

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 14th July, 1999

The House met at 2.30 p.m.

*[Mr. Speaker in the Chair]*

## PRAYERS

## ORAL ANSWERS TO QUESTIONS

*Question No.401*

### CASES OF CRIME REPORTED AT MAKUYU/MARAGWA POLICE STATIONS

**Mr. Speaker:** Is Mr. P.K. Mwangi not here? Next Question.

*Question No.394*

### PROMOTION OF DAIRY FARMING IN RONGO

**Mr. Speaker:** Is Mr. Ayacko also not here? Let us move on to the next Question.

*Question No.317*

### IMPROVEMENT OF BUTE SECONDARY SCHOOL FACILITIES

**Dr. Ali** asked the Minister for Education and Human Resource Development:-

- (a) why Bute Secondary School dining hall is in a deplorable state, forcing students to eat their meals under a tree;
- (b) what happened to the money that was allocated for the purchase of cookers for the school five years ago; and,
- (c) what he has done to improve general facilities in the school.

**Mr. Speaker:** Is there anybody from the Ministry of Education and Human Resource Development? Next Question.

*Question No.300*

### ISSUANCE OF TITLE DEEDS TO KOMBWA RESIDENTS

**Mr. Speaker:** Is Mr. Ayoki not here? Next Question

*Question No.217*

### TARMACKING OF LURAMBI/MUSIKOMA ROAD

**Dr. Kulundu** asked the Minister for Public Works and Housing why the Ministry has not tarmacked the Lurambi/Musikoma, C40, Road despite the recommendation by this House in June, 1983.

**Mr. Speaker:** Is there anybody here from the Ministry of Public Works and Housing. Let us move on to the next Question.

*Question No.302*

GRADING/GRAVELLING OF  
OL KALOU/NDUNDORI ROAD

**Mr. Speaker:** Is Eng. Muriuki also not here? Next Question.

*Question No.318*

CONSTRUCTION OF A BRIDGE CROSS RIVER KUJA

**Mr. Speaker:** Is Mr. Omamba not here? Next Question.

*Question No.315*

PAYMENT OF BENEFITS TO MR. ORWA

**Mr. Kanyauchi** asked the Attorney-General why Mr. David Orwa has not been paid his benefits subject to an award in Kisumu RMCC No.66 of 1986, David Orwa vs. the Attorney-General, in 1991.

**Mr. Speaker:** Is the Attorney-General not here? Mr. P.K. Mwangi's Question for the second time. He is still not here! Question is dropped.

*Question No.401*

CASES OF CRIME REPORTED AT  
MAKUYU/MARAGWA POLICE STATIONS

*(Question dropped)*

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

**Mr. Kajwang:** Mr. Speaker, Sir, I would like to apologise for Mr. Ayacko. He was running to reach here in time, but I think he was delayed. However, he requested me to ask Question No.394 on his behalf.

**Mr. Speaker:** Mr. Kajwang, are you sure of what you are saying?

**Mr. Kajwang:** Yes, Mr. Speaker, Sir, I was with him just a few minutes ago.

*Question No.394*

PROMOTION OF DAIRY FARMING IN RONGO

**Mr. Kajwang**, on behalf of **Mr. Ayacko**, asked the Minister for Agriculture what plans the Ministry has in place to promote dairy farming in Rongo Constituency.

**The Assistant Minister for Agriculture** (Dr. Wamukoya): Mr. Speaker, Sir, I beg to reply.

The Ministry of Agriculture, together with the Ministry of Co-operative Development, have been providing support to dairy development in Migori District since 1991. This support has mainly been in the form of establishment of bull schemes to upgrade the local cattle and women groups through help and loaning schemes, training of farmers and support of milk marketing through existing co-operative societies and support disease control.

Mr. Speaker, Sir, todate, a total of nine bull schemes have been established in Migori District, four in Rongo Division, and five in Awendo Division, while 11 women groups have benefited from the loaning scheme. These schemes are supported by artificial insemination services stationed in Awendo and Rongo Divisions, and

are provided on call basis. In addition to that, the Rongo Co-operative Society has received a loan of Kshs2.8 million to buy cows and spray pumps for members, through the Co-operative Development Fund.

**Mr. Speaker:** Proceed, Mr. Kajwang.

*(Mr. Ayacko stood up in his place)*

**Mr. Speaker:** Are you called Mr. Kajwang?

**Mr. Kajwang:** Mr. Speaker, Sir, Mr. Ayacko has just arrived and I wanted him to do justice to his Question. So, he can ask a supplementary question.

**Mr. Speaker:** Can I go to the next Question since you are undecided?

**Dr. Ochuodho:** Thank you, Mr. Speaker, Sir. Listening to the answer that the Assistant Minister has given here, that only 11 women groups have since benefited from the heifer programme, is he aware that a year ago, the Provincial Commissioner (PC) promised to give every chief in Nyanza Province a grade cow? Could the Assistant Minister tell us whether the PC was serious in his promise or not? Could he also tell us how many cows they have given to these women groups? Is every group given one cow? How many cows does each group get?

**Dr. Wamukoya:** Mr. Speaker, Sir, I do not know about the PC's promise. However, I can assure the hon. Member that in 1993, through the efforts of the then hon. Member of Parliament, there were about 100 women groups, each of which was made up of five women. These women groups were given a cow each. Each group had agreed that when a cow delivered a heifer, it would be given to one woman, who would then leave the group. When I visited the place at that time in my then capacity, I was so impressed with their initiative that I even donated three heifers from the veterinary farm. From my past experience, I know that Rongo Division is well endowed with dairy farming.

**Mr. Ayacko:** Thank you very much, Mr. Speaker, Sir. I am sorry for being late. I would like the Assistant Minister to tell us the specific steps the Ministry is taking to improve dairy farming in Awendo Division. This is because Rongo Constituency comprises of two divisions.

**Mr. Speaker:** Order! Mr. Ayacko, you were not there when Dr. Wamukoya answered the original Question. Ask a supplementary question. I thought Mr. Kajwang had asked the original Question.

**Mr. Ayacko:** Mr. Speaker, Sir, I am informed that he did not give adequate information on Awendo Division.

**Mr. Speaker:** Very well. Mr. Assistant Minister, can you answer him?

**Dr. Wamukoya:** Mr. Speaker, Sir, I said that Awendo has five bull schemes and has also benefited from the Co-operative Development Fund. I mentioned both Awendo and Rongo in my answer.

**Mr. Speaker:** Very well. Next Question, for the second time, Dr. Abdulahi Ali?

*Question No.317*

IMPROVEMENT OF BUTE  
SECONDARY SCHOOL FACILITIES

**Dr. Ali** asked the Minister for Education and Human Resource Development:-

(a) why the Bute Secondary School dining hall is in a deplorable state, forcing students to eat their meals under a tree;

(b) what happened to the money that was allocated for purchasing of cookers for the school five years ago; and,

(c) what he has done to improve general facilities in the school.

**The Assistant Minister for Education and Human Resource Development (Mr. Awori):** Mr. Speaker, Sir, I was just consulting with the good doctor, that I have not got enough information to answer this Question.

**Mr. Speaker:** But where were you the first time round?

**Mr. Awori:** Mr. Speaker, Sir, I am sorry I am late and I beg to apologise. The reason was that I was hoping against hope that I would get the information from Wajir. But this was not forthcoming.

**Dr. Kituyi:** On a point of order, Mr. Speaker, Sir. The hon. Assistant Minister has told us that he was hoping against hope that he would get a good answer. Is that a statement about his pessimism about civil servants who cannot, even in his best hope, give a satisfactory answer?

**Mr. Speaker:** Dr. Kituyi, I would advise you to interpret his statement.

**Dr. Kituyi:** I did.

**Mr. Speaker:** Well, you can take it the way you wish. Or what do you think, Mr. Awori? How do you want us to interpret it?

**Mr. Awori:** Mr. Speaker, Sir, even when you have hope against hope, you are always hopeful. So, I still hope that I will get sufficient information to give the answer some time next week.

**Mr. Anyona:** On a point of order, Mr. Speaker, Sir. Sometimes Ministers are in an extremely difficult position to get answers, leave alone correct answers, and that puts the House in a very difficult situation. Right now, we have a backlog of Questions which arose out of circumstances of this kind. Is there any way in which this Parliament can help Ministers to get some answers from the Civil Service? I think the work of Parliament is being hampered.

**Mr. Speaker:** Order! Order! Taking into consideration the experience I had about Questions this morning, when only one Question was asked and answered; and for the majority of them, there were no Members to ask them. I think we deferred one because there was no Minister to answer. But I think nine of them were dropped because there were no Members to ask them. Even this afternoon, the first round, I think it was only hon. Dr. Ali and Dr. Kulundu who were present to ask their Questions. I think both Ministers and Back-benchers must take the work of the House seriously. I do not think we should come here and spend all our time doing absolutely nothing. So, all of you must take the work of the House seriously. I do not think any one of you has ever come to this House and the Chair is absent. Never. Not even for one minute.

So, I will defer the Question to Thursday next week, to give the Minister enough time.

*(Question deferred)*

For the second time, Mr. Ochoro Ayoki?

*Question No.300*

ISSUANCE OF TITLE DEEDS TO  
KOMBEWA RESIDENTS

**Mr. Kanyauchi:** Mr. Speaker, Sir, I would like this Question to be deferred up to sometime next week.

**Mr. Speaker:** Are you hon. Ochoro Ayoki?

**Mr. Kanyauchi:** No, I was just informing the Chair that hon. Ayoki was unable to be here on time.

**Mr. Speaker:** You do not do that. Are you seeking my indulgence?

**Mr. Kanyauchi:** Yes, I am, Mr. Speaker, Sir.

**Mr. Speaker:** I am in a terrible mood today, so I will not. The Question is dropped.

*(Laughter)*

*(Question dropped)*

Next Question, for the second time, Dr. Kulundu.

*Question No.217*

TARMACKING OF LURAMBI-MUSIKOMA ROAD

**Dr. Kulundu** asked the Minister for Public Works and Housing why the Ministry has not tarmacked the Lurambi-Musikoma (C40) Road despite the

**[Dr. Kulundu]**

recommendation by this House in June, 1983.

**The Assistant Minister for Public Works and Housing** (Eng. Rotich): Mr. Speaker, Sir, I apologise for coming late. I beg to reply.

It is true that the House made a recommendation that Lurambi-Musikoma Road (C40) be tarmacked. However, it has not been possible for the Ministry to implement the recommendation due to non-availability of funds.

**Dr. Kulundu:** Mr. Speaker, Sir, that is a very disappointing answer, realising that 1983 is a long time ago, and this road was first constructed in 1921. I supposed all its contemporaries have been tarmacked. Can the Assistant Minister tell the House why I should accept this as an answer when the Ministry has all along had funds to build other roads?

**Eng. Rotich:** Mr. Speaker, Sir, I may not be able to answer that. But, at the moment, we have no money to tarmac this road. That is the basic truth. We are not able to tarmac this road.

**Mr. Shitanda:** Mr. Speaker, Sir, the Assistant Minister is saying that this road cannot be tarmacked because there are no funds. The DDC passed that this road be tarmacked way back in 1983. Can the Assistant Minister tell this House when funds will be made available for the tarmacking of this road? I thought the Ministry must be having a programme for all untarmacked roads?

**Eng. Rotich:** Mr. Speaker, Sir, at least, during this financial year, we have no programme for tarmacking this road. We shall only maintain it.

**Mr. Munyasia:** Mr. Speaker, Sir, when in June, 1983, the Minister for Public Works was responding to the Motion raised by Wasike Ndombi, he said if the Kakamega DDC did recommend this particular road as a priority, the Ministry would tarmac it. At that time, the DDC recommended the Kakamega-Mumias Road, Chavakali-Yala Road and the third one was this Lurambi-Musikoma Road. Since then, the other two have already been tarmacked. So, how long has this third priority in 1983 taken? Why has the Government not been looking for funds to tarmac this particular road, since the others were tarmacked along time ago?

**Eng. Rotich:** Mr. Speaker, Sir, I will not be able to comment on what was said in 1983. But, at the moment, we have no money to tarmac this road. That is the truth.

**Dr. Kulundu:** Mr. Speaker, Sir, the Assistant Minister said the Ministry would do some maintenance work on this road. Can he tell this House how much money he has set aside for the renovation of bridges that were damaged by the *El Nino* rains?

**Eng. Rotich:** Mr. Speaker, Sir, I do not have the figures, but I can produce them tomorrow.

**Dr. Kulundu:** I can assure you that---

**Mr. Speaker:** Dr. Kulundu, we do not do it like that. Anyway, what is it?

**Dr. Kulundu:** I am sorry, Mr. Speaker, Sir. I was a bit emotional, but I can assure him that going through the printed Estimates for this year, there is absolutely no money set aside for any road in Kakamega District, leave alone this particular one.

**Mr. Speaker:** So, you are telling me, in other words, that there is no point of deferring the Question? Any way let us go to the next one then.

**Eng. Muriuki:** Mr. Speaker, Sir, I wish to apologise for coming late.

*Question No.302*

GRADING/GRAVELLING OF OL KALOU-NDUNDORI ROAD

**Eng. Muriuki** asked the Minister for Public Works and Housing:

- (a) if he could inform the House the progress made in securing finance for the feasibility studies for the development of Ol Kalou-Ndundori Road (C69) as stated by the Minister in October, 1998;
- (b) when the grading and gravelling will be carried out; and,
- (c) since the funding for the grading and gravelling was to be provided under the Fuel Levy Fund, if he could inform the House the amount allocated for this road from the Fund this financial year.

**The Assistant Minister for Public Works and Housing (Mr. Khaniri):** Mr. Speaker, Sir, I beg to reply.

(a) The progress made so far is that BADEA, in May, 1999, responded positively to the Government of Kenya's request for financing of feasibility studies. The dossier for the feasibility study is under preparation, after which consultants will be invited to submit technical proposals and financial bids for the study, and the successful ones will be engaged.

(b) The detailed Fuel Levy budget is just being finalised by the Ministry. It is only after it is finalised that the allocations for the districts will be known. After that, funds will be issued to the districts on a quarterly basis, with the first quarter issue due before the end of July, 1999. The districts will then implement their programmes according to

their work plans, which are prepared in accordance with priorities worked out in liaison with the DDC's and the weather patterns. It should, however, be noted that full-scale gravelling and grading is not possible with the limited funds available, and only spot improvement will be carried out.

(c) As I already pointed out above, the detailed budget is just being finalised and it will be subject to approval by the Treasury. As of now, the indicative figure that may be allocated for this road is Kshs150,000.

**Eng. Muriuki:** I would like to take this opportunity to thank the Government for taking very serious steps at last, by indicating that they intend to tarmac this road, which is eagerly awaited by the people of Ol Kalou. However, the second and third part of my Question was referring to the promise made last year that that road would be gravelled during the last financial year. We were specifically promised that the funds will come from the Fuel Levy Fund. Can the Assistant Minister, therefore, tell us how much money was raised through the Fuel Levy Fund last year, and how much of it was allocated for this road?

**Mr. Khaniri:** Mr. Speaker, Sir, I must apologise to the House that I may not have the details of exactly how much we raised, but I want to assure the hon. Member that it is unfortunate that most of the times we are not able to meet our budget targets and our work plans as we had planned because of lack of funds. We did not collect enough funds to build this particular road.

**Mr. Wamae:** The hon. Assistant Minister said that they had to acquire donor finance to be able to do the feasibility study. Has Kenya not reached a situation where they can get enough money from our own sources, like the fuel levy and other funds, to finance our feasibility studies instead of expecting donors and other people to do so?

**Mr. Khaniri:** Mr. Speaker, Sir, this particular donor had accepted to finance the tarmacking of this road and, therefore, we requested them to provide funds. They accepted as I indicated in part "a" of my answer.

**Dr. Kituyi:** Mr. Speaker, Sir, in his written reply, the hon. Assistant Minister said that the DDC plans to do feasibility studies in liaison with weather patterns. Could he be so kind as to tell this House how the DDC can liaise with weather patterns?

**Mr. Khaniri:** Mr. Speaker, Sir, what I meant was that we can only implement our work plans depending on the weather patterns.

**Eng. Muriuki:** Mr. Speaker, Sir, the hon. Assistant Minister has just stated that he does not know the amount of money collected through the Fuel Levy Fund, but I have a dossier here, which is an official document from the Ministry of Public Works and Housing, indicating that the total amount of money raised is Kshs5,501,536,909. Since we only need Kshs1 million out of that Kshs5 billion, can the Minister confirm whether this is correct, and whether he can reserve only Kshs1 million for constructing that road?

**Mr. Khaniri:** As I had earlier indicated, I do not have the figures here with me and, therefore, I cannot confirm the figure that the hon. Member has.

**Mr. Speaker:** Next Question.

**Dr. Ochuodho:** Mr. Speaker, Sir, on behalf of hon. Omamba, I apologise. Could I, on his behalf, with directions, ask Question No.318?

*Question No.318*

CONSTRUCTION OF A BRIDGE ACROSS RIVER KUJA

**Dr. Ochuodho,** on behalf of **Mr. Omamba** asked the Minister for Public Works and Housing when the Ministry will build a bridge/provide a ferry at Ongito on River Kuja to open Gogo area to the rest of Uriri Constituency.

**The Assistant Minister for Public Works and Housing** (Eng. Rotich): Mr. Speaker, Sir, I beg to reply.

The Ministry is not in a position to build a bridge or install ferry services at Ongito on River Kuja where there used to be a ferry because the Ministry has already built a bridge upstream, on E101.

**Dr. Ochuodho:** Mr. Speaker, Sir, the Assistant Minister does not seem to be aware of what we are talking about because the bridge he is talking about is about 20 kilometres away. Now that he has got the information that there used to be this all-important ferry that was removed but never replaced; and although a bridge was built even when the ferry was still functioning it is about 20 kilometres away from the point in question, can he tell us what he is going to do to make sure that either they bring back the ferry services or they build a bridge at this point?

**Eng. Rotich:** Mr. Speaker, Sir, we are not going to build a bridge at the moment at that point for two reasons: The road we are talking about is not classified according to our classifications because I think it is under

the county council. However, we are going to repair the road E101 which is not passable at the moment. We have provisions under the 1999/2000 work plans to repair that road.

**Mr. Onyango:** Mr. Speaker, Sir, is the Assistant Minister in order to say that there was a ferry at Ongito yet we know very well that the ferry was at Oria?

**Eng. Rotich:** Mr. Speaker, Sir, may I request him to repeat the question, please?

**Mr. Onyango:** I am asking whether the Assistant Minister is in order to mislead this House that there was a ferry at Ongito while we know very well that the ferry was at Oria, and that is the place where they should build a bridge?

**Eng. Rotich:** Mr. Speaker, Sir, it may be true that the ferry was at Oria, but it is not on a classified road network.

**Mr. Achola:** Mr. Speaker, Sir, following the two supplementary questions which were raised by the two hon. Members, could the Assistant Minister consider returning the ferry that was at the current bridge at Ongito, so that people can use it to cross the River Kuja? The current bridge was built 26 kilometres away from Oria. We are not asking you to spend any more money, but just to return the ferry services.

**Eng. Rotich:** Mr. Speaker, Sir, I will not be able to say that ferry services will resume, but I will undertake to look into it and see what can be done.

**Dr. Ochuodho:** The one reason why hon. Omamba is not here is because he is attending a mass prayer in Kisumu. One thing Mr. Omamba is praying for is that we get a solution to this major problem in Ongito. Last year, when he hosted us to celebrate his victory, there was a disaster because we could not cross the bridge to be part of the celebrations. Considering the greatest problem with regard to this particular bridge, the DDC has reported that the priority number one in this constituency is this bridge, or this ferry. The Assistant Minister has mentioned that they are going to repair Road E101. Can he tell us how much money has been put aside for repairing Road E101? Since this will not solve the main problem, would he still consider doing something and bring ferry services to Ongito?

**Eng. Rotich:** Mr. Speaker, Sir, I am going to look into that problem and see whether the ferry the hon. Member is talking about can be used.

As concerns the plans, I am not able to specify the exact amount because it has not been approved by Treasury. But in two weeks' time, we will be able to know the amount.

**Mr. Speaker:** Next Question, Mr. Felix Kanyauchi, for the second time.

#### *Question No.315*

#### PAYMENT OF BENEFITS TO MR. ORWA

**Mr. Kanyauchi** asked the Attorney-General why Mr. David Orwa has not been paid subject to an award in Kisumu RMCC, No.66 of 1986, David Orwa Vs Attorney-General, in 1991.

**The Attorney-General** (Mr. Wako): Mr. Speaker, Sir, I beg to apologise for coming late. I normally come in at about 3.00 p.m., because I am always the last to answer Questions, but today, I was overtaken by events. I also thought that my learned friend was in Kisumu; so I did not expect the Question to be asked. Mr. Speaker, Sir, I beg to reply.

**Mr. Maitha:** On a point of order, Mr. Speaker, Sir. We are all hon. Members of Parliament. Is it in order for the two hon. Members to call themselves "learned friends" as if we are in court?

**Mr. Speaker:** They should address the Chair and forget themselves.

**The Attorney-General** (Mr. Wako): Mr. Speaker, Sir, the hon. Member is also my learned friend; I agree with you.

Mr. Speaker, Sir, I beg to reply.

I wish to inform the hon. Member that payment to Mr. David Orwa has been processed and it is now finalised.

**Mr. Kanyauchi:** Mr. Speaker, Sir, just before the other Questions were answered, my learned friend showed me a cheque in respect of this particular person, David Orwa, of which I am very grateful. But considering that this judgement was made in 1991, surely, does the Attorney-General wish to wait until we ask Questions in respect of judgements before payment can be processed? Do they not honour court judgements and awards?

**Mr. Wako:** Mr. Speaker, Sir, I think that is a very good question. I am saying so because I know there are about three to five questions of a similar nature. Therefore, I can make a general statement. The fact of the matter is that there are many outstanding judgement debts to be paid. In other words, these are cases where

judgement has been entered against the Government, and the Government has not been able to pay. But I can see light at the end of the tunnel because, last year, we asked all the Accounting Officers to give a list of all the outstanding judgements to the Treasury. I have been assured by Treasury that they are in the process of addressing the many outstanding judgements still to be paid.

**Ms. Karua:** Mr. Speaker, Sir, could the hon. Attorney-General tell us what concrete steps he is taking to ensure that the Ministries, on behalf of whom he answers court cases, pay up the claims? As he is aware, there are thousands of claims pending for payment. What steps is he taking so that we do not have to always bring contempt of court proceedings against the Permanent Secretaries in the various Ministries?

**Mr. Wako:** Mr. Speaker, Sir, I do agree with the hon. Member. Even for me, it is embarrassing to be answering these type of questions in the National Assembly. In fact, they are the type of questions that should not take up the time of the National Assembly because all court judgements must be obeyed and paid on time. The first step I took was, first of all, to have an inventory of the outstanding judgement debts, some of which go back as far as 1980. This is a case of 1991, but there are others which are much older than this one. After taking that inventory, we realised that it is a very big amount of money. We also realised that it was not a complete list because we did not have the necessary documentation. That is why, in July last year, my office wrote to all the Accounting Officers to notify the Treasury so that we can have an up-to-date figure of the outstanding amount relating to all the cases where judgement has been entered but payments have not been made. That exercise was completed, and the Treasury is now looking for a way in which the outstanding claims can be paid off. We hope that in future, as and when a valid judgement has been entered against the Government, it will be paid on time.

**Mr. Parpai:** On a point of order, Mr. Speaker, Sir. Is the Attorney-General in order to pay the claimants nine years later, without the interest accrued?

**Mr. Wako:** Mr. Speaker, Sir, the hon. Member ought to have asked whether the amount paid includes interest. The amount does include interest.

**Mr. Speaker:** Very well. I think we have now finished, Mr. Kanyauchi.

**Mr. Kanyauchi:** I am happy, but let me ask the last one, Mr. Speaker, Sir.

**Mr. Speaker:** Well, you should be a very happy man, but with the last one, you will be happier.

**Mr. Kanyauchi:** Mr. Speaker, Sir, I am a very happy man. It is not enough for the Attorney-General to show me the cheque. The question here is: When will the claimant receive it?

**An hon. Member:** Why can he not give it now?

**Mr. Kanyauchi:** Could he table it and give it to me?

**Mr. Wako:** Mr. Speaker, Sir, if the hon. Member can bring the claimant's advocate to my chambers after this, I will give it to him.

## QUESTIONS BY PRIVATE NOTICE

### INSECURITY IN TANA RIVER DISTRICT

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

(a) Is the Minister aware that on 3rd July, 1999, bandits raided Garsen Town for two hours and killed two people?

(b) What action has the Minister taken, so far, to arrest the bandits?

(c) Could the Minister consider beefing up security by increasing the number of Kenya Police Reserve in Tana River, in view of the increasing insecurity in the District?

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

(a) Yes, I am aware of the incident which occurred on 3rd July, 1999.

(b) A joint team of regular and Administration Police from Garsen and Hola mounted a security operation aimed at arresting the bandits and recovering the stolen property. So far, one suspect has been arrested with some of the stolen goods and the operation still continues.

(c) There are enough security personnel backed up by about 140 Kenya Police Reserve (KPR) in Tana River District.

**Mr. Shambaro:** Mr. Speaker, Sir, Garsen Town was taken over by bandits for two terrible hours. The bandits were raping women, looting property, killing and roasting meat for two hours in the town, yet the Minister is telling us that there are enough security personnel in Tana River District. What were they doing for those two hours when the people of Garsen were suffering in the hands of the bandits? Where were the security personnel



and what were they doing?

**Maj. Madoka:** Mr. Speaker, Sir, when the security personnel got the information, they moved immediately to the scene.

**Mr. Twaha:** Mr. Speaker, Sir, when will the Government bring a Motion in the House that will make cowardice by armed policemen a criminal offence?

**Mr. Speaker:** Mr. Minister, when are you going to bring a law to make "cowardice" an offence?

**Maj. Madoka:** Mr. Speaker, Sir, that may be considered.

**Mr. Maitha:** Mr. Speaker, Sir, Coast Province has always been hit by the problem of shiftas who are bandits. Recently, the same Minister responded to a newspaper report, where the Coast Parliamentary Group had told him that there was no security at the Coast because of lack of enough security personnel. Now, here again, we have people being terrorised for two hours and he has not told us where his policemen were during this attack. Could he now accept that his security men at the Coast are not enough and that it is not safe?

**Maj. Madoka:** Mr. Speaker, Sir, we have sent additional security personnel to the Coast Province. At the moment, we have what we consider adequate personnel, and we will continue to review the situation.

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

#### AWARD OF CONTRACT FOR REHABILITATION OF JKIA

**(Mr. Gatabaki)** to ask the Minister of State, Office of the President:-

(a) Is the Minister aware of the controversy surrounding the award of the contract for the rehabilitation of the Jomo Kenyatta International Airport?

(b) If the answer to "a" above is in the affirmative, could the Minister assure the House that proper procedures were followed and that the Government has not been made to lose millions of shillings by the award of the contract to the Belgium firm M/SLM Chapeaux instead of the lower bidder, Sofreavia/Basil Read?

**Mr. Speaker:** Mr. Gatabaki not here?

**Mr. Mwenje:** Mr. Speaker, Sir, I have been directed by the hon. Gatabaki---

**Mr. Speaker:** Order! Order! Mr. Mwenje, you know the rules. This is a Question by Private Notice. Mr. Gatabaki knows, or ought to know the office and the telephone number of Mr. Speaker, and I do not want you to deputise for me. So, the Question falls to the ground!

*(Question dropped)*

#### POINTS OF ORDER

##### MINISTERIAL STATEMENT SOUGHT: RACIST ADVERTISEMENT

**Mr. Munyasia:** On a point of order, Mr. Speaker, Sir. I wish to ask the Minister for Labour to issue a Ministerial Statement regarding an advertisement that appeared in the *Sunday Nation* newspaper of 4th July, 1999, which briefly read:-

"Job opportunities: Headmasters and teachers wanted for Nairobi and upcountry boarding schools. Must be a Kenyan citizen of Asian origin. Please, apply with a detailed CV together with information about present employer, salary, *et cetera*. All information will be kept confidential".

Mr. Speaker, Sir, this is a racist advertisement, obnoxious and very provocative to the people of Kenya. If there are any people that have this kind of policy in recruiting workers, I think this is something we all should stand up against. So, I am asking the Minister for Labour to tell us which schools these are, who are these employers, and if this has been their policy all through.

**Mr. Speaker:** Nobody from the Ministry of Labour? Very well!

##### DEATH OF RUIRU MAYOR'S DRIVER

**The Minister of State, Office of the President (Maj. Madoka):** Mr. Speaker, Sir, on 8th July, 1999, hon. David Murathe requested for a Ministerial Statement in respect of the death of the driver of the Mayor of Ruiru in

police cells. In this regard, I wish to state as follows.

The late Dismas Maina Muthungu, who was the driver of the Mayor of Ruiru, was arrested by police officers on 30th June, 1999, at about 12.35 p.m., and escorted to Juja Police Station in connection with the murder of the late Charles Maina wa Njuguna, Councillor of Githurai Ward, Ruiru. Other suspects arrested in connection with the same offence included the Mayor of Ruiru.

On 4th July, 1999, at 7.57 p.m., police officers on routine check in the cells found the late Dismas Maina Muthungu hanging from the ventilation grills in the police cells. Apparently, he had committed suicide using his socks and a short waist band which he tied to the ventilation grill and hanged himself. The deceased's shirt and trousers were found lying on the floor of the cell, and it appeared as if he had unsuccessfully tried to use them to commit suicide. The deceased was alone in the cell at the time, and had no visible injuries.

Following the death of Dismas Maina Muthungu in police cells, Juja Police Inquest file No.4/99 was opened to facilitate thorough investigations into the matter. Postmortem examination is scheduled to be carried out on 15th July, at City Mortuary, Nairobi. At the moment, I cannot comment any further on this matter until the results of the postmortem report are received.

**Mr. Speaker:** Mr. Minister, would it not, therefore, be necessary that you come to the House after 15th?

**The Minister of State, Office of the President** (Maj. Madoka): Mr. Speaker, Sir, I would gladly do that. I was under pressure from Mr. Murathe to issue the statement.

**Mr. Speaker:** Very well, I think you were under pressure to give the statement, but I think the House would be better served if you come back to the House after 15th July, and I will facilitate it, so that you can tell the House what caused the death, according to the doctor. I will allow you immediately after 15th July.

**Mr. Mwenje:** Mr. Speaker, Sir, I would like to comment on what the Minister has said because I do not know whether he expects anybody to believe what he has said. We all know where ventilation grills are in any cell. Nobody can reach there and hang himself. So, could the Minister carry out thorough investigations and tell this House the truth. Nobody can believe him.

**Mr. Speaker:** Mr. Mwenje, we shall believe the doctor. But let me also tell you that I have no experience; I have never gone to the cell.

**Mr. Anyona:** Mr. Speaker, Sir, I have some experience. As far as I know, nobody is allowed in a police or prison cell while having a belt, socks, a handkerchief or anything of that kind. How can the Minister say that the deceased used his socks to hang himself?

**The Minister of State, Office of the President** (Maj. Madoka): Mr. Speaker, Sir, the socks can be joined. He tore his clothes to form the rope. Let me state that I have witnessed somebody who hanged himself from the grill of a cell.

**Dr. Ochuodho:** On a point of order, Mr. Speaker, Sir. As a former ordinary inmate, I can testify, as hon. Anyona says, that in prison, you do not go in with shoes or socks. He is talking of socks being joined; where did these socks come from? Could the House consider taking everybody, including Mr. Speaker, to the cells so that they know what it means to be in a cell?

**Mr. Speaker:** Order! Dr. Ochuodho, you can play with yourself, but do not play with the Chair. It will be a terrible day if you carried this Chair to the cells. It actually would amount to a revolution. So, do not play around with the Chair. Please, Dr. Ochuodho, stop playing with the Chair. Do you understand?

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): On a point of order, Mr. Speaker, Sir. I think it was not in order for hon. Dr. Ochuodho to say that this suspect was in prison when he was in police cells. From the experience I had in the Police Force for 35 years, a person can commit suicide using socks. This incident once occurred during my time; so, it is possible.

*(Several hon. Members stood up in their places)*

**Mr. Speaker:** Order! Order, all of you. Are we not jumping the gun? Can we not wait for the doctor's findings? The doctor may find out that the fellow never hanged himself, and then the Minister will be hardput to say what happened. So, I will certainly keep interest in this matter after 15th July.

Next Order!

## COMMITTEE OF SUPPLY

*(Order for Committee read)*

*being 7th Allotted Day)*

### MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

**The Minister for Health** (Mr. Kalweo): Mr. Speaker, Sir, I beg to move that Mr. Speaker do now leave the Chair to enable me to initiate debate on Vote 11 - Ministry of Health.

Mr. Speaker, Sir, as hon. Members are aware, my Ministry has the overall mandate to provide and promote quality curative, preventive, promotive and rehabilitative health care to all Kenyans. To this end, the Ministry has concentrated its efforts on increasing coverage and accessibility of health care to all Kenyans. The Ministry has maintained a long-term vision of creating an enabling environment to enable non-governmental private organisations and the communities to participate in improvement of health care services in Kenya.

Mr. Speaker, Sir, in the past, the Ministry has made major strides in the provision of health services, as can be attested through a number of parameters. The life expectancy improved from 44 at Independence, to 60 years in 1993. Crude death rate dropped from 20 per 1,000 to 12 per 1,000. The fertility rate declined from 8.1 per cent in 1997 to 5.4 per cent in 1992. The infant mortality rate stood at 120 per 1,000 at Independence, and at 73 per 1,000 in 1998. Indeed, this is no mean achievement, given that the annual budgetary allocations for the Ministry have hardly matched the actual health demand costs. Although the allocations have steadily risen from K£50 million in 1980, to over K£738 million in 1998, the per capita expenditure on health has declined in real terms from Kshs570 ten years ago, to Kshs300 in the last financial year.

Mr. Speaker, Sir, one striking feature in the health status, dating from the middle of 1990, is the reversal trend in the gains in the health status. This, indeed, is due to the emerging and re-emerging of diseases which have contributed to high morbidity and mortality, alongside increasing the poverty bracket. The worsening situation of HIV/AIDS with prevalence of 10 per cent, and now occupying 50 per cent of our medical beds in our hospitals, is threatening to consume the Ministry's Recurrent Budget. The resurgence of tuberculosis and the related infections have complicated the scenario even more. The emergence of malaria strains resistant to conventional treatment and the outbreak of epidemics like cholera, has kept the Ministry on its toes at all times, consuming the limited resources allocated to it. To this end, my Ministry is in the process of constructing the National AIDS Council to co-ordinate activities geared towards addressing the worsening AIDS epidemic.

Mr. Speaker, Sir, constraints notwithstanding, the Ministry has endeavoured to address the deterioration in services through new policy objectives and strategies. When health sector reforms were initiated in 1989, followed by the launching of Health Policy Framework in 1994, the key areas being assessed under the reform include reducing the burden of diseases through priority health packages, which are cost effective and are largely preventive. The second area is phased decentralisation of management of health services to the districts and provinces through devolution of authority and responsibility to the districts and hospital management boards.

Mr. Speaker, Sir, I am glad to report to the hon. Members the success scoring of Kenyatta National Hospital which has improved its performance through the granting of autonomy. Moi Referral and Teaching Hospital, Eldoret, has followed same footsteps. The Ministry is determined to promote partnership in hospital management through granting semi-autonomous status to the remaining provincial hospitals in due course. In the same vein, definite steps are being taken to transform the Medical Supplies Co-ordinating Unit into semi-autonomous Government agency run by a mandated board in order to improve the supply of essential drugs and medical supplies at all levels of health care.

Mr. Speaker, Sir, as a step towards improving financial sustainability in the health sector, my Ministry, through this House, has already enacted a new NHIF Act which is operational. It is expected that as a parastatal, the NHIF will perform its functions better and increase its contribution to financing health care from the current 4 per cent to 20 per cent.

Mr. Speaker, Sir, my Ministry remains largely technical, requiring professionally trained staff at all levels. As a result, personal emoluments take 56 per cent of the Recurrent Vote, leaving only 44 per cent for operations and maintenance costs. In spite of this, many of our rural facilities still do without qualified staff because of shortage due to underfunding. The sector trains staff, but has been unable to recruit them into the service. Many of the facilities lack essential equipment for delivery of healthcare.

Mr. Speaker, Sir, my Ministry is also charged with the responsibility of rehabilitating and maintaining

health facilities. As hon. Members are aware, the Ministry has performed poorly in this area due to inadequate funding, donor fatigue and competing priorities due to diseases burden. It is in this connection that the Ministry continues to seek participation of development partners and other stakeholders, to join hands in the provision of rehabilitation and maintenance.

Mr. Speaker, Sir, I would like to restate that one of the key functions of the Ministry would be that of regulatory and ensuring quality standards at all levels. Definite steps have been taken to address this area, and ensure adequate public education is given and unethical practices weeded out. It is our hope that hon. Members will support the Ministry in its endeavours.

*(Loud Consultations)*

**Mr. Speaker:** Order! Order! Order, in that corner! Could you listen to the Minister? I hope you will not put in a question to the Ministry of Health.

Proceed!

**The Minister for Health** (Mr. Kalweo): Thank you, Mr. Speaker, Sir. It is on this note, that I am asking the House to approve a gross allocation of K£710,038,568 in order for the Ministry to undertake the aforementioned programme for the good of our people. This amount is broken into Recurrent Expenditure of K£464,919,680, and Development Expenditure of K£245,118,884 in Development Vote 11 for the Financial Year 1999/2000.

Mr. Speaker, Sir, I would like to state that drugs alone take K£50,916,250, which is an increase of 27 per cent from the previous year. Out of the same Recurrent Vote, Kenyatta National Hospital will require K£70 million while Kenya Medical Training College will receive K£22 million. Under the Development Budget, the Ministry has been allocated K£245,118,884, which is a 4.3 per cent increase from the previous financial year, out of which gross expenditure, the Government of Kenya will provide K£11,982,491 or 5 per cent of the total gross allocation. The rest will be provided through donor grants of K£132,784,493, which is 54 per cent, and loans amounting to K£72,351,900. The Ministry proposes to spend the development funds on general administration and planning, which takes K£22,652,350. Curative services will take K£54,957,636. Preventive and promotive health will take K£82,972,956. Rural health services take K£58,791,132. Health training will take K£634,810. The NHIF will take K£25 million. Kenyatta National Hospital will take K£110,000.

Mr. Speaker, Sir, the pattern of the allocation on development votes reflects sectoral priorities. The Ministry proposes to use over 58 per cent of the gross Development Vote on preventive and promotive health and rural health services; 24 per cent will go to the rehabilitation and institutional development of provincial hospitals, and provision of equipment. In this financial year, purchase of ambulances was not given any allocation and this will be a big problem to the Ministry during this period. Similarly, the rehabilitation of mortuaries received only K£20,000. A total of K£845,000 has been allocated for district hospitals buildings. This is a reduction of more than 50 per cent. This reduction will render the Ministry incapable of initiating any new development project or completing the on-going ones. Substantial amounts will go towards payment of pending bills, and contributions to donor fund projects. The Ministry will make efforts to complete the stalled projects as and when the resources are available.

Mr. Speaker, Sir, with these remarks, I beg to move.

**The Minister for Information and Broadcasting** (Mr. J. Nyagah): Mr. Speaker, Sir, I stand here to second the Vote that the Minister for Health has come up with.

I wish to, first of all, start by congratulating the team at the Ministry of Health for a job well-done under very difficult circumstances. We know that the resources that are available to the Government and to this particular Ministry are not sufficient. We would have liked, I am sure, as a Government, to provide more resources to the Ministry of Health. I would like to appeal to the Minister for Finance that, if in the course of the year, there is a way that he will find ways of assisting the Ministry with additional funds from time to time, it will be useful.

Mr. Speaker, Sir, I say this because we have had very many epidemics in the recent past, and this is something that causes problems for the Ministry. We have malaria outbreaks in certain parts of the country at the moment. We have cholera outbreaks from time to time and, therefore, any support that the Ministry of Finance can provide to the Ministry of Health would be most welcome. I hope that Kenyans will be understanding to requests of the Ministry of Health.

Mr. Speaker, Sir, as we are all aware, we have a serious problem of HIV/AIDS infection, and some of the medical facilities in hospitals in this country and particularly, the in-patient ones, have serious problems, where the bed occupancy taken up by these patients is very high. We, therefore, need to give financial assistance to the Ministry of Health so that it can look after these patients who are spending longer and longer periods in hospitals.

Mr. Speaker, Sir, the Minister, in his presentation did indicate to us that because of the financial constraints, he was not able, or the Ministry did not receive sufficient funds for ambulances and mortuaries. This is an area where I would like to appeal to the NGOs, churches, other organisations and wealthy companies in Kenya and overseas to assist the Ministry of Health in order that it can provide our hospitals and health centres with ambulances and improve the mortuaries.

Mr. Speaker, Sir, as we all know, with the rate of the number of people who are dying, and all of us, every weekend, these days are involved with helping relatives, friends and constituents who have died--- All of us have been to these mortuaries and we know the state of these mortuaries. I know, in my particular case, where I come from, the state of mortuaries is pathetic and if there is a way the NGOs, churches and even companies in the pharmaceutical world; that is, people who make money or a living by working with the health sector, can come to assist the Ministry, we would be very grateful.

Mr. Speaker, Sir, finally, I would like to appeal to the Ministry's staff in both the field and at the headquarters to be understanding and help wananchi. The Ministry's staff are there to essentially work for wananchi.

Recently, I had the opportunity to accompany the Minister for Health on a tour of some of the hospitals and health facilities. During that tour, I saw him and officials from the headquarters appeal to staff in the field to assist wananchi. This is the spirit I would like to see among the Ministry's staff, particularly those in the remote areas of this country, where the senior Ministry officials are not likely to visit often, to inspect the institutions. I would like them to understand that they are working for the sick people, and should serve them to the best of their abilities.

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

*(Mr. Sumbeiywo, the Assistant Minister,  
Office of the Vice-President and  
Ministry of Planning and National  
Development, stood up in his place)*

**Mr. Speaker:** Mr. Sumbeiywo, I have not even proposed the question. So, could you sit down?

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): Ooh, I am sorry, Mr. Speaker, Sir.

**Mr. Speaker:** Order! I will now propose the question.

*(Question proposed)*

**Mr. N. Nyagah:** Thank you, Mr. Speaker, Sir, for giving me the opportunity to make a few remarks within the given time span.

I would like to start by clarifying some anomalies which appeared in a newspaper report recently, arising from my contribution on the Floor of this House. The particular newspaper report said that the Permanent Secretary in the Ministry of Health had access to five vehicles against the directive of the former Minister for Finance, made during his 1998/99 Budget Speech. I would like to clarify that the Permanent Secretary I referred to on that day is not the present one; I was referring to the Ministry's former Permanent Secretary. Any embarrassment that may have been caused to the current Permanent Secretary, through the Press report, should be apologised for.

Another issue I would like to raise with disappointment is that, on 6th July, 1999, on the Floor of this House, I rose to ask for a Ministerial Statement on the state of Kisii District Hospital, which is handling a big number of malaria patients from that part of the country. To date, the statement has not been given. Now, having said so, I hope that the Minister will, within a specific period, give the statement. The situation has even attracted the attention of the President, who visited the hospital.

Mr. Speaker, Sir, on the same score, I would also like to thank the Ministry Headquarters for having sent some of its officials to that area to see for themselves the state of affairs. However, I would like to hasten and add that officials from the Ministry's headquarters should not just visit those institutions at times of crises like the one in point. Visiting and assessing the situations at public medical institutions should be an on-going exercise.

Having said so, let me say that it bleeds the hearts of many Kenyans when you talk about the state---

**Mr. Speaker:** Just for the record, Mr. N. Nyagah, you are the Official Opposition respondent.

**Mr. N. Nyagah:** That is quite right, Mr. Speaker, Sir.

**Mr. Speaker:** Very well; proceed.

**Mr. N. Nyagah:** Mr. Speaker, Sir, it is unfortunate that the Treasury has continued to under-fund the Ministry of Health. This has made it extremely difficult for the Ministry to effectively deliver services to the people. However much the Minister stands before this House and assures Kenyans that things will go right, that will not be achievable. We have the beautifully-worded Kenya Health Policy Framework Paper of 1994. Having looked through this document, I noticed that the Minister's presentation this afternoon alludes to a number of requirements contained in that policy paper. However, the big question is: Are we able to achieve this? From the onset, to me, the answer has been "no". What do we need to achieve some of the things that are within our scope? The financial resources availed by the Exchequer need to be increased. Otherwise, this will work towards the detriment of the quality of services that we render to our patients.

As rightly quoted by the Minister, the per capita expense on the Ministry of Health in the 1980/81 Financial Year was US\$9.5. Today, this is in the region of US\$3.5. Therefore, it will be almost impossible for the Ministry to initiate any new development. It is also not possible for the Ministry to complete on-going projects. Most of the money that we are about to vote for the Ministry between today and tomorrow will go towards payments the Minister has clearly elaborated: Payments towards donor-funded projects and pending bills, which are very big.

If you look at the Ministry's development expenditure allocations against the recurrent expenditure allocation, you will realise that over 70 per cent of the total amount will go to recurrent expenditure. Therefore, in terms of development, which is what we need at the moment, the Ministry will lag behind. Unless this country experiences a dramatic economic change, what we state here will not be achieved. I say so, not because I want to criticise the Ministry, but because the Ministry must come out clearly and tell Kenyans that it will find it very difficult to sustain their services.

It is anticipated that by the year 2000, which is just around the corner, the life expectancy of a Kenyan male, which is now 60 years, will be reduced by between 17 and 20 years. One of the reasons advanced for this anticipation is by the Acquired Immunity Deficiency Syndrome (AIDS) scourge, which I will touch on shortly. The drug procurement kit has been allocated less than 50 per cent of the budget allocation. How do we expect the various diseases we have in this country to be treated? Let me give a classic example and pose a big question, which I would like the Ministry to answer.

Mr. Speaker, Sir, in the last three financial years, the Ministry's Headquarters has been funded, and two contracts were awarded, for the repair of the Afya House roof. The second contractor raised the contract price asked by the first contractor by more than five times, and to date, the leakage problem has not been solved. We are talking about a figure of about Kshs800 million. That is the kind of money that ought to have been put into the purchase of drugs. In the past, this amount was questioned by the Controller and Auditor-General, but we have not got any sound answer to it. So, with all these problems, what do we need to do with the Ministry of Health?

Mr. Speaker, Sir, one of the things we need to do is to make the Medical Supplies Co-ordinating Unit (MSCU) independent. Unless that department is made independent, we will talk on the Floor of this House about the procurement of medicines, but we will get nowhere. The MSCU is the mother of all scandals in this country. We have noted that procedures of drugs and other medical supplies procurement have not been adhered to. I do not want to mention matters which are in court. However, we know the kind of Questions we brought to this House some time back. If time allows, I will ask the Minister to address himself, specifically, to payments that have been made to a number of individual companies, which, to date, have not supplied the Ministry with the drugs for which they were paid.

Mr. Speaker, Sir, I plead to be pardoned by any officer if he is in charge of this particular department, that this is addressed with immediate effect, and if there is no possibility of turning it into an independent body, the Ministry officials should sit down and think of what to do with the personnel in that department.

Further restructuring of the National Hospital Insurance Fund (NHIF) needs to be done. When hon. Angatia was the Minister for Health, he stood on this same Floor and said that within a year's time, he would ensure that NHIF would be turned into a Health Service Fund. What do we hear from then? We are thinking of turning this Fund into a Hospital Insurance Fund. Let us stop thinking and act! I also want to quote words from a very wise Minister for Health who, last year, told us that this particular department is "over-flowing" with a surplus of funds. How much have we heard the Minister say the Exchequer is going to put into it? Those are double standards because a couple of years ago, Kshs600 million was got from this kitty and taken to buy an airline. Has the money been returned to this kitty? We ask the Ministry to look into this Fund because the more money we have, the more people we have who want to dip their fingers into this kitty and get money from there.

Mr. Speaker, Sir, I would like to turn to the issue of cost-sharing. The concept of cost-sharing is acceptable to all Kenyans because the Exchequer is totally incapable of ensuring that we all get free services. Having said so, we need to address the issue of cost-sharing. With liberalisation, which is taking place at the moment, this is one area from where the Ministry of Health has totally refused to get away completely. The District Health Management Boards are up to now under the control of the Government. I have given specific examples here where we have had illiterate people chairing those meetings all over this country. Basically, if the focus of development in Government projects is vested in the DDCs, why do we not then give powers to DDCs, so that they are able to nominate people of the right category, calibre and qualifications to become members of these boards? Because, obviously, the Minister is in power, let us give him the authority so vested in him to appoint these board members. I am sure the Minister, through his Assistant Minister, is in agreement with me. I appreciate that.

Mr. Speaker, Sir, my worry on what the Minister has said relates to over-reliance on the international donor communities. A year ago, we came on the Floor of this House and appealed to the Ministry and the Government I have had the honour and the privilege of going through every single item in the Recurrent and Development Estimates of this Ministry for this current year, and there is great over-reliance in terms of funding, on the Japanese, the Netherlands, Dutch Government, IDA and so on. A few of these international donor communities are backing-out because of what they are citing as "corruption in this country"; corruption, lethargy and incompetence within the Ministry. We had a problem initially with DANIDA. The Director of Medical Services went down on his knees to plead with the DANIDA so that they did not cut off the remaining aid that was budgeted for, which amounted to Kshs600 million. Today, the Dutch Government has sat down in a Parliament like this and has decided that they will not fund Kenya within the next four years.

Look at the whole spectrum of the communicable diseases. For most of these, we depend on aid from donors. I can cite one case in point; the National Leprosy and Tuberculosis Eradication Programme. The entire Kshs160 million for this programme is all from the Dutch Government, and that is what is reflected in the books. When these people pullout, and we have very keenly heard from the Minister that the scourge on AIDS has increased cases of tuberculosis. I in one year's time, one million Kenyans will be HIV positive. Those are statistics that are done and are contained in the report. When we talk about those figures, we know that this Government needs to do a thorough campaign in terms of educating, particularly the youth. There are three main reasons why people get AIDS. One of them relates to the youths who think that sex is great fun, and it is a new found hobby for them, but we still shy away from advising the youth. We do not want to say that it is not a hobby, and that makes our children get into it. We are saying this with concern because our children are no longer teenagers. We might lose the entire population. We may not reach the levels of countries like Germany, where the average age is 60 to 70, years because we may never achieve that when we lose our children at the rate at which we are losing them at a very tender age.

My appeal to the Ministry of Health is on very rosy-termed words, called "Sexually Transmitted Diseases". I have had the occasion and the honour of sitting down with very many donor communities or agencies, and their major complaint is one; that there is a lot of fraud and corruption on this line where we do great funding, yet, at the end of the day, what comes into this country--- MSCU may be able to explain because we get totally different medications. We urge the new Director of Medical Services, the Permanent Secretary, the Minister for Health and the team that works along with him to ensure that this does not happen.

Mr. Speaker, Sir, I will now complain about an issue that I know I will not get an answer for from the Ministry. In the last three financial years, since I came to this Parliament, I have seen this House passing some money in the Recurrent and Development Expenditures for use by two medical institutions in Nairobi, one of them being the Mathare Nyayo Hospital, which was started by the late Dr. Josephat Karanja, and which is now a white elephant project. It is found along Juja Road, and it is a big institution. No activity is carried out in that institution, and its buildings have been vandalised; there is absolutely nothing there other than the structures. This time round, no money has also been allocated to it.

**Mr. Gatabaki:** On a point of order, Mr. Speaker, Sir. I wish to seek some clarification. The late Dr. Josephat Karanja, who was at one time the Vice-President of Kenya---

**Mr. Speaker:** Order! During all my years as the Speaker of this House, I have neither heard nor seen in the Standing Orders somebody standing up on a point of clarification. So, you are out of order.

Proceed, Mr. N. Nyagah.

**Mr. N. Nyagah:** Thank you, Mr. Speaker, Sir. The late Dr. Josephat Karanja, when he was the Member of Parliament for Mathare, started that project on some land that was donated by the Nairobi City Council. Today, there is a dispute over the ownership of that land.

We have another medical institution in my constituency by the name of Pumwani Provincial Hospital.

Those two institutions have been funded, each of them to the tune of Kshs400,000, yet the buildings on site are the same old ones that have been there. No further amount of money has been put into them. Why do we keep on deceiving ourselves that we will be rendering health services to Kenyans when we know deep down in our hearts that, that will not be the case? We will never be forgiven by the late Dr. Karanja for failing to allocate more money to his project.

That is why there are problems in the Kenyatta National Hospital, which is a research, referral and teaching hospital. I do sympathise with the leadership of that hospital. If you are privileged to be a five-year-old child and you go to that hospital, you do not pay any medical charges. I stand to be corrected on that. The charge per person is Kshs200, as a form of cost-sharing. Because of this, it is difficult for the Kenyatta National Hospital to run efficiently, given that they do not get a lot of aid from the donor agencies. We have seen good times, when the current Director of Medical Services, Prof. Julius Meme, was the director of the hospital. Now, we have a new director who may not find it easy to run the hospital because funding has been drastically reduced. In essence, what is likely to happen is that the hospital has been given the status of a district hospital, so that the management can raise revenue for its survival.

Mr. Speaker, Sir, before I wind up my contribution, I would like to touch on another sensitive issue; the private practice by our medics, who are trained using money from the Exchequer. Because of the poor structures of their salaries, these people are unable to continue working for the Government. If you go to countries in Southern Africa, for example, Botswana, you will find that there are very many Kenyan medics who have moved there over the years. There has been an exodus of our medics to those countries. We have also our internal exodus of medics, where many of our professionals are leaving Government service and opening up their own clinics, maternity nursing homes, *et cetera*, because of the poor salary structure of the Civil Service.

The part-time medical practice needs to be properly regulated by the Ministry, because our doctors spend more time in their own private practices, rather than working for the public. The licences issued to the private medics are also an issue of concern. The Ministry should now start thinking of incorporating citizens, in all areas, so that when doctors spend too much time doing their own private work, they are reported to these professional bodies. In that way, the doctors will back-track and work more for the Government.

Lastly, I would like to ask the Minister for Health to listen to me. I will give him the tip of an iceberg. In case it has not been brought to the attention of the Ministry, there are companies that have been paid money to supply drugs, but they have not. It is atrocious and criminal. The Minister for Health should check on the following cheques, which were issued to them: Cheque No.040710 of 30th June, 1998; cheque No.040713 of the same date; cheque No.040757 of the same date; cheque No.0407758 of the same date, and cheque No.040760616375. Those cheques will help the Minister know the names of the companies that had been paid money to supply drugs, but did not. If the Minister does not have the list of names of the companies, I have it with me, and even the actual cheques.

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

**Hon. Members:** That is all!

**The Assistant Minister for Industrial Development** (Dr. G. B. Galgallo): Mr. Speaker, Sir, I beg to support the Motion. I will make some few comments. I understand the predicaments faced by my colleagues in the Ministry of Health, because I have served as a District Medical Officer in a number of districts, before I joined politics.

The Ministry of Health is a key Ministry, which is charged with the responsibility of looking after the health of all of us, in terms of formulating relevant policies, research on modern ways of combating illnesses and prevention of diseases, all of which are totally responsible for the provision of good health services to Kenyans. A healthy population prospers economically. When you talk about economic reforms, or other reforms, and you do not have a healthy population, then it does not make sense.

We have been told that the Ministry of Health receives funding mainly from the Government and some donor agencies. But over the years, as the Minister said, this has dwindled because the Ministry receives money that is not budgeted in real terms, but figures that are influenced by inflation and economic problems that we face.

That has been the crux of the matter. If your funding is going down, and the challenges that you face are going up, it is definitely an uphill task for those who are charged with the responsibility of providing such a vital service.

So, we must support the Ministry. I urge the Minister for Finance to increase funding to this Ministry. It is the mother of all Ministries because it looks after our health.

The planners in the Ministry of Health must also make certain changes. From my own experience, I know so many projects which have stalled in the same hospital. For example, in my last station, that is Embu, there are four projects which have stalled as we sit here now. Why do you start a project in one hospital and before you finish it, you start another one in the same hospital? Why should you start four or five projects in the



same hospital and never complete them? There is a mortuary, theatre, staff housing project and a maternity in one hospital, all of which have not been completed. That is a complete waste of resources. So, kindly, plan properly with the people on the ground. Most of the times, the budgets that come from the districts are ignored at the Headquarters. The people on the ground are the ones who know what they require. For example, if you consider the case of Embu, the Ministry should not have funded the maternity wards before the mortuary was completed! So, in essence, unless you plan properly, you will have so many stalled projects all over the country. It will just be a waste of money. In my previous station of Longisa, there is a Kshs15 million hospital that is not functional. It is a disaster! That is a major problem that the Ministry is facing. While we cry for more resources for you, we want you to utilise the little that you get wisely.

*[Mr. Speaker left the Chair]*

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

Mr. Temporary Deputy Speaker, Sir, there are other alternative sources of funding which the Ministry can look into. The Minister has indicated that user fees have been very useful. If, as a Government, you say that you will not charge fees for political reasons, that is fine. But you do not charge the people and then fail to provide the required services. What do they do? They go to quacks who charge them exorbitant fees and they do not get better. The possibility of increasing user funds should be explored to make the service affordable. You do not have to turn anybody away because of lack of money. But you have to strike a balance where you will not pretend that you are offering free services, and on the other hand, you are not charging excessively. If properly implemented, user fees can work. I urge the Minister to continue implementing the user fees properly.

Another possibility is the health insurance scheme. Compulsory health schemes for all employees should be enforced. If somebody has a company that employs 500 people, he should be forced to provide an insurance scheme for them. The employer should be forced to assist because his workers make profits for him. It should be his responsibility to provide a proper health scheme, rather than just looking at the Government, which has so many other problems it cannot cope with.

Target taxation is another measure, which works just like the Fuel Levy Fund. The Fuel Levy money goes to the Ministry of Public Works and Housing, which plans on how to utilise it. There are certain products that damage the health of our people like alcohol and cigarettes. Such products should be taxed and money paid directly to the Ministry of Health, to look after the patients who suffer from diseases that are related to the use of such products.

Motor vehicles, particularly those in public transport, have wrecked havoc on our health system. If you go to our hospitals, accident victims take much of our hospital bed space. The Ministry of Health should liaise with the Ministry of Finance to include a component in the licences of those motor vehicles, commensurate with the rate of accidents that are caused by that category of motor vehicles. You will be going in the right direction. For example, matatus are known to cause the largest number of accidents and injuries. Matatu licences should include a component that goes to the Ministry of Health. A certain percentage of that licence fee should go to the Ministry of Health to assist those involved in traffic accidents.

Mr. Temporary Deputy Speaker, Sir, before I conclude, I would like to make another appeal to the Ministry of Health. Human resource management is an important aspect of health care. Human resource management starts with the training of people. I think we have enough training facilities, but there is a problem with student intakes to the Medical Training Colleges. For example, last year, from Moyale District, not a single child was admitted to any of the Medical Training Colleges. Where do we expect them to go? I am in touch with my district health team. People are transferred from Moyale and Marsabit District Hospitals without being replaced. If the people you already have there are being transferred, and locals are not trained to take up those posts, we are heading into a situation where in the next one or two years, the Minister will close down Moyale and Marsabit District Hospitals. There is a drain of personnel from those facilities. What I would urge is: Kindly, when you deploy your people, if they do not want to go and work in Marsabit, Moyale and other hardship areas, let them go home. We are all part of the same nation and we do not have any other Medical Training Colleges which we can depend on. We urge the Minister to be fair in his deployment of personnel. He should never post people out of those areas unless they are replaced.

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

**Mr. Munyasia:** Thank you, Mr. Temporary Deputy Speaker, Sir. I wish to say that I support this particular Vote. But I have a few things to say about it. Statistics can be good and might give hope. But I think

many a times, they give us false hope. The Minister has told us that the situation appears very good. Life expectancy at Independence was only 44 years. But by 1993, it had risen to 60 years. I wondered why he did not extend his estimates up to 1999. But I think there might be good reasons for that. He said the infant mortality rate was only 73 out of 1,000.

We are all aware that the economy has been declining for the past ten years or so. The Ministry of Health received some funding for ten years or so. Maybe, that is why the Minister could not give us the most current statistics, but he did mention that in the past ten years, the per capita expenditure on health has dropped from Kshs570 to about Kshs300 last year. He does admit that this year, they have a smaller budget than they had last year. This means that the per capita expenditure on health will even drop further this year, at a time when we are facing problems like AIDS, *et cetera*. So, the state of health of this nation is much worse than it has been painted.

We are told that this Ministry has a policy of devolution. They want districts to be in charge of their own affairs. For example, Kenyatta National Hospital is now autonomous and it is doing much better than before. That is very encouraging. We would also like to be autonomous at the district and provincial levels. We want to be in charge of our affairs. When you look at how this Ministry has allocated its funds, especially under Sub-Vote 112 - Preventive Medicine and Promotive Health, you will see that there is no district or provincial breakdown. So, we do not know, for instance, how much of the K£36 million meant for sexually transmitted diseases and infections will go to various districts and provinces. Also, the Health Sector Support Programme has been allocated Kshs22 million from DANIDA. Where is the breakdown of this money? We cannot see it. In the past there were breakdowns for each district. So, how is this Ministry carrying out the policy of devolution, if it has centralised its allocations? That is why I think the Minister does not give us hope. He is not serious enough because each district has its own concerns. For example, Kisii District will be very much concerned about malaria. The rest of Nyanza and Western Provinces will be much more concerned about AIDS. If these funds were allocated as per district, we would know how much will be used for this and that particular aspect.

Mr. Temporary Deputy Speaker, Sir, it is worrying to hear that 50 per cent of our beds in hospitals are occupied by AIDS patients. That means the other patients have very few beds left for them. We know that AIDS patients are not discharged immediately from those hospitals. Many of them stay there until they die. So, that situation is worrying. We have been told that the allocation for drugs has increased by 27 per cent. That might be good news. But I am wondering whether this Minister will use part of that money to buy drugs so that we assist the AIDS patients and save many of us from organising Harambees every week. For example, we are called upon to organise Harambees for medical bills. Most of these Harambees are organised to assist the AIDS patients. This Ministry should subsidize drugs that are beyond the reach of many of these AIDS patients. For instance, if they could subsidize AZT, they might help to prolong the lives of our people. You have outlawed Prof. Obel's Pearl Omega. Pearl Omega is not easily available to most AIDS patients, while AZT is imported by those ones who can afford. It is a preserve of the very rich. So, I urge the Minister to see to it that he helps the poorer victims of AIDS so that they can also live a bit longer by subsidizing some of those imported drugs and making them affordable by AIDS victims.

Mr. Temporary Deputy Speaker, Sir, I wish to raise a few complaints. We do not take part in these Estimates. So, many times, it is civil servants who sit down and prepare these Estimates. There is a tendency for most civil servants to wish to take things to their villages so that when they retire, they can point out to people that they brought such and such a thing and, therefore, they should be given votes of "thank you" so that they come to Parliament. For instance, I know this Ministry has X-Ray equipment. I understand, one was meant for Malakisi Health Centre, but I have been told that one of the civil servants had organised to take that X-Ray equipment to Tamulega Dispensary at his home village. We had to fight hard to get it to Malakisi Health Centre.

**The Assistant Minister Information and Broadcasting** (Mr. Ekirapa): Mr. Barua Chele!

**The Temporary Deputy Speaker** (Mr. Musila): Order! You have to address the Chair, not everybody else!

**Mr. Munyasia:** Mr. Temporary Deputy Speaker, Sir, he was informing me that it was Mr. Barua Chele.

**The Temporary Deputy Speaker** (Mr. Musila): Order! He has to inform you with the permission of the Chair!

**The Assistant Minister for Information and Broadcasting** (Mr. Ekirapa): On a point of order, Mr. Temporary Deputy Speaker, Sir.

**The Temporary Deputy Speaker** (Mr. Musila): Order! Could you sit down, Mr. Ekirapa? Mr. Munyasia, continue!

**Mr. Munyasia:** Thank you very much, Mr. Temporary Deputy Speaker, Sir. I take that information very kindly.

**The Assistant Minister for Information and Broadcasting** (Mr. Ekirapa): On a point of order, Mr. Temporary Deputy Speaker, Sir. Personally, I am getting a bit fed up with my colleague and friend, hon. Munyasia, because when he stands up and opens his mouth, he talks about Mr. Barua Chele, the Permanent Secretary, Ministry of Rural Development. Could you protect public servants who cannot come here to defend themselves?

**The Temporary Deputy Speaker** (Mr. Musila): Order! Mr. Ekirapa, I did not hear Mr. Munyasia mention any name. I did not hear him mention Mr. Barua Chele. Therefore, I cannot protect someone who has not been mentioned.

**The Assistant Minister for Information and Broadcasting** (Mr. Ekirapa): On a point of order, Mr. Temporary Deputy Speaker, Sir.

**The Temporary Deputy Speaker** (Mr. Musila): Order, Mr. Ekirapa! Now, we have to be serious here! Mr. Munyasia, will you continue with your contribution?

**Mr. Munyasia:** Mr. Temporary Deputy Speaker, Sir, I wish to make another complaint. The Ministry says that it only requires highly trained technical staff. For this reason, the personal emoluments are very high. Personal emoluments take the greater part of the Recurrent Expenditure. What excuse does this Ministry have to engage ungraded nurses when we have so many trained young men and women in this country? I understand that they have nine ungraded nurses. Who are these ungraded nurses? Are they relatives of the Minister? Why should you keep them when we have so many trained nurses?

Lastly, I wish to complain about Bungoma District Hospital. We have a district mortuary that was built in the colonial days. It does not function. In fact, it has not functioned for the past ten years. We are left with one small sub-district hospital mortuary at Webuye. This mortuary serves Mt. Elgon, Teso, Bungoma districts, and parts of the new Butere/Mumias district. Why does this Ministry, which is not spending any development money on Bungoma District in this financial year, look for money which is being centrally controlled at the headquarters and help us? They can complete or rehabilitate that mortuary in Bungoma District Hospital.

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

**The Assistant Minister for Water Resources** (Mr. Mokku): Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to the Vote of the Ministry of Health. I wish to begin by thanking the Minister for the able way in which he has presented this Vote. I also wish to join my colleagues who have appealed to the Minister for Finance and this House to give the Ministry of Health enough funds so that Kenyans can be healthy.

Mr. Temporary Deputy Speaker, Sir, earlier an hon. Member who spoke clearly said that we can think of other development projects when we have a healthy nation. To me, the amount of money voted for this Ministry is quite meagre and it is high time the Minister asked for supplementary funds from the Treasury. This House should also support him so that we can have healthy wananchi.

I would also like to appeal to the Minister as an hon. Member who spoke earlier did, that he looks at the Ministry of Health kitty, which is actually being controlled from Nairobi, and distributes it to the district hospitals, health centres and dispensaries. I would like drug inspectors to follow up this kitty to the district hospitals and health centres and make sure that it reaches wananchi. These officers should also make sure that it has been used to help the people. They should further ensure that those drugs do not end up in private clinics.

Mr. Temporary Deputy Speaker, Sir, we have heard of cases where the Ministry of Health Headquarters supplies drugs to certain districts and then a half or a quarter of them end up in the right place, while the other half or three quarters end up in private clinics. Sometimes, one will be surprised to find drugs bearing the Government of Kenya (GK) label in private chemists.

Mr. Temporary Deputy Speaker, Sir, we have shortage of staff in our health centres and dispensaries. It is true that a number of civil servants have retired on a voluntary basis, and most Ministries are facing a shortage of some cadres of personnel. The Ministry of Health is equally affected. Although the Ministry of Health has shortage of staff, it offers essential services to our people. Therefore, I would like to appeal to the Minister for Health to make a special appeal to the Department of Personnel Management (DPM)--- We have quite a number of nurses and clinical officers who have graduated from different Medical Training Colleges (MTCs). Instead of having shortage of medical personnel in health centres and dispensaries, especially in the rural areas, the Minister should make a special appeal to the DPM to employ those graduates. This House supports that these young Kenyans be recruited to serve in our health institutions, so that we do not get a case where a member of the subordinate staff at a health centre, a clinic or a dispensary dispenses drugs to wananchi because of inadequate medical officers. We have had cases where a member of the subordinate staff dispenses drugs to patients. Actually, this is very dangerous to the health of those patients because somebody just does what he thinks is right and not what he was

trained on or knows!

On cost sharing, I think the concept is quite right. If need be, we would like to urge the Minister to review the amount of money which is being charged at the moment so that we can get enough money at the district level. This will ensure that officials of the Ministry do not rush to the Ministry Headquarters for even a small amount of money that can take care of mechanical problems. There is very little audit that is done on this money by the hospital management boards. This money is more or less being managed by the hospital staff instead of being managed by the chairman of the board or even the board. I would like to ask the Minister to ensure that this money is audited correctly from the time we started its collection upto day. This is because I assume that it is not being used for the intended job.

Mr. Temporary Deputy Speaker, Sir, I have a case where we had a break down of an X-Ray machine in Isiolo District Hospital, and it took upto one and a half years for that minor repair to be done. I assumed that enough money was collected from the cost-sharing programme to be used to repair the machine instead of people being referred from that district hospital to Meru District Hospital. Although Isiolo District Hospital has modern facilities, and it is the best hospital today in this Republic, patients were referred from that hospital to Meru District Hospital because of a break down of simple equipment that could be repaired at the district level. It took one and a half years before that X-Ray machine was repaired.

I would like to inform the Minister that the patients who were in that hospital were being referred to private clinics in the town where they could get X-Ray services at a price that the common man could not afford. If that X-ray machine which was at Isiolo District Hospital could have been repaired, then the excess charges on the patients could have been avoided. I would like to appeal to the Minister to ensure that, that machine is always in good condition so that we can utilise it at the district level instead of us always being on his neck.

Mr. Temporary Deputy Speaker, Sir, some types of diseases have become killer diseases in our country, particularly in the Arid and Semi Arid Land (ASAL) areas. Today, typhoid, amoeba and malaria have become killer diseases. Although we do not classify these diseases under AIDS, they are close to it. This is so especially in the ASAL areas. To make matters worse, the price of the drugs for those diseases, particularly typhoid and amoeba is so high that the common man cannot afford it. The price of these drugs ranges between Kshs3,000 and Kshs4,000, and yet, there is no guarantee of one recovering after taking them. In fact, patients need to buy more of these drugs in order to recover from these diseases. These prices are very high for the common man. I would like the Ministry to think of ways and means of availing these drugs at subsidised prices at the district level so that the common man can obtain them cheaply. This is because these diseases have killed many people!

Lastly, I would like to take this opportunity to tell the Minister for Health that as he has heard from speeches made by hon. Members, he should know that he has their support. This House supports that the Ministry of Health be given more funds. However, I would like to inform the Minister that even if he is given whatever amount of money he is asking for, and then it is not well spent or the people handling it are not patriotic, the money alone will not serve the purpose. I urge that we get enough personnel at the district hospitals, dispensaries and health centres. As I am speaking here now, there are some health centres in Isiolo District which were not operational for quite a number of months due to lack of medical personnel. For example, if there is a single nurse at a health centre or a dispensary, and that health centre or dispensary is 300 kilometres away from the district headquarters, if this particular officer goes for his monthly salary at the district headquarters, by the time the officer reaches his home and returns to his place of work, one or two month should have gone. Just imagine how the situation will be like for all that period when that officer will have been away. As human beings, we will not ask him to explain why he left his office for pay at the district headquarters. If there are two officers and one of them goes for his pay or for other commitments, the other one will man the institution. We have had cases where, as a result of inadequate staff in some health institutions, unqualified people man them although it is very dangerous to the health of the people.

With those remarks, I beg to support.

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

Mr. Temporary Deputy Speaker, Sir, I find myself tongue-tied. But I felt I had to bring myself to express my anger at this Ministry. I do not want to support this Ministry, much as it is very important. But since the Minister is my friend, I may somehow express some gratitude for what he seems to be doing. But I must, in no uncertain terms, express my disgust at this Government for lack of policy on health. A Government which cannot take care of its people, and a nation which is unhealthy, cannot survive. Kenya has exceedingly become an unhealthy nation. I am very happy that the Ministers for Finance and Agriculture are here. If the Minister for Finance could listen to me, I would be very happy indeed.

Mr. Temporary Deputy Speaker, Sir, 60 per cent of Kenyans live below the poverty line. The

interpretation is that they live a life so degraded, so impoverished and by any estimate, they do not know where their next meal will come from. By rough estimate, they are worth about one Dollar per day, that is Kshs70 and below. The conditions that exist in the hospitals everywhere in the country indicates that there are no drugs or medical services. Drugs and other medical services can only be found in private hospitals. But there is no single private hospital you go to for one or three days and you are not poor. You must do a Harambee. So, 60 per cent of Kenyans whose incomes are Ksh70 and below cannot afford private medical services. What kind of a nation is this; where 60 per cent of its population cannot afford basic medical care? What kind of a country is this; where 60 per cent of Kenyans cannot have affordable medical care? Time has come for the President of this country and the ruling party to realise what kind of a situation they have driven Kenya into; a hopelessly impoverished nation, where basic health care is non-existent. Do we have any pride as a nation? If I was the President, I would urge the Opposition to come together and form a Government of national unity because he cannot deliver. This is a Government that has driven 60 per cent of Kenyans into poverty; it has made the country hopeless and has driven away the donors. This is a Government whose legacy is death and destruction of this country.

Mr. Temporary Deputy Speaker, Sir, I speak with a lot of anger because there is no single constituency--- I asked my friend, the hon. Dr. Oburu Odinga, whether in Bondo, their health centres work. This is because they have this co-operation with the KANU Government. So, I thought in Bondo, and elsewhere in NDP constituencies, there might be health centres which are working. He told me they do not work. I have asked my colleagues from KANU whether their health centres work and they answered in the negative. If you can remember, Mr. Temporary Deputy Speaker, Sir, I went to Lamu with you the other day and we inspected all the hospitals. Lamu is what you may call a KANU zone. We found a hospital which was started some time ago, specifically to steal public funds, and the project cost about Kshs40 million and the contractor disappeared. On the other side, the Saudi Government gave aid to Kenya and they were able to complete the hospital with only Kshs40 million. What I am saying is that this Ministry is known for incomplete projects everywhere; whether they are in KANU or Opposition areas. I do not know about Baringo because I am not allowed to go there. I do not know about Keiyo or Marakwet, because I am not allowed to go there. But elsewhere, the reality is that there are no projects anywhere which are working. What pride do we have? Every district hospital does not work. Every locational health centre does not work.

**The Assistant Minister, Office of the President** (Mr. Samoei): On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the hon. Member for Githunguri to mislead this House that he is not allowed to visit some parts of this country, when we at the Ministry in charge of internal security know very well that every part of this country is safe for all to visit? Indeed, the hon. Member does not need any permit or whatever, to go to Baringo, Keiyo or any other part of this country.

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, I am grateful for the new Assistant Minister. I am told he is working very hard for the Ministry and he must be as sycophantic as he can.

*(Laughter)*

**The Temporary Deputy Speaker** (Mr. Musila): Order! Mr. Gatabaki, that is unparliamentary language and you must withdraw. Could you proceed and withdraw?

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, I humbly withdraw and apologise.

Mr. Temporary Deputy Speaker, Sir, if I can have something to share with this Ministry, I would only request them to do something honourable. If a Member of Parliament dies, we will be forced to do a Harambee to pay for his medical bills. What about an ordinary Kenyan citizen? So, Mr. Minister, if you can do something and leave a good legacy, let us have a National Social Security Fund that ensures that whenever a Member of Parliament dies, we shall not hold a Harambee. You should ensure that there is a scheme that provides for Members of Parliament and every Kenyan. I am happy about one KANU Member who talked about Parliamentary staff having compulsory health insurance. This nation must address such kind of security for every Kenyan. The Government must be responsible for every Kenyan born and ensure they are insured against calamities of health. It would be good for the Minister. I am protecting him. I have no trouble with you. Your Ministry should come up with a workable National Social Security Fund that works and ensures that every Kenyan who goes to hospital, the family would not have nightmares about payment of bills. If that is done, you will have done a service for a Government which does not work. I will ask you KANU people, when you meet at your Governing Council, to tell the President that his Government is a failure, tell him to join hands with us, so that we can do something for our country. The 35 years of KANU Government have been 35 years of disaster; Kenya is now the 14th poorest nation on earth; the per capita income of Kenya is very low; we are the third most corrupt nation on earth. We are completely part of the wretched of the world because of poor governance. This can be seen in the Ministry of

Health. It is not the problem of the Minister, because he came the other day.

**The Minister for Health** (Mr. Kalweo): Address the Chair, not me!

It is the problem of a Government that ceased to know about the public mood. It is a Government that is every day, from morning to evening, pre-occupied with control and consolidation of power and succession. The other day a Motion of No Confidence in the Vice-President and Minister for Planning and National Development was brought here. The Vice-President was just appointed the other day. What kind of characters are these?

**The Minister for Agriculture** (Mr. Mudavadi): On a point of order, Mr. Temporary Deputy Speaker, Sir. Could hon. Gatabaki be very categorical because the Motion that was debated in this House was not in any way moved or tabled by a Member from KANU? Let us be clear on that. Do not mislead the public!

**The Temporary Deputy Speaker** (Mr. Musila): Order! Mr. Gatabaki you have re-visited a debate that was brought here a while ago. Therefore, it is out of order for you to have done that.

**Mr. Gatabaki:** Mr. Temporary Deputy Speaker, Sir, I apologise for that remark. The final point that I want to make ---

**The Temporary Deputy Speaker** (Mr. Musila): Your time is up!

**Mr. Munyao:** Mr. Speaker, Sir, I do thank you for giving me this opportunity. When hon. Nyagah was talking, he gave a list of some cheques which were all dated 30th June, 1998. The Minister was not there, but the list was given. We did not get the total sum although that information is important this afternoon. The total sum stands at Kshs69,429,111. At the time I was in the Government, we used to call it "nugatory payment" for services that have not been rendered.

I stand to support this Motion. I will begin by sympathising with the professionals working in the Ministry of Health, particularly the doctors. These are people who are fully trained and have sacrificed their time to work in hospitals to save lives. An example, are the doctors who are already fighting against malaria in Kisii and malaria and typhoid in Ukambani. As we are sitting here in Parliament today to approve the Vote of the Ministry of Health, Kenyans are going to hear tonight or tomorrow when this Vote is over, that Kenya has given the Ministry of Health so many millions of shillings. Everybody in Kenya will know that the Government has given so much money for services which have been enumerated by the Minister. It is so sad when in the evening, an old woman takes her child who is suffering from snake bite, typhoid, malaria or dog bite to hospital because she heard it being enumerated that so many millions have been given, only to come back crying because that person cannot be helped. I am saying so because it is so humiliating, particularly to those doctors.

In my profession, which I am not prepared to disclose now what it entails, I know how I feel when I have got somebody who I cannot help. I feel very bad. I am sure that these doctors who are Kenyans, have been trained and are in hospitals, are there looking after the patients they cannot help. Such a thing can even kill a doctor. The way the Minister read the Vote this afternoon and the way he is going to spend will be different. I know that we are going to pass the Vote because we want the doctors to treat our people. At one time the Minister promised me they would introduce a new drug which when sprayed in the air would completely eradicate malaria. This is the sixth month since he made that promise. If we had a patient then, he must have died by now.

I would like to request the Minister to kindly distribute this money all around the country and let us make sure that drugs are available. Today we are telling Kenyans that after the Ministry gets the money it is asking for, drugs and services will be made available. I will, therefore, request the Minister to make sure that drugs are available everywhere. At the same time, this Ministry has got a department which looks after the remunerations of their staff. I get worried because when you see the salary of a doctor who is in the public service, you get shocked because this is a man who is so well trained and he is on call for 24 hours. This same man ends up being placed in the same grade with other civil servants like a DO, a DC, or even a PC or you Mr. Temporary Deputy Speaker---

**The Temporary Deputy Speaker** (Mr. Musila): You are out of order!

**Mr. Munyao:** I am sorry Mr. Temporary Deputy Speaker, Sir. A doctor is kept in the same grade with other civil servants. These people are graduates who have been at the same university. One becomes a DO while the other one becomes a doctor or an engineer. The doctors are supposed to work upto Five o'clock. However, in some remote areas like Machakos due to shortage of doctors, they continue working up to about midnight. At that time the other civil servants are already somewhere. Maybe, if he is a traffic officer he is receiving free lunch. If he is the DO, he does other things elsewhere to increase his own income while the poor doctor is still toiling. He has no time to attend to his private matters. I have been told that doctors who are in Government hospitals do temporary jobs elsewhere. It is hard to believe that, because by the time they leave the hospital at around 9.00 p.m. or 10.00 p.m., they cannot get time to attend to other matters.

I would want the Minister to seriously recommend that these people be properly remunerated. They are running to Botswana and elsewhere. Kenyans have become a nursery which prepares professionals who later on end up somewhere else. I have never seen a country which lets down its own professionals like Kenya. I know of a

great country called America which is ready to buy services today. If you are like hon. Mudavadi, who is just being kept here earning very little, I am sure that the President of that country would want you to go there and develop that country. We cannot afford to let doctors go out to look for jobs in Botswana and in South Africa because they are paying better. This is very bad and I am requesting the Minister to negotiate for better terms with the Public Service Commission. I would like the salaries of the doctors to be totally different because these are people who sacrifice their lives and their leisure time. Some of them never wear a suit like the hon. Minister. Doctors spend all their time in the theatre. This is something which ought to be done.

Mr. Temporary Deputy Speaker, Sir, water is very important to hospitals. It is very disappointing when you go to some areas like Makueni, Machakos, Kitui or even Wajir and you find that the maternity wards are stained with blood. Indeed, they just look like this red carpet here. Even a butchery is cleaner. Since this country has got adequate rainfall, we would like the Minister to recommend that more dispensaries, health centres and hospitals are built. Other than drilling boreholes, at least, let us try and conserve that water which we get every year when it rains. We should conserve that water so that it can be used dry areas.

Mr. Temporary Deputy Speaker, Sir, I am aware that there is a Clinical Officers' Bill which went through this House. Now it is an Act of Parliament which enables these clinical officers to operate private clinics. I will not be very emphatic on this, but I would like the Minister to try and map out the details of this, particularly now that he has got an able and professional Director of Medical Services who can assist him. You cannot compare a clinical officer who left school just at Form Four Level to a doctor who has been trained, to offer all the medical services. Now the Minister wants to give these clinical officers a licence to operate private clinics.

Mr. Temporary Deputy Speaker, Sir, we know that we need doctors and clinical officers to provide services in those other areas, but let these be quality services. We are not going to get quality service from a clinical officer. Would the Minister choose to be operated upon by a clinical officer? If the answer is no, then why should he force my mother to be attended to by that clinical officer? If the answer is yes, let him be operated upon by a clinical officer first to set an example, and all of us will follow him.

The issue of supply of sub-standard drugs in this country is horrible. We have got a Kenya Bureau of Standards which is so corrupt and it passes all these things.

With those few words, I support.

**The Assistant Minister, Office of the President** (Mr. W. Ruto): Thank you, Mr. Temporary Deputy Speaker, Sir.

First and foremost, I would like to congratulate the officials from the Ministry of Health, especially the Permanent Secretary (PS), the Director of Medical Services and the Minister for the effort they have put in, despite the many problems that plague the Ministry.

This Government has a very clear policy on health. The KANU Manifesto, states it very clearly, and I want to recommend the PS to let his employees have a copy of that manifesto so that they can know which direction Government plans are going. We are plagued in this country because by and large, many of the civil servants do not even understand the Government policy. A case in point is the Ministry of Health. We have problems in the Ministry of Health, not because of inadequate funds, but because the personnel, first and foremost, do not understand the policy of Government on health. Further, we have another group which frustrates the efforts made by the Minister and his team in providing medical facilities to Kenyans. I want to say specifically that, the Minister should not mince his words on such officers, and the PS should not waste time. Such officers should be dismissed outright, so that efforts made by this Government and money which is voted to the Ministry of Health is put into proper use. This is because we are looking for value for money.

Mr. Temporary Deputy Speaker, Sir, if you go to the parking yard of the Ministry of Health, you will find big cars; Four Wheel Drive cars all over the place. I do not know why we should have so many vehicles parked at the Ministry's headquarters. These officers give excuses that, these vehicles were given by donors for projects. I do not think that, that is the reason because we have professionals at the Ministry of Health who should advise our would-be donors, partners, or anybody else who wants to provide assistance that, we need more medical services than we need huge vehicles which we cannot fuel. That is why most of them are lying at the parking yard of the Ministry of Health. I think it is time we became specific on what kind of help we need from anybody. I believe very strongly that, we have personnel at the Ministry of Health who can provide that professional service to our would-be donors. so that we get the right facilities. I am sure that we can do better with smaller cars which are cheaper to buy and to maintain instead of having huge trucks. In Uasin Gishu District, we have a very huge truck for AIDS being driven around in the district and I do not know how they manage to fuel it. Most of the time, it shows wananchi how family planning should be practised because AIDS is a dangerous disease.

Secondly, I would like to say that, the community in my constituency has set aside 18 acres of land for the proposed Sirikwa Sub-district hospital. They keep mowing this land which is a very expensive exercise because

they want to keep the area clean. The Government did promise to build this hospital, and indeed, Kshs54 million was provided by the African Development Bank (ADB) three years ago. I do not understand why this has not been done because this money was promised and it was in the Printed Estimates. We never got anywhere, though I have made several trips to the Ministry of Health. I am appealing to this House and the Minister to make it a personal issue and ensure that these funds which were provided for are put to the intended use. Indeed, the community raised money to buy 18 acres of land so that they can have a sub-district hospital at Sirikwa. I am appealing to the Minister because the community has been waiting for action to be taken for the last three years.

Mr. Temporary Deputy Speaker, Sir, we have a district hospital in Uashin Gishu which was recently upgraded to a referral hospital and was taken over by Moi University. The community has set aside land once more in Eldoret Town, for the Ministry to put a hospital. This is because the referral hospital is not as available to them as it was before it was transferred to Moi University. I am appealing to the Ministry of Health to plan now, so that in the coming financial year, a hospital can be put up in Eldoret Town as there are 500,000 people in this town, a majority of whom cannot afford medical services offered by private practitioners in Eldoret Town. Because we have already set aside land in the middle of Eldoret Town, I am appealing to the Ministry to come up with immediate plans to put up a hospital there because we do not want to lose this land.

Mr. Temporary Deputy Speaker, Sir, as one hon. Member has said, 48 per cent of Kenyans live below the poverty line. Most of these people are jobless, poor farmers, Jua Kali artisans or hawkers. These are people who are very desperate. The public health insurance scheme that is available in this country only covers people who are employed. The private medical insurance schemes that were available in this country, like AAR, are so expensive, that even Members of Parliament cannot afford them. But the only Government sponsored insurance fund; the National Hospital Insurance Fund is only available to employed people, who earn a salary and can contribute to the scheme.

We have people who are poor, like farmers and hawkers, who can make small contributions to a Government-sponsored insurance fund, to guarantee their medical security. I would like to appeal to the Ministry of Health to widen the scope of National Hospital Insurance Fund (NHIF) cover. If legislation is required, I am sure this House will pass it with the speed that it requires. We shall pass any legislation that will help the NHIF to expand its network, so that it can include farmers, hawkers, people in the Jua Kali sector and anybody else who can contribute small amounts of money to be covered by this Fund. At the moment, this insurance cover is a luxury to the people who are poor. The moment a person becomes sick, he should be ready to die or find a way of not being sick. I am requesting the Ministry of Health with their wealth of experience to explore this area and come up with an insurance fund that can cover as many people as possible.

Mr. Temporary Deputy Speaker, Sir, lastly, the people of my constituency, being very hard working and development conscious, have come up with several dispensaries. We have spent a lot of money. For example, we have spent close to Kshs400,000 on Chepsaitat Dispensary. We have the structure in place and have appealed to the Ministry of Health to provide medical personnel and equipment, so that we can be treated in that dispensary. This is because this is a very remote area, and it is very difficult to get to Eldoret Town for medical attention. We also have Cheparus which was also built by efforts of local wananchi. We are appealing to the Ministry of Health to come up with personnel and other medical facilities that are required to run that dispensary. We also have Basombe, Sambut, Leseru, Kiplombe and Soi. These are all dispensaries which have been built through the efforts of very needy Kenyans. They have spent their money in the hope that the Government will provide them with doctors and medicine, so that they can be treated from these dispensaries.

Mr. Temporary Deputy Speaker, Sir, bearing in mind that this Government is committed to providing health services to wananchi, I beg to support.

**The Assistant Minister for Home Affairs, National Heritage, Culture and Social Services** (Ms. Mwachai): Nakushukuru sana Bw. Naibu Spika wa Muda, kwa kunipatia fursa hii ili nami niweze kusema machache kuhusu Hoja hii iliyoko mbele yetu.

Bw. Naibu Spika wa Muda, afya ni kitu kizuri sana kwa utu wa binadamu. Afya ni sawa sawa na mwili wa binadamu ambao unahitaji chakula. Kwa sababu, bila mwili kupata chakula, matatizo hutokea. Pia, ikiwa mwili wa binadamu hauna afya, basi kutakuwa na matatizo. Natumaini Serikali ilikuwa na sababu ya kugawa mamlaka katika vipengele vidogo vidogo katika kuunda Serikali. Serikali haikufanya makosa kuwa na Wizara ya Afya. Lakini inafaa tuangalie Wizara yenyewe. Kwa mfano, tukiangalia kule ninakotoka, kuna hospitali moja tu, ya wilaya, nayo ni Hospitali ya Msambweni. Lakini itakuwa ni miujiza na jambo la kushangaza sana ukiambiwa yale yanayofanyika kwa hospitali ile moja ambayo inahudumia takribani kata kumi na moja.

Bw. Naibu Spika wa Muda, hospitali ile haina ambulance. Na kukosa ambulance ni sawa na kuambiwa kwamba mwili wa binadamu hauna maji. Kwa sababu, maradhi yanapozidi mpaka yasiweze kuhudumia katika tarafa ama wilayani, inakuwa vigumu mgonjwa kupelekwa Mombasa kwa haraka. Katika hospitali ya Msambweni



ambayo ninaiita hospitali ya wilaya, pia utaona kwamba kuna matatizo sana kwa upande wa mitambo ya X-Ray. Ninadokeza jambo hili kwa Waziri anayehusika. Ni jambo la kushangaza sana kwa hospitali ile kuhudumia kata kumi na moja na watu walioko ni wengi sana. Pia, maradhi yaliyoko hivi sasa ni mengi sana, na ya ajabu. Lakini, ni kishindo na ajabu sana kwa hospitali ile kukosa huduma nzuri ya kuweza kutambua maradhi yaliyomo mwilini mwa binadamu. Hicho kifaa kikubwa sana kinakosekana pale. Sijui kama inafaa kuitwa hospitali kama haiwezi kuwahudumia wananchi.

Bw. Naibu Spika wa Muda, pia kwa upande wa ugawanyaji wa dawa, yule anayegawa dawa ni mtu mmoja tu. Huyu mtu, mara nyingi huja pale hospitalini kuanzia saa sita mchana. Huwa amechoka kwa sababu ya kufanya kazi wiki nzima. Kwa hivyo, kwa sababu ya uhaba wa wakati wa kupumzika, utamkuta mtu huyu anafanya kazi kinyume na vile inavyotakikana.

Bw. Naibu Spika wa Muda, pia ukiangalia upande wa chumba cha kuhifadhi maiti, utakuta kwamba, kile chumba kilijengwa wakati wa Ukoloni, hata ingawa ile hospitali ilijengwa juzi. Kile chumba cha kuhifadhi maiti hakiwezi kuhudumia miili ya wafu. Kwa hivyo, inafaa Wizara hii, ambayo ni kipengele kikubwa sana katika uti wa Serikali ya Kenya, kuhakikisha kwamba, hiyo Hospitali ya Msambweni imepata vifaa hivyo ambavyo ni muhimu sana. Pia kuhusiana na zile hospitali ndogo, nafikiri ni juzi tu Waziri alitembelea Wilaya ya Kwale. Sijui kama alienda kule kwa sababu, pengine, alitaka kutuambia mambo matamu tu. Alisema kwamba, itakuwa vizuri tukiwa na dispensary. Hapo tukasema ni kweli, kwa sababu watu wa Msambweni kwa jumla, wamejenga dispensary nyingi ambazo hatuwezi kuhesabu. Lakini nitamtajia nne. Kuna Tswaka, Mkwiro, Funzi na Mamba dispensaries ambazo zimebaki nyumba tupu kama mabofu, kwa sababu, hazina huduma yoyote. Kwa hivyo, ni muhimu Waziri ajue kwamba, mwito wake ulishikwa kama sumaku na watu wa Msambweni. Lakini sumaku hii sasa inakosa nguvu. Watu wa Msambweni wamefanya jitihada, lakini hakuna lolote ambalo wanapata katika jitihada zao. Mara nyingi, Waswahili husema, "Chanda chema huvishwa pete". Lakini, sijui ni lini Bw. Waziri atawavisha hiyo pete watu wa Msambweni. Nikisema hivyo, ninamaanisha kwamba, hakuna mtu wa kutekeleza wajibu wa kuweza kutengeneza zile dispensaries, ili zionekane kama dispensaries.

Bw. Naibu Spika wa Muda, kwa upande wa dawa, kule Msambweni, dawa huletwa nadra sana. Utakuta kwamba dawa ambazo huletwa kule ni kama vile Aspirin, Aspro na Panadol. Lakini zile dawa muhimu ambazo zinaweza kutibu watu haziko. Natarajia Waziri atatueleza kuhusu jambo hilo.

Pia kuna ule mpango wa cost-sharing ambao ni ule usaidianaji wa kuweza kudumisha ufanisi wa kifedha. Lakini, sijui hii cost-sharing ina maana gani. Kwa sababu, ikiwa watu wanaweza kutoa fedha kidogo kwa kujitolea na tunaambiwa mara kwa mara kwamba hakuna kitu fulani, hizi pesa ni za manufaa gani na zinaenda wapi? Kwa hivyo, labda Waziri atatueleza kama watu wa Msambweni wanapunjwa ama wanaonyeshwa vituko ambavyo Waziri hajui. Kwa hivyo, leo nimesema hayo katika Bunge hili, ili yaingie katika ubongo wa Waziri na aweze kutuambia pahali pesa za cost-sharing zinakoenda.

Jambo lingine ni kuhusu huduma za wafanyikazi wenyewe. Zamani zile ambazo baba zetu walikuwa wakifanya kazi pale, kulikuwa kunawekwa usafi wa hali ya juu sana. Pia, kulikuwa na wafanyikazi waliotarajia kwamba ada ya kugawana gharama (cost-sharing) katika hospitali ingesaidia wafanyikazi wanaokata nyasi kudumisha usafi katika hospitali. Lakini hospitali hiyo ina magugu, nyasi na uchafu mwingi hata vyoo vyake ni vichafu zaidi. Ukiuliza, utaambiwa hakuna wafanyikazi. Kuna kina mama na watoto ambao hawajasoma sana na wanaweza kuajiriwa kufagia hospitali tukitarajia kwamba ada ya kugawana gharama itafanya kazi yake. Lakini kwa kusema kweli, leo ukiingia hospitali ya Msambweni, utafikiria umeingia katika gugu au ngome ambayo haina wenyewe. Kwa sababu hata ngome kule kwetu uhifadhiwa vizuri. Lakini hospitali ile imepita kipengele kile. Kwa hivyo, Bw. Waziri, tunasikitika sana. Hata tukiangalia upande wote wa Pwani, Hospitali ya Msambweni, hapo ndipo mahali muhimu kwa sababu ndipo kipengele cha uti kilipotoka. Lakini upande ule wa Kwale kuna shida hizi na zile. Shida kubwa sana zinaletwa na ukosefu wa madawa. Kama madawa yanatolewa, sijui Waziri atatumia kipengele gani kuhakikisha kwamba dawa zinazotolewa na Serikali zinaweza kufanya kazi kule mashinani. Kwa sababu Serikali haiwezi kusimama kama mashina yameoza. Shina la mti likioza, basi, itakuwa mti si mti. Matawi hayawezi kuitwa mti bali shina ndilo linaweza kuitwa mti. Mashina ya Serikali ni tarafa na wilaya. Ikiwa huko basi uzuri wake hauonekani, hapa kileleni itaonekana basi hakuna kazi.

Bw. Naibu Spika wa Muda, Wizara ya Afya ina umuhimu sana na Waziri mwenyewe ni mzuri sana. Ninamjua rafiki yangu, lakini uzuri wa sura na maneno si mzuri. Uzuri wako utaonekana ikiwa vitendo vyako vitakuwa vizuri. Serikali yetu ni nzuri sana. Tunaisifu kwa sababu inatuhudumia, lakini itakuwa hakuna uzuri ikiwa uzuri huo utakuwa ni wa maneno tu. Kwa sababu Waswahili walisema "vitendo ni bora kuliko maneno". Maneno tamu hayaliwi wala hayasibishi. Maneno tamu huchukiza pia. Unaweza kusema maneno mazuri, lakini mara mtu akachukizwa kwa sababu unasema na hakuna kitu chochote kinachoonekana. Kwa hivyo, tunaomba Wizara na Waziri mwenyewe, ikiwa itawezekana, ajipangie kwa sababu anahudumia Serikali, na Serikali ni kule mashinani kama nilivyotangulia kusema--- Kwa hivyo, ninamwomba Waziri aelewe sana maneno yangu. Si

maneno kwamba unataka maneno matamu kuonekana mzuri ama vipi, lakini ninamwomba atenge wakati fulani nimpeleke kule mashinani ili ajionee ninayomwambia. Ninafikiri akiyaona hayo, kipengele cha fedha ambacho tunakigombania leo upewe, utapewa hundi hilo. Tunataka utenge kiasi fulani kwa watu wa Kwale, hususa kule Msambweni ninakotoka. Ni ajabu sana ikiwa mahali kwa watu wengi kama wale wanaopenda Serikali yao hawapati huduma, basi, utaona ni mwili lakini umeoza. Mwili ukioza ni kwamba hauna maana.

Kwa hayo mengi niliyozungumza, ninaunga mkono Mswada huu. Lakini Mswada huu utaungika vyema ikiwa Wizara itashughulikia maslahi ya watu wetu kule mashinani. Kwa hayo mengi asante, Bw. Naibu Spika wa Muda.

**Dr. Oburu:** Thank you, Mr. Temporary Deputy Speaker, Sir. I rise to support this Motion. I would like the Minister to take serious note of the following.

Mr. Temporary Deputy Speaker, Sir, health services should be divided into curative and preventive. But I want to stress that preventive measures are more important than curative measures. If we prevent diseases, then we will spend very little on the cure of diseases. It appears that the Ministry of Health, over the years, has not been taking seriously the prevention of diseases. Diseases like highland malaria in Kisii is an annual disease which recurs every year and yet, every time, it recurs it is treated as an emergency. Why can the Government not put up measures to prevent the recurrence of such diseases in a place where they recur every year? In my area, there is cholera which is now becoming endemic. But every time it kills a little more people, the Government comes up and says it is an emergency and yet, it is not an emergency. Measures should be implemented to eradicate it. One way of eradicating this is to introduce water schemes. The Ministry of Health should intensify what they used to call "water for health schemes", so that the incidences of water-borne diseases can be reduced and yet, in the areas where we come from, these are on the increase.

Mr. Temporary Deputy Speaker, Sir, the Ministry of Health has been targeting Nyanza Province for attack. In 1996, the Ministry of Health supposedly released what was called a national exercise to deal with corrupt dispensaries and private health centres. That inspection never went beyond Nyanza. The health centres and the private clinics which were closed were either in Kakamega, Kisumu, Kisii and the only ones in Nairobi which were targeted here, like Masaba Hospital, belong to the people from Nyanza. After targeting those private clinics, the doctors were arrested and charged in courts of law. The Ministry could not produce enough proof against those doctors and the majority of them were discharged. But after those doctors were discharged, the Ministry of Health cheated that they were reinstating them to the National Hospital Insurance Fund (NHIF). But this was just a disguise because up to now as I am talking, those clinics are not providing services to the people. The Ministry of Health is still recovering the money which they say those doctors stole. They went to court and they were defeated. On what basis are they recovering this money if the courts proved that this was not right? When those doctors submit their claims, they are heavily deducted and end up with peanuts. Therefore, they are not allowing patients to use the NHIF cards. As a result many people are dying because of lack of support from the NHIF.

Mr. Temporary Deputy Speaker, Sir, there are drug kits which are supplied to dispensaries and hospitals. Those drugs never reach many dispensaries. I want to inform the Minister that there is one dispensary in my Constituency called Gobei Dispensary which has not received drug kits for the last three months and patients are suffering and it is the only curative facility in that particular area. This is not the only one, but it is just an example of what is happening. The drug kit system is inefficient and it is not functioning well in our areas.

Mr. Temporary Deputy Speaker, Sir, the Bamako Initiative which was introducing drugs to some health paramedical staff in rural areas and recovering money so as to form a revolving fund has not been introduced in my constituency. It is only confined to Kisumu. It is a very good scheme, but we do not know why it is being limited to certain areas. We would like this scheme to be extended to cover more areas, particularly in my district of Bondo.

Mr. Temporary Deputy Speaker, Sir, the concept of cost-sharing is a very harmful concept. Initially, when it was introduced it was coated with sugar and we thought it was going to be helpful to our people. But this concept has turned into a killer of the people because many people cannot afford the cost. The economy is going down, the people do not have money and the hospitals where they go to pay, there are no drugs there. We are told that there are certain drugs which are not included in the kit, and those are very essential drugs. Patients are given prescriptions to go and buy them, but they cannot afford. So, the people are dying even though there is cost-sharing system.

Mr. Temporary Deputy Speaker, Sir, people are dying, even though there is this cost-sharing system. People are dying, even when we were told that no Kenyan will be allowed to die because he has no money. However, I am sure that the Minister is quite aware that millions of Kenyans are dying because they have no money and thus, they have no access to medicine. The Ministry must devise a policy which will assist Kenyans to

get treated, even if they have no money. You should not adopt a capitalist system where the law of the jungle rules; that is, survival for the fittest; that, for those who do not have money, it is up to them.

Mr. Temporary Deputy Speaker, Sir, there is a serious problem of hospitals in my district. There is Bondo District Hospital which for the last six years, its construction has stalled and its contractor has ran away. He has abandoned the project and your Ministry is unable to terminate this contract. Is he bribing you people? What is wrong and yet, this man had a security bond? Why can that contract not be terminated and the person who signed the security bond be called upon to pay, so that another contractor is appointed? The question of money therefore, should not arise and you keep on year in, year out, allocating peanuts to the tune of K£20,000. How can K£20,000 complete a hospital?

Mr. Temporary Deputy Speaker, Sir, on the issue of drug inspectors, you are aware that in this country, drugs are sold off the shelves and the prescriptions of doctors do not count at all. This question of having doctors to prescribe medicine was not put there for nothing. It was put there to control and make sure that patients do not overdose themselves or they do not just treat diseases which are not diagnosed to be the ones they are suffering from. I think what we call the drug inspectorate of this country has gone haywire. It is not doing any job at all. This is because I can go now to any chemist and buy drugs which are supposed to be for prescription and if you want me to prove it, I can prove it to you. I think you are aware of this, since you buy drugs without any prescription. You should look into that issue very seriously.

Mr. Temporary Deputy Speaker, Sir, there is a dispensary in my constituency which is very old, since it was put up by the colonialists. This dispensary serves a population of more than 30,000 people and instead of it being upgraded to a health centre which it deserves, it is now being completely neglected. It is almost closing down. It is called Usigu Dispensary and instead, you are promoting other facilities elsewhere when this one is being killed. What is your policy? When a dispensary is serving more people, is that the time that it should be 'killed' or that is the time the Government should consider promoting it into a bigger facility?

Mr. Temporary Deputy Speaker, Sir, I do not want to over-emphasise but I am now concluding my speech by urging the Minister to consider re-opening the private clinics, which are suffering as a result of neglect by the National Hospital Insurance Fund. I am also asking the Minister to make sure that those clinics which were in court and the Ministry was defeated, the Minister should not revive them through the backdoor by recovering them from the doctors, since the doctors fear you. They do not want to go to court with you because they know that they will still need you in future and yet, when they fear you, we are the ones suffering. It is our people who are suffering because clinics are not offering the necessary services to our people and by closing those clinics, one is tempted to say that there is a deliberate policy to eliminate the Luos, so that when the census comes, their numbers will be less.

With those few remarks, I beg to support.

**Mr. Sambu:** Bw. Naibu Spika wa Muda, asante sana kwa kunipa fursa hii ili niseme machache kuhusu Wizara ya Afya.

Bw. Naibu Spika wa Muda, tukitoa pesa hizi kwa Wizara hii, tunatarajia itawapa watu wetu huduma zinazohitajika. Lakini saa nyingine inatajabisha ni kwa nini huduma hizi hazitolewi. Tukisema tunataka watu wapewe huduma, tunataka huduma zifikie watu, sio zifike mikoani ama wilayani katika makao makuu ya wilaya ambapo zinakwama. Hivi sasa, Highland Malaria inadhuru watu wetu sana. Wilaya zile za nyanza za juu kutoka Kisii mpaka kule Trans-Nzoia, Nandi hadi Uasin Gishu, malaria imevamia kweli kweli. Kwenye zahanati zenyewe ambako watu wanaweza kufika, dawa hakuna. Lakini tukifika kwa makao makuu hapa, mnatueleza kwamba dawa zimeteremshwa hadi Kapsabet na Eldoret.

Bw. Naibu Spika wa Muda, ni shida sana kwa sabababu dawa hazifiki kwa zahanati zenyewe ambako kuna watu. Hapo ndipo unasikia magonjwa haya yanadhuru watu. Ugonjwa wa malaria ambao dawa yake iligunduliwa miaka 200 iliyopita, bado unaua watu. Kwa sababu gani? Mtu atafika kwenye zahanati na atapewa tembe za panadol ambazo zinaponya dalili tu wala sio ugonjwa. Hizo dawa zinaponya dalili ya kuumwa na kichwa. Lakini baada ya siku mbili, tatu au nne, ugonjwa unamzidia na wakati huo mgonjwa anapelekwa kule Eldoret au Kapsabet, huwa tayari ni marehemu.

Bw. Naibu Spika wa Muda, tunataka huduma zipitie kwa watu. Tunataka dawa zitoke ndani ya mastoo ya Eldoret na Kapsabet na zifike kwenye zahanati za Kabiyet, Mosoriot, Cheptarwai na kwingineko. Hatutaki huduma za msimango ikiwa unafahamu maana yake msimango. Tunaambiwa eti: "Wanandi mtatendewa hiki." Sio kutendewa, bali ni haki yetu kwa sababu tunalipa kodi kama wengine. Mambo ya msimango hatutaki na kutishwa na kutetewa kwa mambo ambayo tunalipia. Sisi wote tunalipia kodi lakini ningependa Waziri afahamu neno hili vizuri sana. Hii ni kwa sababu watu katika mkoa wa Nandi wanalipa kodi kama wengine. Lakini hivi sasa, watu wanakufa kutokana na malaria ovyo sana, na ni ugonjwa ambao haufai kuua watu.

Bw. Naibu Spika wa Muda, ninasema hivi kwa sababu ukifika kule Kapsabet, utapata kwamba chumba

kile cha kuhifadhi maiti kilijengwa 1945 na wakoloni ambao walijenga nyumba ambayo ina ukubwa wa fiti nane kwa upande zote. Ukiweka maiti hapo siku tatu au nne, huwezi kupita pale kwa sababu eneo hiyo yote inanuka vibaya. He! Pesa hizi zote ambazo mnasema mnazipata mnazipeleka wapi? Wanasema bar moja hapa ilijengwa na Kshs800 milioni. Ni ajabu kwani kule hospitali ya wilaya nzima haina chumba cha kuhifadhi maiti. Waziri ametueleza kwamba hospitali zitapewa uhuru kujisimamia. Ninasema hivyo kwa sababu wameanza na hospitali za mikoa. Ikiwa hospitali zitapewa mamlaka ya kujisimamia, zitajisimamia namna gani, ikiwa watu wale ambao wanapewa jukumu hii ya kuendelea policy hii ambayo wanaitwa District Health Management Board, sisi hatujui ni akina nani wanaowachagua? Mtu hajui kusoma na kuandika, akipewa karatasi anaishika juu-chini ndio unampa mamlaka ya kusimamia kamati ile. Tunataka viongozi wahusike kwa kuwachagua na kujua maslahi ya watu wetu. Mbona hamchukui kitendo kinachopasa? Mbona Serikali haisikizi viongozi waliochaguliwa na watu? Serikali lazima ijue kwamba sisi tumechaguliwa na watu. Tunajua yanaoendelea kule vijijini mpaka huku Bunge. Tungetaka maoni yetu yachukuliwe kwa umuhimu sana kwa sababu tunajua kile kinachoendelea kule vijijini.

Bw. Naibu Spika wa Muda, kuna upungufu wa wafanyakazi katika hospitali za umma. Kila mwaka, vijana huhitimu katika mafunzo mbali mbali kutoka vyuo vya mafunzo ya afya (KMTCs), lakini Serikali haiwaajiri. Hivi ninavyozungumza hapa, zahanati kule nyanjani hazina wakunga wala mabora afya. Sasa imebidi Serikali kuu, na hasa Rais mwenyewe, kutembelea hospitali na kuwahutubia watu juu ya mambo ambayo yangetekelezwa na watu bora wa afya. Shida ni kwamba, katika hospitali za umma, hakuna maofisa wa afya wa kutosha. Mbona hawaajiri maofisa wa kutosha, na hali kuna vijana wengi ambao wamehitimu katika taaluma mbali mbali za afya? Vijana wale walipata mafunzo yale kwa gharama ya pesa za umma na baada ya kuhitimu, wameachwa bila kazi.

Ni lazima Wizara ya Afya ipewe ruhusa kuajiri maafisa wa matibabu. Sielewi ni kwa nini Wizara haziwezi kuajiri wafanyakazi mpaka Serikali itoe ruhusa. Serikali kuu ndiyo ambayo huziruhusu Wizara kuajiri wafanyi kazi. Ni lazima kila Wizara iwe huru kuona kama inahitaji wafanyi kazi zaidi ama la. Kwa sasa kuna upungufu ya wakunga katika hospitali za umma. Wako vijana wengi waliofuzu katika taaluma ya ukunga. Sielewi ni kwa nini Serikali haitaki kuwaajiri.

Ninafahamu ya kwamba katika chuo cha mafunzo ya afya nchini (KMTC) hakuna Mnandi. Lakini wale vijana ambao wanapata mafunzo katika chuo hicho ni Wakenya. Kuna mtu mmoja katika chuo kile ambaye amesema ya kwamba hataki kusajili Wanandi katika chuo kile. Siku moja, mtu yule ataondoka katika chuo kile. Kwani yeye ni jiwe la kule? Akiondoka katika chuo kile, Wanandi watasajiliwa katika chuo kile ili wapate mafunzo. Nimesikia kwamba chuo kile sasa ni shirika la Serikali. Mtu yule, siku moja atakuja katika hili Bunge, na atajibu maswali yetu.

Bwana Naibu Spika wa Muda, ni lazima watu waliohitimu waajiriwe ili tatizo la upungufu wa wafanyi kazi litatuke. Tusipokuwa na wafanyi kazi, hatutaweza kuzuia kusambaa kwa magonjwa. Gharama ya kutibu ni kubwa mno kuliko gharama ya kuzuia kuenea kwa maradhi. Ni bora tuwe na wafanyi kazi ambao watawahasisha wananchi jinsi ya kuzuia kuenea kwa magonjwa. Tukiwa na wafanyi kazi kama hao, gharama ya kutibu magonjwa itakuwa ndogo. Gharama ya kuajiri maafisa wa afya ni ya chini kuliko ile ya kutibu maradhi. Kwa mfano, kama kungekuwepo na mabora afya wa kutosha katika zile sehemu ambazo zimeadhiwa na maradhi ya malaria, maafisa hao wangezunguka vijijini na kununyizia dawa maji matulivu katika mashimo ili kuyaangamiza mayai ya mbu, ambao husambaza malaria. Maafisa hao pia wangepahasisha wananchi wakate vichaka vilivyoko karibu na nyumba zao. Hivyo basi mbu wangetoweka, na idadi ya watu waliouawa na ugonjwa wa malaria ingekuwa ya chini.

Bwana Naibu Spika wa Muda, kuna jambo moja ambalo linaniudhi sana. Sijui Wabunge wenzangu wanaonaje juu ya jambo hili. Kuna hii tabia ya kinafiki katika hospitali za umma mtu mwenye cheo kikubwa anapotebelea hospitali, awe ni waziri au mkuu mwingine wa Serikali. Wakisikia ya kwamba waziri anatembelea hospitali, maafisa wa matibabu katika wilaya inayohusika hupaka rangi majengo ya hospitali; matandiko makuukuu hutolewa katika wodi na mapya kuwekwa. Siku kama hiyo, wafanyi kazi katika hospitali hufanya kazi kwa bidii, kinyume ya kawaida. Huu ni unafiki! Mbona maafisa katika hospitali kama zile hawamwonyeshi mkubwa kwamba kuna shida katika hospitali zile? Si hata jana Mbunge mmoja alisema katika Bunge hili kwamba Rais alipotembelea Hospitali ya Wilaya ya Kisii, baadhi ya wagonjwa walitolewa kutoka wodi za hospitali ile ili isionekane ya kwamba kulikuwa na msongamano wa wagonjwa katika hospitali ile?

Bw. Naibu Spika wa Muda, mmoja wa wale wagonjwa ambao walitolewa katika vitanda vya hospitali ile sasa ni marehemu; hii ni kwa sababu ya unafiki wa maafisa wa hospitali ili katika jitihada za kuwaonyesha wakuu wa Serikali ya kwamba mambo yalikuwa sawa katika hospitali ile! Wale wanaotenda unafiki kama ule, watachomwa siku ya kiama! Na kabla ya siku ya kiama, tungependa wahusika wajibu papa hapa, kuhusu dhambi wanazawatendea watu wetu. Mgonjwa mahututi alitolewa wadini ili isionekane ya kwamba kulikuweco na msongamano wa wagonjwa katika hospitali ile! Ni nani ambaye hajui ya kwamba kuna msongamano wa

wagonjwa wa malaria katika Hospitali ya Wilaya ya Kisii? Majengo ya hospitali ile sasa yamepakwa rangi, na vitanda kutandikwa magodoro na shiti mpya. Vitu hivyo vyote vilikuwa wapi kabla ya siku ile?

*(Applause)*

Sasa ningependa kusema machache kuhusu wilaya yangu ya Nandi. Katika wilaya ile, kuna hospitali itwayo Chepcheruiet. Hospitali ile tuliijenga ikakamilika. Aliyekuwa Mkurugenzi wa Huduma za Matibu, Prof. Julius Meme, alitutembelea mwaka wa 1997 na kusema ya kwamba hospitali ile ingefunguliwa. Lakini kwa sababu ya yale mambo ambayo nilisema awali, sijui kuna jambo gani katika jamii ya Wanandi, mpaka leo, hospitali ile haijafunguliwa. Sasa ninaiomba Serikali yetu tukufu, tena kwa unyenyekevu, itufungulie hospitali ya Chepcheruiet. Si tumeipatia Serikali kura miaka yote hii?

*(Laughter)*

**The Temporary Deputy Speaker** (Mr. Musila): Order, Mr. Sambu! Your time is up. Proceed, hon. Martha Karua!

**Ms. Karua:** Thank you, Mr. Temporary Deputy Speaker, Sir. I rise in support of the Motion but even as we recognise the need for health services in this country, we are wondering what happens to the money that is voted for the services every year. We do not seem to be getting any services from the Ministry.

One of the areas we would want the Ministry to address itself to is tendering of drugs. Unless a new and innovate system is developed, it is unlikely that the money we are going to vote today will result in improvement of the provision of services, or provision of any services to our people at all. I want to suggest to the Ministry that the tendering system should be more open. Information pertaining to tendering should be readily available to all people who may be interested in the tender.

Mr. Temporary Deputy Speaker, Sir, the identities of the directors of the companies that will be tendering should be made known. This information should be made available to any member of the public who may wish to check it. It would be better for the people to be asked to pay photocopying charges, if necessary, to obtain the information they require. If tendering is done openly, it will become less prone to corruption. The current tendering system encourages corruption. We do not get to know who has tendered what service or supplies until the problems arise.

Mr. Temporary Deputy Speaker, Sir, in future, this House should refuse to pass Votes of this particular Ministry if it does not come up with a better system of providing services, and especially the tendering system. Since the Ministry was at one time affected by scandals through the tendering system, the Minister should tell us the measures he has taken to ensure that money will not be paid for drugs which have not been supplied, or for the supply of substandard or expired drugs. I do not see anything in this Vote, that takes specific care of primary health care services such as maternal and reproductive health care services. Throughout the country today, women attending public hospital maternity wings while in labour are forced to buy medical supplies before they are attended to, yet this House is asked to Vote some money for medical services every year. We would like the Minister to tell the House what he will do to ensure that the money we are going to vote this time round will result in more efficient delivery of primary health care services. How will the Ministry ensure that women in labour will not be asked to buy basic supplies such as razor blades and cotton wool? How will the Ministry ensure that drugs will actually be supplied to hospitals, and that they will be dispensed to the sick people who attend public hospitals?

Mr. Temporary Deputy Speaker, Sir, we know of cases of drugs disappearing after they reach the district hospitals. We know of cases where the Ministry's personnel openly ask patients to buy prescribed drugs from specific pharmacies, where we suspect Government drugs end up being sold. What will the Ministry do to ensure that this does not happen this time round? I think the citizens of this country have been short-changed for a long time in the delivery of health services. There are weaknesses in the Ministry, and they need to be addressed. One of the ways of doing this, I would suggest, is to ensure that there is adequate participation by the stakeholders in this field.

Mr. Temporary Deputy Speaker, Sir, the process of selection of the hospital and the dispensary boards should be more open and democratised and elected leaders should be involved. The previous practice was that the DC, in conjunction with the Medical Officer of Health, gave names of the people who should be in the District Hospital Board. This resulted in the District Medical Officer getting his cronies and the administration who are ill-equipped to know the kind of people who would deliver on behalf of the local community and appointed people who were either not staying in these areas and were not concerned with the day-to-day operation of our hospitals.

We ended up with inefficient or non-operational Boards which were not serving the community.

I suggest that elected leaders in all areas be involved and that we have a selection panel, the same way the Ministry of Education and Human Resource Development has a selection panel for schools boards. We also suggest that the hospital boards be given sufficient mandate to operate accounts, utilise the cost-sharing fund and also to supervise the day-to-day operation of hospitals.

We know that most doctors and nurses in Government hospitals are also operating private clinics near the hospitals where they are employed. Is it possible to serve two masters? When they refer patients to their clinics citing lack of drugs, are we sure that it is not the Government drugs that are finding way into the private clinics? There is need for the Ministry of Health to urgently address the issue of poor salaries that are currently paid to the personnel in that field. We would want to see a situation where doctors and nurses working in Government hospitals are not allowed to maintain private clinics at the same time. They should work full time for the Government and in turn the Government should give them better working conditions and salaries. Unless we do this, drugs meant for the community will always find their way into the private clinics and will be sold to the community instead of being dispensed free of charge. This is their own money that is being improperly utilised.

Mr. Temporary Deputy Speaker, Sir, a few years ago, the nurses were on strike. I do not think this Ministry has addressed the salary problems that nurses and doctors have articulated. It is time we had a comprehensive review of salaries of workers in the health sector. We should recognise the importance of the services they are giving and we ought to look into their pay; otherwise, we will continue suffering and losing our personnel to our neighbouring countries which are offering better salaries.

Talking of personnel, most of hospitals are understaffed. In a district hospital, for example, Kerugoya District Hospital, which should be having at least about seven doctors, it has been, for almost one year, having only one doctor. This doctor is expected to operate, attend to all cases and review all cases referred to him by the clinical officers. It is not humanly possible for one doctor to serve the entire district. The Ministry of Health is citing lack of adequate personnel in terms of doctors. This chronic shortage will not end unless the issue of salaries is addressed. So, could the Ministry urgently address this issue?

Looking at the Current Vote, there is nothing to indicate that the salaries of doctors and nurses are being reviewed. Definitely they are not being reviewed. We would ask the Ministry to pay special attention to this area. I would also ask the Minister to clarify the criteria used for allocating money for drugs to the districts. Is it the population or the administrative districts? We would like to know this because in provision of health care services and such essential items like drugs, it should be more based on the population in each district to adequately cater for the area.

We also want to know the state of preparedness of this Ministry for the outbreaks that are suffered every now and then. Currently, we know there is an outbreak of malaria in Kisii and other areas. The Ministry appears to have been ill-prepared for the outbreak and unable to deal with it. What is the Ministry doing to ensure that in future they are better equipped to handle such outbreaks? I would like to hear the Minister on this issue.

One hon. Member talked about comprehensive medical insurance. We are asking the Ministry to study programmes in other countries, especially in the West where there is comprehensive medical insurance for all the citizens, so that everybody is able to access health services and that health services do not become a preserve of the rich. It is very easy to have a comprehensive system and we want to know what the Ministry is doing about bringing into place a comprehensive health policy which will cater, not only for people in the formal employment sector, but also for people who are privately employed.

With those few remarks, I beg to support.

**The Assistant Minister for Environmental Conservation** (Mr. Affey): Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this very important Motion. I rise to support this Motion and first and foremost, I wish to take this opportunity to congratulate the Minister for the manner in which he presented his proposals. I also congratulate the management team at Afya House for the manner in which they have handled the Ministry for the last few years.

Mr. Temporary Deputy Speaker, Sir, we are talking about a very essential Ministry, a Ministry which goes into every and each small sub-location in this country. Therefore, the efforts of this Ministry must be supported by this House and by--

*(Loud consultations)*

**The Temporary Deputy Speaker** (Mr. Musila): Order, hon. Members! You are requested to consult quietly. Continue, Mr. Affey!

**The Assistant Minister for Environmental Conservation** (Mr. Affey): Thank you for protecting me,

Mr. Temporary Deputy Speaker, Sir. This is a Ministry that requires the support of each and every one of us in this House. It requires the support of every Kenyan because it is a Ministry that struggles with the daily survival of this nation.

I listened very carefully to the proposals raised by the Minister and it pains me a great deal coming from a district in North-Eastern Province; a district that really requires the efforts of this Ministry and enormous injection of funds from by Minister and his team. It pains me that not enough has been done for this particular district in this current Budget proposals. Even though I support it, I would like to protest to the Minister that not enough has been done for this district.

First and foremost, the district I am talking about is Wajir District in the North East Province. It is the largest district in Kenya today in terms of land size and we have got one hospital in Wajir Town. The Minister knows about it; the Director of Medical Services is aware of it and I am sure the Permanent Secretary is also aware of it. This hospital was put up in 1944 by the Italian prisoners. We are talking about a hospital which will be 56 years old by the year 2000. That hospital has retired.

For the last 56 years, no major face-lift has been carried out on the hospital apart from partial renovations here and there after His Excellency President Moi visited the area. As I am talking now, the roofs of the hospital wards and offices are leaking; the walls are about to collapse. The hospital serves the health needs of over 500,000 people in Wajir District, because we do not have any other big hospital. The rest of the health facilities in the district are dispensaries and small health centres. Over 200,000 people residing in Wajir Town rely on the hospital.

The hospital has no mortuary facility, and we do not know how the medical personnel are expected to dispose off the dead bodies, or even to keep them for postmortem purposes. It has no proper kitchen, laundry and an established drugs store, and yet it is a hospital that is supposed to serve over 500,000 people. It has only one medical doctor, who is the District Medical Officer of Health (MOH), and he is expected to perform the functions of a doctor and at the same time those functions of an administrator. Again, here we are talking about one of the largest districts in Kenya and where Kenyans are suffering. We are talking about a district hospital which as of today has less than 60 beds for its patients. You can imagine how a population of over 200,000 people can be accommodated in a less than 60-bed-ward! The maternity ward has got only about four beds.

Mr. Temporary Deputy Speaker, Sir, I am talking on behalf of all the hon. Members from Wajir District, and we are appealing for the improvement of the facilities and personnel of our district hospital. I know that, as a Government, probably, we may not be able to raise enough funds and put up a new face-lift for that hospital, but our appeal to the Minister and his officials is that when they are submitting their Ministry's proposals to the donor community, for Heaven's sake, let them submit a proposal that is geared towards entirely replacing the face of the Wajir District Hospital. We have plenty of land, and it is, therefore, not a problem to us. We only require a commitment from the Minister and his team that in the next year's Budget, Wajir District Hospital will have a new face, after 55 years. A lot has been said about this hospital, but mine is to appeal that things should be improved as fast as possible.

I represent Wajir South Constituency, and its headquarters is Habaswein Sub-District. In terms of medical facilities, the constituency has a dispensary. How can a dispensary service a whole Sub-District? A Sub-district must be serviced by a proper health centre, which is equivalent to its status. We do not have enough medical personnel at the Habaswein dispensary. I request the Minister to urgently upgrade this dispensary to a required status and deliver a vehicle to the health centre. Our priorities are: First, to have a health centre in place, and secondly, a doctor and then a vehicle. I usually take eight days to tour my constituency, yet the only medical facility available to service that large area is a dispensary.

Mr. Temporary Deputy speaker, Sir, in the entire North Eastern Province, as I am speaking today, drugs are not available at the hospitals. We are glad that the Ministry made an effort to open up a drugs store in Garissa for faster distribution of drugs to other hospitals. But there is no vehicle to ferry the drugs from Garissa to Wajir, or from Garissa to Mandera, or even from the Wajir District Hospital to the surrounding health centres. Many hon. Members have complained over the many vehicles that are parked outside here. We request that these vehicles be taken to the areas which are in need of them. There is no point of them being kept in Nairobi. We require big trucks to deliver drugs from Wajir District Hospital to the small health centres in the outskirts, now that the Ministry, at least, made an effort to have a drugs store in Garissa. That is fine, but we do not have the necessary transport mechanism to deliver those drugs. I request the Minister to make the transport service available to our people. Drugs are very important for human life; a hospital without drugs and medical personnel is not a hospital. So, the Minister should deliver the drugs in good time, so that the suffering of the people is minimised.

On medical training colleges, I am glad that quite a number of young graduates are coming from those

institutions. We need to absorb them as fast as possible. We have the Garissa Medical Training School, which offers a nursing course. I request the Minister to expand that college, so that students can enrol for other medical courses; like pharmacy, clinical medicine and dental technology. Facilities and students are available to facilitate the teaching of those courses.

*(Several of hon. Members stood up in their places)*

**The Temporary Deputy Speaker** (Mr. Musila): Order!

**The Assistant Minister for Environmental Conservation** (Mr. Affey): Mr. Temporary Deputy Speaker, Sir, I am not through with my contribution.

**The Temporary Deputy Speaker** (Mr. Musila): Order! Hon. Members are reminded that they do not stand up in places when another hon. Member is making his contribution. Because of that, I will now recognise Mr. Katuku and ignore other hon. Members.

**The Assistant Minister for Environmental Conservation** (Mr. Affey): On a point of order, Mr. Temporary Deputy Speaker, Sir. With due respect to the Chair, I feel that I have not been given my full ten minutes to make my contribution to the Motion.

*(Laughter)*

**The Temporary Deputy Speaker** (Mr. Musila): Order! Mr. Affey, are you challenging the Clerk-at-the-Table who timed you? In fact, you have taken about 12 minutes; you are now wasting somebody's time. Yes, Mr. Katuku.

**Mr. Katuku:** Asante, Bw. Naibu Spika wa Muda kwa kunipa nafasi ili nichangie Hoja hii.

**The Temporary Deputy Speaker** (Mr. Musila): Order! Did I hear you addressing me as "Madam Speaker?"

**Mr. Katuku:** Bw. Naibu Spika wa Muda, sikusema hivyo. Pengine ni kwa sababu leo ninaongea kwa lugha ya Kiswahili. Sijawahi kuongea lugha hiyo hapa.

**The Temporary Deputy Speaker** (Mr. Musila): Haya jaribu kutumia Kiswahili.

**Mr. Katuku:** Ningependa kwanza kusema ya kwamba hii Wizara ya Afya ni Wizara ambayo ingepewa pesa nyingi sana, kwa vile uhai ni kitu cha maana. Ikiwa hatuna vifaa na wafanyakazi wa kuhudumia afya yetu, itakuwa shida kwa nchi inayokuwa kama Kenya.

Ningependa kuanza kwa kuzungumzia juu ya Mwala Health Centre ambayo imekuwa na matatizo mengi. Nimeelezea wale wanaohusika katika Wizara ya Afya, lakini hawajachukua hatua yoyote. Kwanza, kuna mtambo wa nguvu za umeme ambao uliharibika kama miaka minne iliyopita. Kuna X-Ray machine ambayo inakaa bila kutumiwa mpaka sasa, eti kwa sababu hakuna stima, na pia kwa sababu mtambo huo umeharibika. Huo mtambo unahitaji kama Kshs90,000 ili urekebishwe. Ikiwa Wizara ya Afya haiwezi kuweka stima katika hiyo hospitali, tunaelekea wapi? Kwa hivyo, naomba Waziri wa Afya na maofisa wake, ambao wako hapa, kwa sababu naunga mkono Hoja hii, wanasaidie kuurekebisha mtambo huo.

Hiyo shida haiko Mwala Health Centre peke yake. Kuna kwingine kwingi ambako kuna shida kama hiyo. Kitu kinachogharimu Kshs5,000 kinafanya hata gari la hospitali lisifanye kazi, na baadaye liaribike. Hiyo fikira ndiyo inatakiwa kuondolewa kwa akili ya wafanyakazi wetu.

Jambo lingine ambalo ningependa kuzungumzia ni wafanyakazi wa Wizara ya Afya. Moyo wao wa kufanya kazi umeenda chini kabisa. Wauguzi walilalamika wanalipwa vibaya lakini Serikali haikuwasikiliza. Juzi, nilipeleka mgonjwa Kenyatta National Hospital. Kufika hapo, nilishangaa sana. Mgonjwa alikaa hapo kwa masaa kama matatu hivi. Ilinibidi kuuliza ni nini kilikuwa kibaya. Mgonjwa aliwekwa hapo na wauguzi walikaa hapo tu. Nafikiri wamekufa moya. Lingekuwa jambo la busara kwa Wizara ya Afya kuangalia mishahara ya wafanyakazi wake. Wangeongezwa angalau Kshs1,000. Gharama ya maisha imepanda sana na tunategemea wauguzi hao kwa afya ya kila mtu.

Bw. Naibu Spika wa Muda, ningependa kuzungumzia vyo vya mafunzo ya utabibu. Kupata nafasi katika vyo vya utabibu ni vigumu sana. Hata kupata anayesimamia Kenya Medical Training College ni vigumu sana. Wakati wa kuwachukua wanafunzi, hapatikani kwa ofisi. Ukiangalia orodha ya wale waliochukuliwa katika chuo hicho, utapata majina kama vile 'Chemjor' na 'arap Too.' Afadhali angeweke 'arap Katuku' au 'arap Mutiso.' Ikiwa ni lazima iwe 'arap', ingekuwa 'arap Mutiso' au 'arap Mutua'. Lazima jambo hili liangaliwe kwa makini sana. Hapatikani kwa ofisi. Nasikia anaenda ofisi saa kumi na mbili ya asubuhi na kuondoka saa mbili ya asubuhi. Anarudi tena ofisini saa saba na kutoka saa nane. Halafu anaenda saa moja ya usiku na kutoka saa mbili ya usiku. Sijui anaogopa nini! Lazima tufanye kazi kwa njia ya kawaida. Ikiwa



hakuna nafasi, tuambiwe hakuna nafasi. Ikiwa kuna nafasi, basi zipewe Wakenya wote na siyo "arap Waziri Mdogo tu!" Kwa hivyo, ningemwomba Waziri aangalie maneno hayo ili watu wachukuliwe kwa njia ya kawaida.

Jambo lingine ambalo ningependa kuzungumzia ni juu ya tenda za madawa. Juzi, jambo hili lililetwa hapa Bungeni. Hata mmoja wetu ameenda kortini juu ya vile Serikali hupeana tenda za madawa. Ningemwomba mwenzangu awashtaki hata wale wanaofanya kazi katika Wizara hiyo, na siyo Katibu wa Kudumu peke yake. Ikiwa kuna makosa pahali fulani, yalifanywa na watu wengi. Kazi ya Waziri na Katibu wa Kudumu ni kuweka sahihi peke yake. Kuna wale wataalamu wanaohusika, na ndiyo wanaomuaibisha Waziri hapa, mpaka anajificha asikuje Bungeni. Lazima wataalamu hao wachukuliwe hatua. Tenda zinapeanwa kwa njia isiyo ya kawaida, na wale wanaopeana hawachukuliwi hatua yeyote. Kukiwa na shida, ni Waziri au Katibu wa Kudumu wanaotwangwa! Lakini wale waliofanya makosa huko chini wanaendelea kufanya makosa zaidi. Ningeuliza Wizara ya Afya iangalie maneno hayo. Ikiwa wafanyakazi wanajihusisha na magendo, lazima waondolewe. Dawa zikipelekwa katika hospitali za mikoa au wilaya, hazifiki. Lazima tuwe na mpango madhubuti wa kuhakikisha kwamba, dawa zikitoka katika Central Medical Stores, zinafika mahali zinahitajika. Badala ya dawa kufika kwa mahospitali, zinapelekwa kwa makliniki, madispensari na maduka ya kuuza dawa ya wenyewe. Lazima jambo hili lilainishwe ili madawa yawe yakifika kule yanakohitajika.

Ningependa pia kuguzia juu ya mabaraza ya kuongoza mahospitali. Upande wa dispensari, kuna kamati inayosimamia shughuli za dispensari hiyo. Kamati hizi hazichaguliwi kufuatana ya uwezo wa mtu. Kamati nyingine huchaguliwa kutegemea wale watu unajua na chama unachotoka. Hata wengine ambayo hawajasoma huchaguliwa. Hawa ni watu ambao hawajui tofauti ya fansidar na aspirin. Lazima tuangalie tuone kamati hizi ni huru, na zinaweza kusimamia hospitali zetu. Tukiwa na kamati nzuri, zinaweza kutunza pesa vizuri na kununua madawa. Kuna kituo cha afya huko kwangu kinachoitwa Miu Dispensary. Dispensari hii imesimamia vizuri mpaka hata Serikali ikichelewa kuleta madawa, wako na pesa za kununua madawa ya kuendelea kutibu wagonjwa. Wale waliochaguliwa kisiasa wakipata pesa kama hizo, watakula. Hata hawajui vile wanafanya. Kamati hizi lazima zichaguliwe kulingana na uwezo na ujuzi wa mtu. Ikiwezekana, wenyaji wa sehemu zenye dispensari wapewe nafasi ya kuchagua wale wanataka. Wasiambiwe na chifu au DC yule watachagua. Tungependa uchaguzi uwe wazi kwa kila mtu. Siku hizi, chifu anaita watu wanne na kuchagua wale wanataka. Lazima uchaguzi ufanywe kwa njia huru.

Kumalizia, ningependa kusema kwamba Machakos District Hospital haina maji. Maji yamechukuliwa na watu wanaolima maua hapa tu karibu na Small Country World Club. Watu wanalima maua na wagonjwa hospitalini hawana maji. Jambo hili ni la aibu sana! Hospitali inatakiwa kuwa na maji wakati wote. Haifai kutumia maji kulima maua na watu wawili au watatu. Tungeomba maji hayo yapelekwe Machakos District Hospital.

Kwa hayo machache, naunga mkono.

**The Assistant Minister for Finance** (Mr. Lomada): Asante sana, Bw. Naibu Spika wa Muda, kwa kunipa nafasi nizungumze juu ya Hoja hii. Kwanza, ningependa kumpongeza Waziri pamoja na maofisa wote wa Wizara ya Afya kwa kazi yao nzuri. Hii ni kwa sababu afya ya wananchi wetu hutegemea Wizara hii hasa wakati tunapougua magonjwa mbalimbali katika nchi hii. Kwa hivyo, ningependa Bunge hili lipitishie pesa ambazo zimetengewa Wizara hii, ili ihudumie wananchi wote.

Ningependa kuzungumza juu ya shida zinazokabili wilaya ya West Pokot, hasa hospitali kuu ya Kapenguria. Hospitali hii inakabiliwa na shida za ukosefu wa dawa, kama sehemu zingine hapa nchini na kama vile waheshimiwa Wabunge wamesema kuhusu sehemu zao. Nitamwomba Waziri apeleke dawa katika hospitali hiyo ili wananchi wahudumiwe kikamilifu. Shida kubwa katika hospitali hiyo ni uchache wa waaguzi. Tungependa Waziri apeleke waaguzi wengi katika hospitali hiyo ili wananchi wetu watumikiwe sawasawa. Mwaka huu, hospitali hiyo haijawahi kupata gari. Juzi, nilikutana na afisa mkuu wa afya katika hospitali hiyo, alilalamika kuwa hawezi kutembelea sehemu mbali mbali za wilaya ambapo kumetokea ugonjwa wa malaria. Aliniambia hajawahi kutembelea sehemu hizo kwa sababu hakuna gari katika hospitali hiyo. Kwa hivyo, ningependa Waziri na Katibu wa Kudumu wa Wizara hii wachunguze jambo hilo na kupeleka gari katika hospitali hiyo ili wananchi wahudumiwe vilivyo.

Waheshimiwa Wabunge wamezungumza juu ya ugonjwa wa malaria. Malaria ni ugonjwa hatari sana kuliko UKIMWI. Pengine vifo ambavyo vinatokana na ajali barabarani haviwezi kufikia vifo vinavyosababishwa na ugonjwa huu. Ningalipenda kuomba Waziri apeleke dawa za kutosha katika hospitali ya Kapenguria, ili ugonjwa huu usienee zaidi katika wilaya yetu. Ugonjwa wa malaria huua watu wengi sana. Kwa mfano, kutoka Chesegon, Amale mpaka hospitali kuu ya wilaya ya Kapenguria ni zaidi ya kilomita 150 na hatuna magari ya kufika huko. Barabara zilizharibiwa na mvua ya *El Nino* na sehemu zingine hazina barabara. Wananchi husumbuka sana na wagonjwa wao. Huwabeba migongoni kutoka milimani hadi barabarani ili waweze kuwasafirisha hadi hospitali ya Kapenguria. Hata hivyo, ni jambo la huzuni kwamba wakifika barabarani

hawapati magari ya kuwapeleka hadi hospitali hiyo. Wakati mwingine wagonjwa hukeshwa barabarani kwa siku kadha kabla ya kupata gari. Ikiwa mgonjwa yu mahututi, huwa ni shida sana yeye kufika hospitali hiyo kuu ya wilaya kwa vile iko umbali wa kilomita 150. Ningemuomba Waziri afikirie juu ya kituo cha afya cha Sigor na apeleke vifaa vyote muhimu vya afya. Kwa mfano, tunahitaji mitambo ya kupima damu na maji katika kituo hicho. Ningalipenda Waziri atazame jambo hili, ili wananchi wa tarafa za Sigor na Chesegon wafaidike. Wananchi wa sehemu hizo wamekuwa wakiomba msaada wa vifaa hivyo.

Katika Tarafa ya Sigor na wilaya ya West Pokot kwa jumla, kuna shida za wizi ya mifugo. Wakati wizi unapofanyika, wananchi hujeruhiwa na wezi hao. Kwa hivyo, kuwapeleka hadi hospitali ya Kapenguria au kituo cho chote cha afya wakiwa na majeraha hayo huwa ni shida sana. Kwa hivyo, ningependa Wizara hii kuwasaidia wananchi wa Sigor katika mradi wao wa kujenga hospitali ya Lomuti. Ningependa kumwambia Waziri kuwa tunachanga pesa kwa minajili ya kujenga zahanati katika Lomuti. Itakuwa ni furaha yetu ikiwa Waziri ataungana nasi wakati wa Harambee kuu ya zahanati hiyo. Matumaini yetu ni kujenga hospitali kubwa mfano wa sub-district hospital. Tukimaliza mradi huo, tungependa Waziri apeleke dawa katika hospitali hiyo ya Lomuti. Kwa muda wa mwezi mmoja tumewahi kuchanga zaidi ya Kshs400,000. Tumefungua akaunti na tunataka kuchanga zaidi ya Kshs1.5 milioni, ili tuweze kujenga hospitali hiyo na kuweka dawa.

Bw. Naibu Spika wa Muda, katika Sehemu yangu kuna ugonjwa unaojulikana kama kala-azar au homa ya matumbo. Kuna mdudu ambaye husababisha uvimbe katika ini ya mwanadamu. Ugonjwa huu huu na kudhuru afya ya wananchi wetu. Wananchi wengi katika tarafa ya Sigor na Kerio Valley wanaugua ugonjwa huu. Inasitikisha ya kwamba dawa ya kalaazar haipatikani kwa urahisi. Wananchi wengi kutoka Kacheliba, Kapenguria na Kitale hupata matibabu katika Ortum Mission Hospital. Zahanati hiyo imewasaidia wananchi wengi sana, na ikiwa Waziri anaweza kupeleka dawa katika zahanati hiyo itakuwa vyema kwa vile tutaokoa maisha ya wananchi wetu.

Ningependa kuzungumza juu ya vyuo vya masomo ya matibabu hapa nchini. Kuna vijana wengi katika wilaya ya West Pokot ambao wanaweza kujiunga na vyuo hivyo, ili wakihitimu wawasaidie wananchi wa sehemu hiyo. Kwa hivyo, nitamwomba Waziri asaidie vijana wetu wajiunge na vyuo hivyo vya matibabu. Pia tuna vijana ambao wamehitimu katika masomo ya uguuzi na ukunga katika wilaya ya West Pokot. Wamepata masomo yao katika vyuo vya kibinafsi na katika zahanati ya Ortum Nursing Hospital. Vijana hawa wamehitimu na ni matumaini yangu kuwa watawasaidia wananchi katika wilaya ya West Pokot.

Kwa hayo machache, Bw. Naibu Spika wa Muda, ninaiunga mkono Hoja hii.

**Mr. Mwenda:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this chance to contribute. A lot has been said about the Ministry of Health. I need to be very precise in my contribution. At Independence, the Government declared war against diseases, poverty and ignorance. And for very good reasons, it was recognised that, at that early stage, we needed to have a healthy nation because without a healthy nation we cannot develop this nation. During the first 20 years after Independence, it did appear that we were moving in the right direction and that we were about to win the war against disease.

#### ADJOURNMENT

**The Temporary Deputy Speaker** (Mr. Musila): Order! I am sorry to interrupt you Mr. Mwenda; you will continue with your contribution tomorrow.

Hon. Members, it is now time for the interruption of business. The House, therefore, stands adjourned until tomorrow, Thursday, 15th July, 1999, at 2.30 p.m.

The House rose at 6.30 p.m.