there and find out what is happening to those drugs. After all the Members do not like district commissioners but it is the district commissioners who are helping; it is the DCs who are monitoring everything, to make sure that drugs have reached their intended destinations. What are the Members of Parliament doing? Why can a Member of Parliament not come here one day and tell me "Drugs arrived on Monday; when I went there on Saturday there were no drugs?" Can I not get that from Members of Parliament instead of them coming here to talk day in day out about people stealing drugs in their backyards? Maybe they are also--- Let me not say what I was about to say.

**Mr. Mak'Onyango:** On a point of order, Mr. Temporary Deputy Speaker, Sir.

**The Temporary Deputy Speaker** (Mr. Ndotto): Order! The Minister has got limited time to cover the points raised by hon. Members and I think you had better give him a chance to do so.

**Mr. Mak'Onyango:** But he is quarrelling the House!

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Speaker, Sir, Kenyatta National Hospital has got 18 X-Ray machines. But you will find that a Member of Parliament can come here to allege that X-Ray machines have broken down. There are 18 static X-Ray machines and 30 portable ones. Three X-Rays are out of order and they are being repaired. The rest of the X-Rays are functioning. When a hon. Member comes here and his aim is to distort the truth, we cannot take him seriously.

Mr. Temporary Deputy Speaker, Sir, I would like also to assure hon. Members that a certain reporter went to Busia and alleged that there were no drugs. The following day, the Medical Officer of Health (MOH) whom he alleged to have talked to confirm that there were drugs. Yesterday, the District Commissioner confirmed there were plenty of drugs in Busia. I have a computer printout here giving drugs to Busia but hon. Members are prepared to come here and make allegations which are given by the Press that there are no drugs in Busia. On emergency procurement again, whatever hon. Anyona was quoting here was all false because drugs have been procured properly. Right now, all institutions are supposed to be having drugs. It is true that in some places drugs arrived but they mysteriously disappeared in one or two places recently. We are following up that one. I have been able to sit and talk about it, and hon. Members can quote me, when they are arguing, which means I know what is happening. You are quoting me and you are not the ones giving the information. Where they have given first hand information, it has been faulty. Where they have quoted me, it has been correct, which means, I know what I am doing and I have been to

all those places.

Mr. Temporary Deputy Speaker, Sir, we have acquired more drugs and in a few days we shall be releasing them, but can hon. Members of Parliament not visit these institutions and confirm that drugs are available, and that people are enjoying them? Mr. Temporary Deputy Speaker, Sir, as I was saying earlier, good health of people is not maintained by drugs or doctors, not even by hon. Members of Parliament. Good health of people is maintained by good education, good eating habits, good living habits, proper hygiene and so on. Primary Health Care Programme is being given greater emphasis. I have said about this over the last two years. This is a third time, and I know that if hon. Members care to look at their Printed Estimates, they will find that enough money has been provided for Primary Health Care Programme. It is going to go on and I am sure if hon. Members do what we are telling them, because a lot of it depends on education, we should be alright, and Kenyans should enjoy good health.

Mr. Temporary Deputy Speaker, Sir, there were complaints yesterday about Medical Training Centres (MTCs.). All MTCs in the country are receiving money, including those in Embu. I have already said all of them, including Embu, will undergo a programme of rehabilitation to make sure that they are all functioning properly.

The facilities we have in this country are now old. They were built for a smaller population, and all of them are over crowded. Wards are over-crowded, mortuaries are over crowded, and there is a big demand in everything. But this does not mean that the health services have collapsed; they have not collapsed. We are treating people. I have been to some hospitals where beds are empty. It is only during the season of malaria when the rains have come that all beds in the country are totally full. But if you go at any other time of the year, in some of these hospitals, you will be very highly impressed. I have been to Msabweni many times. The hon. Member does not know how many times I have been to Msabweni. I know, myself, what is going on at Msabweni but the hon. Member has no idea what we are doing. Unfortunately, there are areas where TB is higher than the other areas.

Unfortunately, with the advent of AIDS, TB is becoming more and more difficult to treat, and therefore, manyattas are getting more and more crowded. We are revolving a policy on this, and we shall be able to contain the manyattas situation. I agree with Mr. Rotino and other hon. Members, that we need to do something about these manyattas, but the bigger thing is that cure for AIDS; I have already said in this House, I have said it many times and maybe I should not repeat it again; Let me simply say that all of it depends on our own care for ourselves which we have already called primary health care. Let us make sure that we are not allowing ourselves to fall ill unnecessarily.

Mr. Temporary Deputy Speaker, Sir, I am fully aware that ambulances are very much needed and they are few in the whole country. We are not sitting and waiting for next year's Budget or waiting for hon. Members to tell us. We have already set the need for ambulances, and we are doing our best that in the near future, we shall be able to find some funds. If Opposition Members and others do not continue telling the donors not to give us money, I am hoping that we shall be able to find some money to be able to start providing ambulances and also to start rehabilitating all the vehicles that we have got which have been grounded for minor problems.

Mr. Temporary Deputy Speaker, Sir, I would like to assure hon. Members that selection to MTCs is going to be on quota basis. I am fully aware that places in North Eastern Province, some parts of Coast Province and some parts of Rift Valley are short of staff. We are going to deliberately select in a biased manner to make sure that those areas get more people trained so that they can go back and serve their areas. I would like to assure hon. Members that this is going to be done. One thing that we have not been able to do, which I think hon. Members will have an opportunity to discuss, is whether we can use a quota system in selection to the medical schools. This is what hon. Members were asking for, but that falls in another area. It does not fall within our Ministry, but collectively, we shall consider possibilities of selecting people to meet certain basic quotas.

Mr. Temporary Deputy Speaker, Sir, mobile clinics are not possible. I know that areas where they have a few Land Rovers still left are attempting to provide mobile services, but until we get good reliable vehicles, we will not resume the mobile clinic service. However, there are areas where people are not settled permanently; they are nomadic. In those areas, the few vehicles that we have will be provided to those areas to make sure that if people have moved from the last place where we found them they have moved to another place, we shall endeavour to follow them to make sure we provide the essential service of immunisation which all of them need.

Mr. Temporary Deputy Speaker, Sir, I want to conclude by telling hon. Members that we are determined to make sure that Kenyans enjoy good health. Hon. Members should feel free and should be assured that investment in the people's health is investment in the total development of those people. This one, people have to bear in mind and have to know that in your own areas, if we are asking for supplementary support like we are asking for cost-sharing, and you go to your health centre and find that the cost-sharing money has been transferred to the district account and the health centre is not benefiting, I would like you to come and tell me. You do not have to wait for a Parliamentary Question. Simply inform me that a health centre is submitting the money to the district Hospital but the district hospital is not doing any service for that health centre. We will be able to go and correct the situation.

Otherwise, I want to thank hon. Members for the support they have given us and since they are so interested

in this service in their own areas, I am hoping that they will support the Vote so that we can pass it and give Kenyans the good health they deserve to have.

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

*(Question put and agreed to)*

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

IN THE COMMITTEE

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

Vote 11 - Ministry of Health

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I beg to move:-  
THAT a sum not exceeding K£206,079,580 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the year ending 30th June, 1996 in respect of:-

Vote 11 - Ministry of Health

*(Question proposed)*

VOTE 11 - RECURRENT EXPENDITURE

SUB-VOTE 110 -GENERAL ADMINISTRATION AND PLANNING

*Head 310 - Headquarters Administrative Services*

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, for what specific purposes are you asking for the item 112, on Travelling and Accommodation Expenses totalling K£30,000 which you did not seek last year?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I always ask for money to meet travelling expenses. I think this amount of money might have been transferred because even last year I did get more than that amount of money for travelling and I will still ask for more.

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

**The Temporary Deputy Chairman** (Mr. Wetangula): He has hardly said anything Dr. Lwali-Oyondi.

**Dr. Lwali-Oyondi:** Is the Minister in order to say, "I think"? We are talking about facts here.

**An hon. Member:** Not speculations!

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I am just saying that we must have transferred this item to another Sub-Vote because money for travelling is given every year. Last year it was used and this year it is there.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, arising from that absurd reply, if the Minister is stating here categorically that he had money for travel last here which is hidden under a different Sub-Vote could he show course why we should believe that this is not double invoicing because the same Sub-Vote again might have travel money since he is showing that he did not ask for this money last year?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, it is not possible to do double invoicing in Government Budgetary Programmes.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I have two issues here to raise. One on Head 310, item 300 which deals with grants to universities for post-graduate doctors studies. Can the Minister tell us why this item is under the Ministry of Health when in fact grants to universities are provided for within the Vote for the Ministry of Education. Since it is one question at a time, can you answer that one first?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, it has been our practise to give money for post-graduate studies in medicine to the Ministry of Health because those are our employees. They go for post-graduate studies when they have already completed internship and they are already employed by us. We get



that money to sponsor them ourselves to the universities.

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, Sir, I wish to draw your attention to Head 311 item 172- purchase of uniforms and clothing (nurses). I see that you are asking for more than double the amount of money that you asked for last year. This year's amount is almost three times last year's amount. Could the Minister explain this continental difference in the price?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we have revised our Schemes-of-Service since last year and where nurses were getting Kshs600 for uniforms they are now getting nearly Kshs1,500.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, I want to go back to Head 310. First on the matter I raised on item No.112. The Minister said here that he is always getting money for travelling expenses and he said that even last year he got this money. According to the approved Estimates of 1994/95 financial year, there is indication that he did not get any money on that item. Can he tell us under what Sub-Vote he got that money for travelling expenses last year? That is the first question. I have two more questions on the same item. Secondly, at a time when the cost of electricity is going up, how does the Minister explain that under Item 140? Last year, he approved estimates of K£1,462,682 on electricity and this year he is only asking for K£330,600. In addition to what hon. Obwocha raised here, one of the reasons for the establishment of the Higher Education Loans Board was the consolidation of funding for post-graduate education abroad. Why does he still ask for money when we have passed an Act of Parliament which transfers that responsibility from his Ministry?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, the hon. Member should ask one question at a time. This is causing confusion because once we have passed an item we cannot go backwards. Anyway, if travelling expenses was paid for us last year, we are paying for it this year.

**The Temporary Deputy Chairman** (Mr. Wetangula): The second one is why the electricity expenses have reduced from K£1.4 million to K£330,000; this is item 140.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we have now separated electricity from cooking. We now use wood for cooking instead of electricity. There are now "improved jikos" which use a small amount of wood and do a lot of cooking. So, we have now removed electricity from cooking and confined it to other areas. That is why the money has gone down.

**Mr. Obwocha:** On a point of order, Sir. Is it in order for the Minister to mislead the House? In fact, last year he told us that this money will go a long way to clear what he calls "pending bills". But now he talks of wood instead of electricity. Is he not misleading the House?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, if that is the reason I gave last year and it is one of the reasons why the amount of money has gone down, I do not see anything wrong with it.

**The Temporary Deputy Chairman** (Mr. Wetangula): The third question from Dr. Kituyi was why you have asked money for post-graduate doctor studies; this is item 300, same question as what hon. Obwocha asked.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, but how do I answer the same question twice?

*(Heads 310, 311, 312, 314, 348,  
349, 454, 456 and 457 agreed to)*

*(Sub-Vote 110 agreed to)*

**Dr. Kituyi:** On a point of order, Sir. We have only dealt with one item, head 310, and we were very clear that we had deferred other heads.

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Dr. Kituyi! I read all those heads at once, and so far as there was nobody on his feet, I put the question. But I did not see you.

#### SUB-VOTE 111 - CURATIVE HEALTH

##### *Head 410 - Embu District Hospital*

**Mr. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I would like to raise an issue on page 408, head 317, item Nos. 140, 156 and 160, if the Minister is satisfied with the three items I am giving at the same time.

On electricity expenses, item No. 140, on water item No. 141 and 156, and oxygen item No. 160. I have it here on record of HANSARD to the effect that when it comes to the budget for 1995/96 financial year, those items

would be equivalent to other provincial hospitals. I would like to remind the Minister what he said, and quote:-

"However, I am aware that the hospital has in the past been treated in the provision of funds for food, as a district hospital. My Ministry has noted this mistake - repeat 'mistake' - which has led to inadequacy of funds for food."

Does the Minister now feel that this increment of an amount as quoted is enough to cater for a provincial hospital because it is far from being adequate?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I am trying to get another provincial hospital to compare the two, because if the hon. Member can go to main heading for Embu Provincial General Hospital ---

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Minister, the question is so simple: He is asking whether you are satisfied that this provision is adequate?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, yes, I am satisfied that it is adequate.

**Mr. Nyagah:** On a point of order, Sir. Going through other provisions of other provincial hospitals, the Minister was very categorical in his statement last year when he said that he would upgrade Embu to be equal to the status of a provincial hospital, but he has not lived to his words?

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): On a point of order, Sir. I think it would help the Minister greatly if the hon. Member pointed out which provincial hospital he is referring to because if one looks at Nakuru Provincial General Hospital, on page 386, the provisions there marked as item Nos. 141, 156 and 160 are all equivalent.

**Mr. Nyagah:** On a point of order, Sir. I started off by reading page No.408, head 317, and item numbers. So, it is quite clear that I am talking about Embu Provincial Hospital as stipulated in the Development Estimates on page 416, that it is a provincial hospital and not a district hospital.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, it appears there is a heading 410, Embu District Hospital. We have provided Embu Provincial Hospital equivalent sums of money like Nakuru, Nyeri and so on in the main heading for administration and various departments. But when it comes to beds capacity and other services, it depends on the size of the hospital and not the name of the hospital.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I am on page 382, what he calls "Nairobi Provincial Hospital". I do not know whether this is Kenyatta National Hospital? If this is the case, can he tell us where is the Appropriations-in-Aid (A-in-A) from the money received from hospital X-Ray fees? He has shown provision for this in other provincial or district hospitals, like Nyeri and so on. Where is the A-in-A for Kenyatta Hospital?

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Angatia, the first question is very simple: Is Nairobi Provincial Hospital the same as the Kenyatta National Hospital (KNH)?

**The Minister for Health** (Mr. Angatia): It is not.

**Dr. Lwali-Oyondi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. The Minister cannot just say that the KNH is not the same as Nairobi Provincial Hospital! Which is it?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we recently established a provincial medical officer's office in Nairobi because we are putting up three full-fledged hospitals in Nairobi. We have already opened what we are now calling Mbagathi Road Nairobi Provincial Hospital. It will work temporarily as a provincial hospital until the provincial hospital near Pumwani is completed. The one we have - Mbagathi Road Nairobi Hospital - is operating as both a district and a provincial hospital.

**Mr. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I will move back to page 408. Embu Hospital has 488 beds. By the end of the year it will have 624 beds, more than Machakos District Hospital. In his statement here the Minister said that we have been funded as a provincial hospital, but this is not true because we have been funded to the tune of K£4.5 million. How does the Minister read his figures? Does he do so in base two in new mathematics or in old mathematics?

**The Temporary Deputy Chairman** (Mr. Wetangula): That question is vague!

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I can assist him. Food and various other items are given according to the capacity of an hospital. I have already said that some provincial hospitals are smaller than some district hospitals. So, the bigger hospitals get more money.

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Angatia, Hon. Nyagah just made a statement and did not ask any question. So, I do not see why you are answering him!

**Mr. Munyasia:** Mr. Temporary Deputy Chairman, Sir, I am on Head 316, Item 000 - Personal Emoluments.

Could the Minister tell the House why Coast, Nakuru and Kakamega Provincial General Hospitals should have senior medical specialists being paid at salary scale "P" while all the other provincial general hospitals are headed by medical

officers at salary scale "L". If a provincial general hospital can be headed by a medical officer at salary scale "L", that will be cheaper for us and I thought the headship could be made uniform! So, why do these three hospitals have a senior medical specialist?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we need senior medical specialists in all the provincial hospitals. It just happens that only these ones are available. When we get more, we will post them to the provincial hospitals.

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, Sir, I would like you to turn to page 386 - Head 316, Item 151. The amount involved here is just K£500,000 and the starred note says:-

"No expenditure can be incurred under this item until a requisition to incur expenditure has been approved by the Treasury".

Could the Minister explain why other monies can be expended without application of this condition?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we supply drugs from Central Medical Stores to all institutions but we do put money aside for emergency. But hospitals are not supposed to spend that emergency money until they get authorization from the Ministry's Headquarters.

**Mr. Munyasia:** Mr. Temporary Deputy Chairman, Sir, when I asked why certain provincial hospitals retained senior medical specialists, I was told that the Ministry was still looking for more specialists. But if you look at page 396, you will see that Nairobi Provincial Hospital had these senior officers last year, but this year they have been dropped. So, it is not a question of them not being available. Could the Minister tell us why he should be using some highly paid officers in some provincial general hospitals and not in others?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, unfortunately, the senior specialist for Nairobi retired only the other day. So, we do not have him now.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, the Minister did emphasise that he wanted to teach the Opposition about parity and equity in the distribution of resources. I raised a question under the whole of Head 317, from pages 388 to 449. If you listen to my question you will see why I am giving so many pages. When we looked at the allocations here, we wanted to find a justification for certain quantities of money for given districts and the most rational thing we could use is the population and it seemed to make sense. I will give an example of four districts under Item 151 - Curative Health, District hospitals, purchase of drugs. If you look at allocation of money for the purchase of drugs it seems sensible that on average there is one Kenya Pound per person in the population of a district. There are small differences. Examples are, Mount Elgon, population of 87,000 people and K£101,760; Kehancha, 103,000 people has K£101,000 for drugs; Samburu District, 108,000 people, has K£121,000; Embu District, 370,000 people, has K£302,000. Could the Minister now explain why Bungoma, with 679,000 people is allocated K£121,000, which means six people per pound of drugs?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, Bungoma District is lucky because it has two district hospitals and so its amount has to be split.

**Mr. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I am seeking clarification on page 409, under Head 317, Item 155 - Purchase of X-ray Supplies. We have been promised by hon. Munyi that this X-ray machine will go to Embu. I would like the Minister to tell the House whether the amount allocated for this particular item will be enough for the purchase of an X-ray machine for Runyenjes Hospital?

**The Minister for Health** (Mr. Angatia): Is he referring to Ishiara sub-district hospital?

**Mr. Nyagah:** No, Runyenjes. You have continuously told us about this X-ray.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, that is enough money as far as we are concerned. After all, if they run short, they have emergency money provided and they also have cost sharing money.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, the Minister celebrated the fact that Bungoma has two district hospitals. Yes, there is a sub-district hospital in Webuye whose allocation is K£69,000. This K£69,000 plus K£121,000 adds up to K£190,000. That is still less than one pound for every five people in Bungoma district. How do you explain this disparity between Bungoma district and virtually every other district in the country?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, the basis of the argument is also not quite correct. It does not mean that the money allocated should add up to one pound per one person. If he looks at Vihiga district hospital where the population is much larger than Bungoma, he will find that the money allocated does not add up to one pound per person. So, the premise is wrong.

**Dr. Kituyi:** What is your criterion?

**The Temporary Deputy Chairman** (Mr. Wetangula): Order!

*320, 321 and 351 agreed to)*

*(Sub-Vote 111 agreed to)*

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*Head 322 - Division of Mental Health*

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, yesterday, in my substantive contribution, I bemoaned the collapse of immunization programme under KEPI because of bureaucratic delays which have delayed the disbursement of Danish support to this programme. In his reply here, the Minister for Health said that persons who are bemoaning this are doing so, and yet they are the ones who are discouraging donors from bringing money. Can he give us his official view as to why Head 322, preventive medicine and promotive health -

**The Temporary Deputy Chairman** (Mr. Wetangula): Which page?

**Dr. Kituyi:** Head 322 starts on page 453, at the bottom.

**The Temporary Deputy Chairman** (Mr. Wetangula): Which item?

**Dr. Kituyi:** My question was global to Head 322. If you look at the summaries for that allocation, there has been a massive cut back on Appropriations-in-Aid for preventive and promotive health. Could the Minister explain why that is so? He has refused to give us the official version why there has been a substantial decline in the funding under this head for preventive and promotive health.

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Kituyi and other Hon. Members, to be fair to the Minister, the guidance of the Chair is that questions should be directed at specific heads and specific items. Global questions touching on anything and everything within the item would make it very difficult for the Minister to give you a proper answer within the time available.

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

*(Sub-Vote 112 agreed to)*

SUB-VOTE 113 - RURAL HEALTH SERVICES

*Head 335 - Rural Health Centres and Dispensaries*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, I would like to get clarification from the Minister on Head 335, Item 151 - purchase of drugs. We are told that the money allocated for this is K£15,163,860. Could the Minister tell the House why he cannot decentralise this issue to various health centres in the country rather than having it as one item within the Ministry?

**The Temporary Deputy Speaker** (Mr. Wetangula): Mr. Minister, did you get his question?

**The Minister for Health** (Mr. Angatia): Yes, I did, Mr. Temporary Deputy Chairman. This is at the headquarters. We have not gone to each individual rural health centre. At headquarters, we put a global figure, but when we go to individual health centres which we cannot put here, you will find that it is decentralised.

*(Heads 335 and 336 agreed to)*

*(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING

*Head 340 - College of Health Professions, Nairobi.*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, under Head 340, there are various items there. I would like the Minister to explain why last year, they requested for K£4,613,933 which is broken down against a huge increase this year to K£17,981,640, which is not broken down. Can he explain why that is the case?

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): Mr. Temporary Deputy Chairman,

may I help the Minister?

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Minister, do you need help? Mr. Osogo wants to help you.

**The Minister for Health** (Mr. Angatia): Yes, Mr. Temporary Deputy Chairman.

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): Mr. Temporary Deputy Chairman, hon. Obwocha should just look at all training colleges on pages 466 and 467. He will find that there are no estimates for all the colleges. So, they have all been brought together under grants under the Medical Training College which has become a parastatal. Therefore, it will now get grants in a block for all the training colleges in different hospitals. In all those pages, you will see that the last column for this year is empty. They have all been consolidated under this K£17,981,640.

*(Heads 340, 344, 345 and 515 agreed to)*

*(Sub-Vote 114 agreed to)*

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

*(Head 350 agreed to)*

*(Sub-Vote 115 agreed to)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

*(Heads 355 and 356 agreed to)*

*(Sub-vote 116 agreed to)*

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

*Head 315 - Kenyatta National Hospital*

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, although you have gone ahead, we must complain that there was a question that we would have raised---

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, hon. Obwocha! You have a duty to be alert. The Chair cannot wait for you to put yourself in order before you stand up. Can you ask your question on this Head?

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I am quite alert.

**Mr. Shikuku:** On a point of order, Mr. Temporary Deputy Chairman, Sir. A very important Standing Order is being violated. When you are communicating to an hon. Member of Parliament, it is stated clearly in our Standing Order that the hon. Member must resume his seat immediately. Was it in order for the hon. Obwocha that while you were communicating to him he was also standing?

**The Temporary Deputy Chairman** (Mr. Wetangula): Thank you, hon. Shikuku. In fact, he did not just remain standing; he even attempted to argue with me.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I apologise to the Chairman if that is what I did, but because I have no intention of belittling the Chair. I---

**The Temporary Deputy Chairman** (Mr. Wetangula): In fact, the Chair knows you as one of the decent hon. Members of this House.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, very decent.

I just want to find out about this Kenyatta National Hospital on Page 484. I thought that KNH, being a parastatal, why the grants have jumped from Kshs48 million to Kshs66 million? What would be the reason behind this?

**An hon. Member:** Say that you do not know!

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, while we are renovating KNH in terms of physical facilities, we are also renovating it in terms of equipment. As you know last year, we increased salaries in Ministry of Health very substantially. So, Kenyatta National Hospital being a parastatal, increased its salaries higher than the Ministry increased and that is the increase that is reflected there.

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*  
*(Vote R11 agreed to)*

**The Temporary Deputy Chairman** (Mr. Wetangula): Hon. Members, we are now moving to Development Expenditure - Vol.I.

I would also like to bring to your attention that under Standing 17 (2), we shall sit up to 7.00 p.m in case we do not finish the matter by 6.30 p.m.

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, I would have wished that while the Clerk is reading the items, he should move near the microphone because we cannot hear him clearly.

**The Temporary Deputy Chairman** (Mr Wetangula): Order, Dr. Lwali. The Clerk simply sets out the items and I read them out aloud for you to hear. I do not see the problem there.

## DEVELOPMENT ESTIMATES

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

#### *Head 310 - Headquarters Administrative Services*

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, could the hon. Minister explain why there is no application for financing for mobile health units under Head 310 Item 199? We are under Direct Payment Item 951 to General Administration Headquarters there is no money?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, first of all, we do not assist mission hospitals compulsorily every year. Sometimes we assist and sometimes we do not. We assisted last year, but we are not assisting this year.

Mr. Temporary Deputy Chairman, Sir, Head 951 talks about direct payments. This is also IDA, it is the money that we borrow from World Bank. If we borrowed it last year, we do not have to borrow this year. It is not recurrent; it does not have to be provided for every year.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, arising from the hon. Minister's reply, what reason lies behind their decision not to assist, as he calls it, with the mobile health units during the current financial year?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, let us look at Heads 113, Item 335 on Page 433. The money has been transferred to that Item.

**An hon. Member:** There is no such Item on that page.

**The Minister for Health** (Mr. Angatia): No, it is there. Look at Head 335, Sub-head 030, Item 199 - Mobile Outreach Medical Services. There is some money there under Netherlands aid programme.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, if the hon. Minister is speaking about outreach medical mobile services as being one and the same as the mobile health units, why does he not show any money in the Estimates 1995/96 under Head 310, but shows some on the other page? Why does it emerge there and not here?

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Kituyi, can you repeat your question in clearer terms?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, maybe I could speak to him in Luhya?

My question is: Medical health units had approved estimates of K£200,000 last year; it has zero for 1995/96.

Under the Item he has just referred to on page 433, we can see a figure of K£87,000. First of all, that is a very substantial reduction. Can he tell us why, although this is exclusively A-in-A, why there is such a dramatic reduction from the Estimates for last year and this A-in-A for 1995/96?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, under the Item that he is referring to there was no provision in 1994/95. There is a provision in 1995/96. There is a figure of K£87,000 under A-in-A. I do not know the figure which he is referring to.

**Dr. Kituyi:** Go back to where I started when I asked my initial question. Look at Page 407-Head 310 on the third line where we have Item 199 - Medical Health Units. You cannot say that there was no money last year. If you check that Item, you will find a figure of K£900,000 and that is a lot of money. This year; it is zero. If you go---

**The Temporary Deputy Chairman** (Mr. Wetangula): Did he not answer that, Dr. Kituyi?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, can he now be asked to answer that? Why is there such

a dramatic decline?

**The Temporary Deputy Chairman** (Mr. Wetangula): Last year you provided K£900,000 and this year you have provided nothing. We shall discuss against it. I think that is the question.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we had a debt which we paid which was not our department. I said that the Department is known as National Essential for Drug Supply which is in the Industrial Area. They loaned us some drugs and we paid them. We do not fund them every year.

**Dr. Lwali-Oyondi:** Mr Temporary Deputy Chairman---

**Mr. Temporary Deputy Chairman** (Mr Wetangula): Is it on the same issue Dr. Lwali?

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, Sir, no, this is another issue. I would like the Minister to, page 410 ---

**Mr. Temporary Deputy Chairman** (Mr. Wetangula): You cannot. You are ahead of us. We have now disposed of that Head.

*(Heads 310, 311, 312, 314, 348,  
349, 456 and 457 agreed to)*

*(Sub-Vote 110 agreed to)*

#### SUB-VOTE 111 - CURATIVE HEALTH

##### *Head 317 - District Hospitals*

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, Sir, no, I am in the same wave length as you are. Now, I turn into page 408, about the Health Sector Reform Programme. This year there is quite a heavy expenditure from 0 - K£12,787,500. This is Head 317, item No.401.

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Lwali-Oyondi wants an explanation from the Minister.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, we just built a health reform programme which we are beginning to implement. This will involve rehabilitation of a lot of hospitals and institutions. So we need that money and soon I will let the House know which hospitals we are rehabilitating, starting with the Kenyatta National Hospital.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, my question is on head 319 - Non Governmental Organizations. Last year, there were grants to church hospitals and Kenya Ear Foundation but this year there is nothing. Why has this been done? Do we need these hospitals to subsidise the efforts of the Government to provide health services to Wananchi?

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): Mr. Temporary Deputy Chairman, Sir, if the hon. Member looks at the current expenditure which we have passed, those grants were transferred there. So, it has become a Recurrent Expenditure of the Government not Development Expenditure.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, I have three quick questions. The first one, was it in order that the Minister was seeking approval of funding for hospitals here, and then he only tells us now that after we have given him money, he will later on come back to this House and tell us which hospitals he has spent the money on? Maybe the Members needed to know which hospitals was the basis of the decision, whether to allow the money or not.

The second question: what is the specific portion under Head 317 page 408? Are we stopping at head 318, Mr. Chairman?

**The Temporary Deputy Chairman** (Mr. Wetangula): No, we are stopping at head 319.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, then I will ask just that question alone. Why has the Minister found it prudent to come and seek money here for the rehabilitation of hospitals and then he expects us after we have given him the money to come and tell us which hospitals he has rehabilitated?

**Mr. Temporary Deputy Chairman** (Mr. Wetangula): What he is asking is in answer to Mr. Obwocha where he said this money was for rehabilitation of hospitals starting with Kenyatta National Hospital. He said that at an appropriate time, he will explain to the House which other hospitals are being rehabilitated.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, we can postpone the answer I will provide it in a moment. I am asking for the list.

**Mr. Temporary Deputy Chairman** (Mr. Wetangula): Do you have the list?

**The Minister for Health** ( Mr. Angatia): I am getting it in a moment and so we can postpone the answer to that one and we go to the next item.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, I am not even seeking to be told the list now. All I am saying is that the most prudent thing when the Minister was moving the Votes was to tell us which hospitals they wanted to rehabilitate. Now, what is happening is not good enough to tell Dr. Kituyi we cannot discuss it now in Committee or that he cannot go into the details. But why did he do such an irregular thing to ask for money with the promise later on he comes and tells us which hospital? Why did he do it this way?

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Kituyi, I do not think it is a case of omission. What he is saying is that the hospitals that will be renovated are there, are known and he is going to give the list of hospitals in a minute.

**Mr. Nyagah:** Mr. Temporary Deputy Chairman, I would like---

**The Temporary Deputy Chairman** (Mr. Wetangula): What is it?

**Mr. Nyagah:** Let us look at Page No.408, Head 319, items 340 and 344. We have been told that it has been transferred to Recurrent Expenditure. We would like the Minister to give us the page number so that we can go through it bearing in mind that the NGOs have been very supportive of the Government. It will be very good also if the Government was able to support their organisation so that we could rush to them in time of need.

**The Temporary Deputy Chairman** (Mr. Wetangula) Order! Mr. Osogo, you do not have to answer that, we have gone over that! I want now the list for Dr. Kituyi's question. Mr. Obwocha, do you have a different question while we wait for the list? Is it on the same question?

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, my question has not been answered, and it is on page 319.

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Mr. Obwocha, hon. Osogo answered your question very clearly and you appeared very satisfied.

**Mr. Obwocha:** I now have the recurrent book and I am trying to find where it is. So that is good information because NGOs have been very supportive to the Government. It is good to compliment them!

**The Assistant Minister for Commerce and Industry** (Mr. Osogo): Mr. Temporary Deputy Chairman, let us have a look at the recurrent book page 451, Head 319 item 352 - Grants to Other Organisations.

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Osogo, you are giving more than what you have been asked. Just give him the page number; do not volunteer too many unnecessary answers. We are waiting for your answer to Dr. Kituyi's question.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, arising from what he is saying---

**The Temporary Deputy Chairman** (Mr. Wetangula): The Minister is not here to listen to you. Order, while the Minister is sorting out with his staff! We will leave those items in abeyance for the time being and move to the next item.

*(Heads 316 and 317 agreed to)*

*(Sub-Vote 111 agreed to)*

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

*(Head 190 agreed to)*

#### HEAD 323 - ENVIRONMENTAL HEALTH SERVICE

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, I have three Questions on Head 323, at the bottom of page 408.

**The Temporary Deputy Chairman** (Wetangula): Can you ask one question at a time?

**Dr. Kituyi:** What is this special environmental health issue under which Rift Valley and Eastern provinces have a unique vote? That is under Item No.192, which is taking two million pounds---

**Mr. Shikuku:** On a point of order, Mr. Temporary Deputy Chairman, Sir. I am wondering if we are supposed to adjourn at 6.30 p.m.

**The Temporary Deputy Chairman** (Mr. Wetangula): Hon. Shikuku, you are normally the most attentive; I just brought the attention of the House, that under Standing Order 17(2) since this is an allotted day I ruled that we should go up to 7.00 p.m.



**Mr. Shikuku:** Sorry, I did not hear you, Sir.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, we have got some donors who pick a particular province and spend money there. Look at A-in-A on the next page and you will see that money is coming from particular donors who have programmes in the Rift Valley on Environmental Health.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, could he say in substantive sections where there is amplification of where that money is coming from, which A-in-A under that Item 192.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, Appropriations-in-Aid are shown in the next page.

**The Temporary Deputy Chairman** (Mr. Wetangula): You now got the list?

**The Minister for Health** (Mr. Angatia): No, I have the list for the figures but for this one---

**The Temporary Deputy Chairman** (Mr. Wetangula): You have answered the question. Your next question Dr. Kituyi?

**Dr. Kituyi:** My second question, Mr. Temporary Deputy Chairman, Sir, is on the very next line. There is a very substantial amount of money. There are K£2 million, under environmental health integration services. What do you mean by this Item?

**The Minister for Health** (Mr. Angatia): Mr. Chairman, Sir, I said that there is direct payment by UNFP and the exact amounts are shown on the next page.

**The Temporary Deputy Chairman** (Mr. Wetangula): No, he is asking what is the meaning of "environmental health integration services".

**The Minister for Health** (Mr. Angatia): Thank you, Mr. Temporary Deputy Chairman, Sir. We have a few donors who are instituting a programme and they deal with forestry, health and water. Everything is integrated the way the Finnish-funded programmes were integrated in Western Province. People in other provinces do have more comprehensive programmes that include water, forestry, schools and health. So, it is integrated because it has a lot of things but they are all geared towards health.

**The Temporary Deputy Chairman** (Mr. Wetangula): Your third and last question, Dr. Kituyi.

**Dr. Kituyi:** My third and last question, Mr. Temporary Deputy Chairman, Sir, is that yesterday I said specifically that the Danish Government withdrew K£4.8 million from preventive medicine and promotive health; particularly the monies that have been funding Kenya Expanded Programme on Immunisation. I gave the reasons as two-fold; the absence of clear forward-budget from the Budget in requisitioning money from the Danish Government, bureaucratic red tape, particularly the irritant of our pipeline and non-disbursement of allocated monies in the past years; and the third one was dispute on paragraph 17 in the bilateral agreement this year which had been signed by the Kenya Government.

I am now talking about Head 325 Item 915 on page 409 -

Credit Purchase, DANIDA, which was Kshs4.8 million last year; 1995/96 financial year it is Zero

**Mr. Temporary Deputy Chairman** (Mr. Wetangula): What is your question to the Minister?

**Dr. Kituyi:** My question to the Minister is, since this Minister's reply has dismissed my argument as based on my campaigning among donors not to give aid to Kenya, can he give the official explanation from his Ministry as to why DANIDA is withholding this grant this year?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, in my reply, I said DANIDA are giving K£3.9 for essential drugs programme, but on this particular item, I was telling the hon. Member that it is true that DANIDA are having an argument with that because they are arguing on irrelevant issues which they want to introduce in health care which we were refusing. Relevant issues like essential drugs Programme, they paying, but irrelevant issues like politics in the Ministry of Health, we are saying no. We will not be blackmailed.

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman.

**The Temporary Deputy Chairman** (Mr. Wetangula): He has answered your question. Mr. Murungi, the Floor is yours.

**Mr. Murungi:** Mr. Temporary Deputy Chairman, Sir, I am on page 409, Item 197,198,199. This is "AIDS Prevention Control and Community Care" which we gave K£200,000, last year but nil this year. For AIDS Control Programme, we gave K£1,212,500 last year and nil for this year, and AIDS/STD Project which we gave K£1,089,500 last year and nil this year. Given the fact that AIDS is on the increase, Mr. Minister, why have we not allocated any funds to these three items this year?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, I would like you to look at Item 154. We are combining. Some of the AIDS money is coming under Item 154, and some of it has come under Item 157 where you can see "Sexually Transmitted Diseases". The next one is National Aids Control Programme which is K£1,000,400. Those are the adjustments that have been made.

**The Temporary Deputy Chairman** (Mr. Wetangula): Let us have the last question on that one, Mr. Nyagah.

**Mr. Nyagah:** Mr. Temporary Deputy Chairman, Sir, whereas I would not want to doubt what the Minister has just said, we know of the two basic sexually transmitted diseases, which are Gonorrhoea and Syphilis. AIDS, as we know, is a killer. There is a provision that was given last year. Why does the Ministry now find it prudent not to have it under the three items as it were?

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Nyagah, the Minister has answered that question very clearly.

**Mr. Nyagah:** I said I was being doubtful in what he has just said.

**The Temporary Deputy Chairman** (Mr. Wetangula): In fact you are making a speech, you are not asking a question. Dr. Kituyi, the very last one.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, to this country, particularly preventive medicine and promotive health are key areas of health. If the Minister is saying like he said, that there is some political disagreement which is holding up the disbursement of this money, can he tell this house what is the specific political matter he is talking about? I want to put it to him that it has nothing to do with politics. In paragraph 17, I have mentioned it stipulates as follows: "Of the bilateral agreement between Kenya and Denmark 1995". The bilateral agreement was signed by the Government. It states that the donor--

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Kituyi, didn't you say that yesterday in your contribution? I am talking about Head 325. The Minister is misleading this House by purporting to present a view that the reason why DANIDA funding has been frozen for this year has something to do with politics when it is something to do with the Government not being ready to implement an agreement it has signed.

**The Temporary Deputy Chairman** (Mr. Wetangula): Order! That was a speech and not a question.

**Mr. Munyasia:** On a point to order, Mr. Temporary Deputy Chairman.

**The Temporary Deputy Chairman** (Mr. Wetangula): Are you asking about the list.

**Mr. Munyasia:** I am asking about the list.

**The Temporary Deputy Chairman** (Mr. Wetangula): I have reserved it; it is coming!

*(Heads 317, 318, 319, 320, 321,  
322, 323 and 325 agreed to)*

*(Sub-Vote 112 agreed to)*

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

##### *Head 335 - Rural Heath Centres and Dispensaries*

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, I wish to draw the attention of the Minister to Head 335 and in particular on purchase of contraceptives as family planning devices. This is covered under very many items, that is under items 150, 151, 152, 153, 154, 156 and then items 335, 336, 337, 238 sorry, it was item 236---

**The Temporary Deputy Chairman** (Mr. Wetangula): Dr. Lwali-Oyondi! A long winding vague question will attract a similar answer. Can you just ask a concise and precise question?

**Dr. Lwali-Oyondi:** Mr. Temporary Deputy Chairman, the amount of money spent on these items add up to K£49 million. This is quite a huge sum of money compared to the amount of money spent on other services rendered; spending K£49 million out of K£59 million for that particular Sub-vote is a lot of money. Does the Minister not think that on this family planning business we are spending too much money?

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Minister! That was a speech and not a question.

**Dr. Lwali-Oyondi:** No, I asked whether---

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Dr. Lwali-Oyondi! I cautioned you that if you want to ask a question, please, do so and do not just stand up and make a speech.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, in response to the first question I asked in this bunch of questions, the Minister said specifically that environmental health services Eastern and Rift Valley---

**The Temporary Deputy Chairman** (Mr. Wetangula): Are you on Head 335 and 337?

**Dr. Kituyi:** No, I am on Head 323. That is because---

**The Temporary Deputy Chairman** (Mr. Wetangula): We have already gone over that Head.

**Dr. Kituyi:** But Mr. Temporary Deputy Chairman, the Minister has deliberately misled this House.

**The Temporary Deputy Chairman** (Mr. Wetangula): We have already gone over that Head.

**Dr. Kituyi:** But let it go on record that he gave a misleading answer.

**An hon. Member:** He did not mislead anybody.

**The Temporary Deputy Chairman** (Mr. Wetangula): Mr. Obwocha! We are dealing with Item 335 and 337.

**Mr. Obwocha:** I am asking a question on Head 335.

**The Temporary Deputy Chairman** (Mr. Wetangula): Go right ahead.

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, I am asking on Head 335: Appropriations-in-Aid which has decreased from K£81,301,565 to K£44,355,530 this financial year. This is approximately K£40 million reduction, particularly on the UK Heads 904 and 906. What have you said on Head 905? What are the reasons for that reduction on A-in-A?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I think it will be useful for hon. Members to realise that we are dealing with Development Estimates money which is not recurrent. So, what was done last year should not be expected to be done exactly the same this year.

Secondly, we have merged STDs and AIDS and primary health care. We have put all those together because they are so closely related. We now want to deal with STDs and AIDS at the same level as we are dealing with primary health care. However, some of the money has already been transferred to other votes, but some of it we have discontinued because the programme ended. When we sign a programme, it does not have to go on every year and forever. Some programmes come to an end and we start new ones. For instance, UK did not give us money last year for drugs in the recurrent vote, but this year they have given us money. So, this figure will keep on changing from year to year.

*(Heads 335 and 337 agreed to)*

*(Sub-Vote 113 agreed to)*

#### SUB-VOTE 114 - HEALTH TRAINING

*(Heads 340, 342, 344 and 345 agreed to)*

*(Sub-Vote 114 agreed to)*

#### SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

*(Head 350 agreed to)*

*(Sub-Vote 115 agreed to)*

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

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

**Mr. Obwocha:** Mr. Temporary Deputy Chairman, Sir, on item No. 184, it says "Kenya Health Rehabilitation Project Consultancy Services". Is that not a recurrent expenditure or how does it become development expenditure?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, you can get consultancy services even for rehabilitation. It should not necessarily be recurrent.

**Mr. Ogur:** I beg your pardon, Sir?

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Mr. Ogur! Under what Standing Order are you begging my pardon?

*(Laughter)*

##### *Head 316 - Provincial Hospitals*

**The Temporary Deputy Chairman** (Mr. Wetangula): We are now back to Head 316: Minister, can we have the list? You recall the issue raised by hon. Dr. Kituyi about the list of hospitals ---

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I have the list, but I also want the page.

**Mr. Munyasia:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Could the Minister just lay the list on the Table?

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, hon. Munyasia! There is nothing to lay on the Table! The question was so simple. In response to Dr. Kituyi's question, the Minister said the hospitals to be rehabilitated are many. He mentioned Kenyatta National Hospital (KNH) and said he had a list of others to read to the House. That was the undertaking and there was nothing to lay on the Table. Mr. Angatia, can you read out the list?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I was only looking for the relevant page, but I can---

**Dr. Lwali-Oyondi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. These items have been listed before. But the Minister's list is handwritten. How can we have estimates based on what people carry in their memory?

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, the heading reads "Health Sector Reform Programme". The same programme includes policy and equipment. So, first of all we are reforming the management by decentralisation from the Ministry's Headquarters to each district. So, we will incur expenses on this decentralisation. Secondly, we are also going to spend money on the training of personnel.

**Mr. Munyasia:** On a point of order, Mr. Temporary Deputy Chairman, Sir. We expected that the Minister had a printed list in his Ministry. Now, are we going to accept this handwritten piece of paper the Minister is waving in his hands? He is trembling like---

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, hon. Munyasia! You do not have to be insolent. Mr. Angatia, the issue is very simple. At page 408, there is Head 317, Item 401 - Health Sector Reform Programme. There was no allocation last year but now there is an allocation of K£12.7 million. Dr. Kituyi asked which hospitals are being rehabilitated. You mentioned the KNH and said that there are many others whose list you were going to read to the House in a minute's time. I believe your officers have given you the names and I will be satisfied with you reading the list to the House.

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, I told you that the health sector reform programme affects the entire Ministry up to the dispensary. For example, this year we are rehabilitating the KNH. Recently, we advertised - and this is being adjudicated upon---

**The Temporary Deputy Chairman** (Mr. Wetangula): Order, Minister! It is so simple. You were supposed to give the names of other hospitals being rehabilitated. It is as simple as that! And that was your own undertaking!

**The Minister for Health** (Mr. Angatia): Mr. Temporary Deputy Chairman, Sir, actually this is affecting all health centres. But after the KNH, the next will be Mombasa and Kakamega and in the process all the medical training centres will be rehabilitated.

*(Heads 315 and 316 agreed to)*

*(Sub-Vote 117 agreed to)*

*(Vote D11 agreed to)*

*(Question put and agreed to)*

*(Resolution to be reported without amendment)*

*(The House resumed)*

*[The Temporary Deputy Speaker*

*(Mr. Ndotto) in the Chair]*

## REPORT

Vote 11 - Ministry of Health

**Mr. Wetangula:** Mr. Temporary Deputy Speaker, Sir, I am directed to report that the Committee of Supply

has considered the Resolution that a sum not exceeding K£206,079,580 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 1996, in respect of Vote 11 - Ministry of Health, and has approved the same without amendment.

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

*(Question proposed)*

*(Question put and agreed to)*

#### **ADJOURNMENT**

**The Temporary Deputy Speaker** (Mr. Ndotto): Hon. Members, it is now time for interruption of business. The House is, therefore, adjourned until tomorrow, Thursday, 20th July, 1995, at 2.30 p.m.

The House rose at 7.00 p.m.