

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Thursday 15th July, 1999

The House met at 2.30 p.m.

*[Mr. Deputy Speaker in the Chair]*

PRAYERS

## ORAL ANSWERS TO QUESTIONS

*Question No.222*

### REVIEW OF DISTRICT BOUNDARIES IN NYANZA

**Mr. Deputy Speaker:** Hon. Members, hon. Orwa Otita informed me earlier today that there were some consultations going on about the Question he has put to the Office of the President, and that he would like the Question deferred to await the outcome of these consultations. If that is okay to the Office of the President, I will then defer this Question.

**The Assistant Minister, Office of the President (Mr. Samoei):** Mr. Deputy Speaker, Sir, I am not aware of the consultations the Members is talking about. We have the answer ready.

**Mr. Deputy Speaker:** Well, I am aware of those consultations.

**The Assistant Minister, Office of the President (Mr. Samoei):** Mr. Deputy Speaker, Sir, I am the person at the Office of the President and I know, for sure, that there are no consultations.

**Mr. Deputy Speaker:** The Question is deferred.

*(Question deferred)*

**Mr. Maitha:** Mr. Deputy Speaker, Sir, I have not received a written reply to the Question I am about to ask.

*Question No.395*

### DEATH OF CONSTABLE MWAGANYUMBANI MPHOSHWA

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

(a) what caused the death of Mr. Mwanganyumbani Mphoshwa who was a police constable attached to Changamwe Police Station; and,

(b) when he will pay the bereaved family the terminal dues of the deceased.

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

**Hon. Members:** Where is the written reply?

**Mr. Deputy Speaker:** Wait a minute; where is the written reply?

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

**Mr. Deputy Speaker:** Members are asking where the written reply is; it should be supplied to them.

**The Assistant Minister, Office of the President (Mr. Samoei):** Mr. Deputy Speaker, Sir, the answer was dispatched to this House and I think if hon. Maitha checked in his pigeon hole, the answer must be there. However---

**Mr. Deputy Speaker:** Order! No, that is not good enough. The people who should receive that reply are the ones sitting right here, and they have no business keeping it if they have received it. So, there is no written reply received in this office. Now, in the circumstances, the best I can do is to defer the Question.

**Mr. Anyona:** On a point of order, Mr. Deputy Speaker, Sir. You made a very definite ruling in order to protect this House; first of all, to require compliance with the Standing Orders by both sides, that if there is no

written answer, the Question should not be allowed to be answered. This is not directed to the hon. Assistant Minister right now; it is a general issue. So, when we defer questions normally, it is because either the Minister or the hon. Questioner are not there. But in this particular case, it is a matter where a ruling that was made by the Chair to enforce the Standing Orders has not been complied with. So, really, if it is going to be deferred, which I suppose is the only way out, should some sanctioning of some kind not be applied, so that we do not have this kind of thing holding up business of the House every time?

**Mr. Deputy Speaker:** I made a ruling on what should happen in the event that written replies have not been received by hon. Members who have asked Questions in this House, and I need not go back to it. Now, when hon. Members absent themselves, their Questions are dropped. I have had many hon. Members whose Questions have been dropped coming to plead with me to reinstate them, but I have refused. Now, when Ministers do not turn up to answer Questions, those Questions are merely deferred. In this case, the Standing Orders require that 15 copies of written answers ought to be supplied to the Clerk of the National Assembly, who will in turn supply them to the hon. Members. We have had occasions when a report has been made to this House that written replies have been delivered when, in fact, they have not been delivered.

So, hon. Members, let us take rulings from the Chair seriously. If the Chair is not satisfied that its rulings are being taken seriously, the first thing the Chair will have to do is to name the Minister concerned. This means the Minister will be sent away from the House for three consecutive days. Now, the Chair does not want to do that, because these Questions are asked for information to be provided. So, hon. Ministers, provide information, but more importantly, make sure that if written replies have been sent, they are received by the Office of the Clerk of the National Assembly. The Chair cannot hold the Permanent Secretary or an officer in your office, responsible. The Chair holds you personally responsible. So, I will defer this Question, but take note of my sentiments.

**Mr. Maitha:** On a point of order, Mr. Deputy Speaker, Sir. While I appreciate your ruling that this Question be deferred, may I know when it can be answered again?

**Mr. Deputy Speaker:** Well, today is the last sitting day this week. So, since the Order Paper for Tuesday has been prepared, I will then defer it to Wednesday next week.

**Mr. N. Nyagah:** On a point of order, Mr. Deputy Speaker, Sir. I rise on a point of order to seek a ruling from the Chair. We give the Ministries adequate time to prepare their answers, but they ambush hon. Members by only giving the answers to Members as we sit down in the House. I think the time has come for a ruling to be made. We ask for written answers and not oral answers. Should we not, as hon. Members of Parliament, be given enough time, a day or two, to prepare for Questions that we want to raise? This is because some of the answers are very lengthy and by the time we sit, it is merely a piece of paper that we hold on to.

**Mr. Deputy Speaker:** Order, hon. N. Nyagah! The Speaker cannot give a ruling which is against the Standing Orders. The Standing Orders say that Ministers are given 10 days within which to answer Questions. Within those 10 days, the answer should come and it is now a question of scheduling. The written reply must come within those 10 days. When the written reply has come, the Questions can then come two weeks, three weeks or a month later. The written reply comes as per the Standing Orders, which state that a Minister is given 10 days during which to reply.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, this is an important issue. We may very well have to refine the Standing Orders a little more to accommodate what hon. N. Nyagah is saying. I realise that there is a procedural problem in giving answers to hon. Members at the time when the Order Paper is being prepared. Once the schedule goes out there to the Ministry, then they know that these Questions are ready to be answered that week. When the Order Paper is being actually prepared, and we know that the Questions are on the Order Paper then the hon. Members can be given these replies, or they are put in their pigeon holes so that they can have enough time to go through them.

**Mr. Deputy Speaker:** Order, hon. Members! Let us be fair. The Questions which are asked, which the Ministries come to answer, are put into two categories. The Oral Questions are the ones we are dealing with here. The Minister is only obliged to send a reply within 10 days, but it is still an Oral Question. If you want a written reply, then you should indicate so in the Question, in which case written replies are sent to you directly. The answer should appear in our journal as for any other Question. In this case we are merely asking Ministers that after they have replied to those Questions within those 10 days, they should make available to the House 15 copies as per Standing Order No.36, so that the Clerk of the National Assembly may furnish you with a copy. Technically, these are Oral Questions.

Shall we go to the next Question?

*(Question deferred)*

*Question No.221*ELECTRIFICATION OF JUA KALI  
SHEDS IN MUMIAS TOWN

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

(a) when the Ministry will supply electricity to Jua Kali sheds in Mumias Town;

(b) how much money has

been set aside for this project; and,

(c) if he is aware that artisans operating in these sheds incur heavy expenses as they are forced to ferry their products for finishing touches very far from their workshops, thereby making their products more expensive.

**The Assistant Minister, Office of the President** (Mr. Choge): Mr. Deputy Speaker, Sir, I am extremely sorry if the hon. Member has not received the written reply. If he does not mind, I have an answer and I can give it.

**Mr. Deputy Speaker:** Hon. Choge, the reason we want those answers given in advance is to enable hon. Members to prepare their supplementary questions. Hon. Osundwa, do you want your Question answered?

**Mr. Osundwa:** Mr. Deputy Speaker, Sir, I think the Assistant Minister has contravened Standing Order No.36 since he has not provided the answer. Can we name him?

**Mr. Deputy Speaker:** No! If you are not in a position to ask supplementary questions, then the best I can do under the circumstances is to defer this Question.

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

**Mr. Deputy Speaker:** Do not go over the field I have already covered.

**Mr. Angwenyi:** This is a maiden answer from the Assistant Minister. Do we have to defer the Question?

**Mr. Deputy Speaker:** Hon. Angwenyi, the Question, technically, belongs to the House. The House has as much interest as the hon. Questioner. If the House is not in a position to ask sensible supplementary questions, there is clearly no point of proceeding with that Question. Nobody ought to know that better than hon. Angwenyi, the Member for Kitutu Chache.

Next Question.

*(Question deferred)*

*Question No.246*FRUSTRATION OF GOVERNMENT  
MODERNIZATION EFFORTS BY BANKS

**Dr. Ochuodho** asked the Minister for Finance:-

(a) if he is aware that banks charge as much as 3 per cent commission on credit card transactions, thereby discouraging the use of plastic money and frustrating Government's modernization efforts;

(b) if he is further aware that due to unjustifiably delayed transactions, banks in this country defraud customers of amounts in excess of Kshs1 billion daily in unposted transactions; and,

(c) in the face of recent advances in technology and computer networks which allow financial transactions in a matter of minutes, why banks find it necessary to retain cheques for 4-7 days before clearing them.

**The Assistant Minister for Finance** (Mr. Keah): Mr. Deputy Speaker, Sir, I really do not understand why the hon. Member has not got a reply, but I did check with the officers of the Ministry, and to the best of my knowledge, the answer was dispatched to Parliament Buildings. I am not imputing any motive, but the answer was dispatched. I am sorry if it is disturbing you.

**Dr. Ochuodho:** On a point of order, Mr. Deputy Speaker, Sir. This is not the first time that a Minister says he submitted the answer.

**Mr. Deputy Speaker:** Talk about your Question.

**Dr. Ochuodho:** My question is this: Where is my answer? The Assistant Minister says he has handed it in---

**Mr. Deputy Speaker:** Order! This Question appeared on the Order Paper last week and the replies have been supplied. So, have you checked in your pigeon hole?

**Dr. Ochuodho:** No.

**Mr. Deputy Speaker:** Order! Unfortunately, hon. Ochuodho was out of the country. He has missed his reply, but it is correct that this Question appeared on the Order Paper last week. The answers were supplied and distributed. Hon. Ochuodho, to be fair to you, I will give you another shot at this Question after you have seen the written reply.

**Dr. Ochuodho:** Mr. Deputy Speaker, Sir, I do very much appreciate the Chair's permission to defer this Question last week. However, although I have not received the answer, I would like us to hear whatever answer the Minister has because this is a matter of urgency.

**Mr. Deputy Speaker:** In that eventuality, answer the Question. I will not defer it.

**The Assistant Minister for Finance (Mr. Keah):** Thank you, Mr. Deputy Speaker, Sir. I beg to reply.

(a) I am aware that banks charge commission on credit card transactions. These rates are fixed by the individual bank and, in fact, they range from 2.5 per cent to 10 per cent. As a matter of policy, the Government does not interfere with the management decisions of banks, including charges for their services. It is left to the market and, in this case, the credit card users to choose the financial institutions or banks to do business with.

(b) I am aware that there is a delay of three days in bank posting transactions, but I am not aware that this is unjustified and fraudulent. I am not aware that, in fact, the customers are being defrauded of Kshs1 billion daily.

(c) The banks take three working days to clear cheques except for cheques from a few designated remote areas. Cheques from these remote centres take a longer period to clear; that is, 10 working days. The 3-10 days are necessary in order to enable the bank being paid to send the cheques to the payees' bank and be advised on their fate. However, with improved efficiency, the clearing period could be reduced, particularly in the future when computerisation has taken place in all the banks.

**Dr. Ochuodho:** Mr. Deputy Speaker, Sir, I am surprised to learn from the Assistant Minister that some banks charge as much as 10 per cent on credit card transactions. We all know, as we approach the next millennium, that much of our business is going to be electronic. Only yesterday, the Government launched a National Committee Task Force to see us into the new millennium through electronic commerce. Under the circumstances, what these banks are doing is to discourage their clients. They are in the reverse gear and are taking us into the old era. Can the Assistant Minister tell us whether the Government is genuinely committed to seeing us into the global village, the super-highway, in the next millennium or they are not? If they are, what are they doing to ensure that these rates are brought down?

**Mr. Keah:** Mr. Deputy Speaker, Sir, this Government is definitely very committed, indeed, in ensuring that this country, in so far as information technology is concerned, goes into fifth gear into the information super-highway. The decisions, however, must lie with the individual banking institutions. We cannot really make a ruling, or force the banks to computerise if they are not in a position to do that. Certainly, in so far as the millennium bug and other things are concerned, there is that national committee, and we have in the Budget, for example, tried to harmonise the customs duty rates for software to be the same as for the hardware, as our contribution towards assisting information technology to develop.

**Mr. Murungi:** Mr. Deputy Speaker, Sir, as a matter of fact, Standard Chartered Bank, Barclays Bank and Kenya Commercial Bank are computerised. Could the Assistant Minister try to find out what the banks are doing with cheques for between four and seven days? Could this period of clearing cheques be reduced to a maximum of two days?

**Mr. Keah:** Mr. Deputy Speaker, Sir, as I said, for the rest of the country, three clear working days are necessary, and they are intended to make sure that those cheques have been cleared at the drawer's bank to make sure that they do not bounce. At the moment, those three days within the banking industry are considered to be reasonable. However, I have a list here of remote areas which require ten days to clear cheques. These are areas such as Garissa, Hola, Loitokitok, Lamu, Lodwar, Maralal, Mandera, Marsabit, Wajir, Moyale and others. They require more days so that the cheques can be verified because of travel difficulties within those areas. But I do, of course, appreciate that these days can be reduced, and will be reduced, when all the banks are computerised.

**Mr. Odoyo:** Mr. Deputy Speaker, Sir, in fact, bank charges in this country are among the highest in the world. Ledger and transaction fees are so high that the nominal interest rates end up being as much as three times what is stated. Is the Assistant Minister aware that banks are frustrating Government policies of trying to reduce the interest rates through high bank transaction charges?

**Mr. Keah:** Mr. Deputy Speaker, Sir, banks sell a product and they are entitled to charge interest rates in

order to recover the full cost of that product, together with an element of profit. I am not aware that our bank charges are the highest in the world. But I take note of the point that there is need for the industry to recognise these complaints from the hon. Members as well as from customers. We, in the Treasury, shall do our best to make sure that these messages reach the banking industry.

**Mr. N. Nyagah:** Mr. Deputy Speaker, Sir, I would like to disagree with the Assistant Minister that the reason why there are these delays is because of the distance. Whereas I would like to believe that all the banks are computerised in Nairobi, can the Assistant Minister explain why a Central Bank cheque, for example, issued by Parliament would take four days to clear, as opposed to being cleared the same day?

**Mr. Keah:** Mr. Deputy Speaker, Sir, I would like to suggest that my good friend, hon. Norman Nyagah, goes to his bank manager. The information I have from the banking association is that three clear working days are the number of days required for cheques within Nairobi and from any other part of the country other than those areas I have just read out. But I would certainly encourage the hon. Member to consult his banker, because I think the problem is with his bank manager rather than the system.

**Mr. Kathangu:** On a point of order, Mr. Deputy Speaker, Sir. Is it in order for the Assistant Minister for Finance to mislead this House, when the Central Bank of Kenya has sent out circulars to every bank stating that it will take exactly five days for any Central Bank of Kenya cheque to be paid? There are circulars which can be produced before this House. Is it in order for the Assistant Minister to mislead this House?

**Mr. Keah:** Mr. Deputy Speaker, Sir, I have not seen that circular and I cannot comment on it.

**Mr. Murathe:** Mr. Deputy Speaker, Sir, in relation to part one of the Question, can the Assistant Minister tell this House the legal framework under which credit card companies charge interest? This is because it is actually illegal.

**Mr. Keah:** Mr. Deputy Speaker, Sir, as I said, the Banking Act does give a legal framework within which all banks operate. This is a product, and there is no specific legal framework which regulates one particular product such as the credit card system. But there is a legal framework for the entire banking business.

**Mr. Murathe:** On a point of order, Mr. Deputy Speaker, Sir. I am not talking about the banks; I am asking him about credit card companies.

**Mr. Keah:** Mr. Deputy Speaker, Sir, on that supplementary question, I have a letter here from the Credit Card Association in response to this particular Question. I was not really aware of that and I do not know that there is necessity for a legal framework for the credit card system to operate. All I know is that, the credit card system, particularly that of banks, is governed by the Banking Act. I am not aware of individual credit card systems which are covered under any legal framework.

**Dr. Ochoudho:** Mr. Deputy Speaker, Sir, perhaps, to add insult to injury, the Assistant Minister will be sad to note that the Central Bank of Kenya does not allow special clearance, which makes dealing with Central Bank of Kenya cheques even worse. However, my concern is that, if the Assistant Minister is not aware, the figure of 10 per cent that our banks charge as interest on the card is the highest worldwide and state-wise. I do not know of anywhere on this solar system where they charge more. So, Kenya is the highest. But I am also informed that---

**Mr. Deputy Speaker:** Where else in the solar system do we have credit cards apart from on earth?

**Dr. Ochoudho:** Thank you, Mr. Deputy Speaker, Sir. Some of the banks do not accept credit cards because of these high rates that banks charge, and yet we know that it is a very efficient way of transacting business. Also, for the information of the Assistant Minister, if he is not aware---

**Mr. Deputy Speaker:** Ask your question now!

**Dr. Ochoudho:** Because of these delays, three days in clearing cheques, in every single day, banks in Nairobi make about Kshs1 billion from customers. Whether the Assistant Minister wants to call it something else, I call it fraud.

**Mr. Deputy Speaker:** Order! What is your question, hon. Ochoudho?

**Dr. Ochoudho:** Mr. Deputy Speaker, Sir, with those banks that are computerised, could the Assistant Minister tell us why they cannot clear cheques within two hours because the whole transaction takes place in hours rather than days?

**Mr. Keah:** Mr. Deputy Speaker, Sir, some banks are computerised and others are not. Therefore, those that are computerised may receive a cheque from a bank that has not been computerised, and that is where the problem comes in.

**Mr. Deputy Speaker:** Next Question, Mr. Muchiri!

MAINTENANCE OF KASARANI  
-MWIKI-NJATHANI ROAD

**Mr. Muchiri** asked the Minister for Public Works and Housing:-

- (a) what plans he has for the maintenance and repair of Kasarani-Mwiki and Njathaini roads; and,  
(b) when these roads will be repaired.

**Mr. Deputy Speaker:** Anybody from the Ministry of Public Works and Housing?

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

(a) The Ministry will carry out improvements and spot-gravel some sections totalling approximately five kilometres on Kasarani-Mwiki Road, D400. Incidentally, the section of the road that falls under the Ministry of Public Works and Housing starts from Mwiki onwards. The other part falls under the jurisdiction of the Nairobi City Council.

(b) The Ministry will reshape and compact approximately four kilometres of Zimmerman-Njathaini Road, D409. As part of drainage and improvement works, construction of a multi-culvert structure across Kasarani River, about 0.5 kilometres from Mwiki, was completed on 17th December, 1998, at a cost of Kshs3 million. The rest of the works are included in the Ministry's work plans for 1999/2000 Financial Year, which have yet to be approved by Treasury.

**Mr. Muchiri:** Mr. Deputy Speaker, Sir, this was a tarmac road until 1978. It has not been repaired since then. Today, it is a dusty road. Why has it taken the Government over 21 years to repair that road, and when is it going to be repaired?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, as I have stated, the road will be improved in the next financial year, immediately we receive approvals of our work plans from the Treasury.

**Mr. N. Nyagah:** Mr. Deputy Speaker, Sir, we seem to have contradicting information regarding this road. This road in question is supposed to be 7.5 kilometres long. The width is 14 metres, and the Government, through the Ministry of Local Authorities, had set aside a sum of Kshs78,107,142.71 under Nairobi Emergency Road Works. What has happened to this money?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I may not be competent to give an answer on behalf of the Ministry of Local Authorities. The section of the road that falls under the Ministry of Public Works and Housing's jurisdiction starts from Mwiki towards Kiambu.

**Mr. Ndicho:** On a point of order, Mr. Deputy Speaker, Sir. Hon. Nyagah has given figures which show that this area is within Nairobi City Council's jurisdiction and the Minister answering is from the Ministry of Public Works and Housing. He is even unable to answer hon. Nyagah's question. Could it be because this Question falls outside his jurisdiction? In view of that, could the Question be re-directed to the Ministry of Local Authorities for a proper answer?

**Mr. Deputy Speaker:** First of all, some roads in Nairobi fall under the Ministry of Local Authorities, while others, like the main roads through Nairobi, fall under the Ministry of Public Works and Housing's jurisdiction.

**Mr. N. Nyagah:** Mr. Deputy Speaker, Sir, the confusion here is, the road that the hon. Member is questioning is the road between Njiru and Kasarani, through Mwiki. Now, part of that road is under the jurisdiction of Nairobi City Council; in other words, the Ministry of Local Authorities. So, it is a combination of two Ministries. Probably, through the Chair, I would like to request the Ministry of Public Works and Housing to consult with the Ministry of Local Authorities, so that they could, together, come up with an answer.

**Mr. Deputy Speaker:** Hon. Nyagah, your question has arisen as a supplementary question. So, the same situation would have arisen, were it to be answered by the Minister for Local Authorities. Hon. Rotich, are you comfortable with that request?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, may I clarify that the road under our jurisdiction starts from Mwiki, and it is about 13 kilometres long. The remaining part of the road, as you come towards the City centre, is where the Ministry of Local Authorities takes over. The area under our jurisdiction starts from Mwiki towards Kiambu, of which three kilometres are tarmac.

**Mr. Ndicho:** On a point of order, Mr. Deputy Speaker, Sir. I think the Assistant Minister does not even know where the road is. Mwiki and Kiambu are in different directions; it is like Kisumu and Mombasa. That road connects Kasarani Constituency with my constituency, and Kiambu is on the other side. So, because of the

importance of these two roads, we would like to plead with the Chair that this Question be re-directed to the Ministry of Local Authorities.

**Mr. Deputy Speaker:** Well, could hon. Muchiri ask this Question in several parts, so that, each Ministry gets a Question relating to the part that is under its jurisdiction?

**Mr. Muchiri:** Mr. Deputy Speaker, Sir, we have all along thought that, that road falls under the Ministry of Public Works and Housing's jurisdiction, until the day before yesterday when the Minister told me that the road does not fall under his jurisdiction.

**Mr. Deputy Speaker:** It is clear that this road you are talking about falls under the jurisdiction of the Ministry of Local Authorities and the Ministry of Public Works and Housing. So, in each event, neither Ministry will be fully armed to respond to all supplementary questions. So, does the Assistant Minister wish to consult with his counterpart in the Ministry of Local Authorities, or does he want the hon. Questioner to separate this road, so that, only that part which relates to his Ministry is directed to you, and the other part is directed to the Ministry of Local Authorities?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I would rather we consult. But I would like to clarify that there is a diagram here which shows that road connecting Mwiki and Kiambu. So, it is not a question of Mwiki and Kiambu being in different directions like Kisumu and Mombasa.

**Mr. Deputy Speaker:** The Question will be deferred! Next Question!

*(Question Deferred)*

*Question No.305*

#### MAINTENANCE OF ROADS IN KIENI

**Dr. Murungaru** asked the Minister for Public Works and Housing how much money has been allocated for maintenance of Mweiga-Endarasha Road, the Karicheni-Munyu-Naromoru Road and the Kiganjo-Kimahura Road in Kieni Constituency in the current financial year.

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

The proposed 1999/2000 Financial Year allocation for maintenance of Mweiga-Endarasha Road, D446, Karicheni-Munyu-Naromoru Road, D448, Kiganjo-Kimahura Road D450, in Kieni Constituency is Kshs500,000. However the Fuel Levy Fund budget from which the funds will be obtained is still being finalised by the Treasury.

**Dr. Murungaru:** Mr. Deputy Speaker, Sir, I hope the Assistant Minister is aware that he has been misdirected by his officers. We are talking of roads measuring 47 kilometres long. If you divided Kshs500,000 by 45 kilometres for roads which have been rendered impassable by the *El Nino* rains of 1997/98, you would find that each kilometre has been allocated less than Kshs10,000. Is the Assistant Minister serious or satisfied that, that is the correct answer to this Question?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, the answer is correct. The repairs started during the last financial year with an allocation of Kshs1.5 million issued to the District Works Officer in Nyeri, in the last quarter of the last financial year.

**Mr. Wamae:** Mr. Deputy Speaker, Sir, is the Assistant Minister serious that Kshs500,000 has been allocated for these roads, when he knows the length and condition of those roads? Does he know that, that money does not make sense?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, considering the type of work that we are going to do, it is sensible. This money is for gravelling and spot improvement. The whole road will not be gravelled.

**Dr. Murungaru:** Mr. Deputy Speaker, Sir, I received the written reply. I think this is because you ruled that you were going to name Ministers who do not provide written answers to Questions by hon. Members. In the supplementary information in the written answer, the Minister says that these roads were worked on in the last financial year. So, the Assistant Minister is misleading us. I live in that constituency and nothing of what is contained in the supplementary information has been done. In his written reply, the Minister claims that Kshs1.5 million was provided for this work. There is no evidence whatsoever. Is the Assistant Minister satisfied that the money which is indicated in this supplementary reply as having been provided for those roads, has been put to use, and if it is, indeed, adequate for those roads? To the best of my knowledge, nothing has happened.

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I apologise. It is true that the written reply got to him a few minutes ago. But we were waiting for information from Nyeri and we got it late. However, I am prepared to go and

see those roads at a convenient time and confirm their state.

**Mr. Deputy Speaker:** Next Question, Mr. Ngure.

*Question No.312*

NON-PAYMENT OF COMPENSATION  
TO LAND OWNERS

**Mr. Ngure** asked the Minister for Public Works and Housing why land owners whose names are contained in Gazette Notice No.3773 of 10th August, 1990, have not been compensated for loss of land acquired and materials destroyed during the construction of the stalled Ndori-Owimbi Road.

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

The owners of parcels of land affected by the construction of Ndori-Owimbi Road were compensated in accordance with Gazette Notice No.2408 of 7th June, 1991, but not Gazette Notice No.3773 of 10th August, 1990. If there is any owner who did not get his or her compensation through the respective District Commissioner in accordance with Gazette Notice No.2408 of 7th June, 1991, he or she should immediately get in touch with the Ministry.

**Mr. Ngure:** Thank you, Mr. Deputy Speaker, Sir. The Assistant Minister is saying that the Gazette Notice was No.2408; that is the Gazette Notice that purportedly contained the names of people who were compensated. But Gazette Notice No.3773 contains the names of the people whose land was acquired. Could the Assistant Minister table the names of those people who have been compensated under this Gazette Notice of 7th June, 1991, for verification?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I am prepared to table that list on Tuesday next week.

**Dr. Oburu:** Mr. Deputy Speaker, Sir, the Assistant Minister has told the House that the people who were supposed to be paid - and the hon. Questioner has confirmed to him that they were not paid - should come to Nairobi using their meagre resources. In fact, they are being paid a very little amount of money. Why should they spend their

**[Dr. Oburu]**

money to come to the Ministry Headquarters to check whether the money was released to them or not? Is that really in order? Is it the duty of the Ministry or the Government, or the people to check whether the money was actually paid? Can he confirm that those people actually received the money, because the complaints have come to us? Some of them are from my constituency. They have come and confirmed that they were actually not paid, and he is telling us that they were paid. So, is it the Ministry or the people who are supposed to check?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I did not say they should come to Nairobi. If the hon. Member has the list of those complainants, I will be very glad to receive it and we can check. They do not have to come to Nairobi.

**Dr. Omamo:** Mr. Deputy Speaker, Sir, being aware that the people were dispossessed of their land many years ago, and that they have suffered financial loss, if up to now any of them has not been paid, will he or she be paid with interest according to the current market rates?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I am not able to confirm that. But the most important thing is to pay what we committed ourselves to pay. We are ready to pay anybody who was not paid, if we can get the list and confirm that they were not actually paid.

**Mr. Ngure:** Mr. Deputy Speaker, Sir, the Assistant Minister cannot tell us that "if he can get the list"; he has stated here very clearly that those people were paid and still he is in doubt whether all of them were paid. But those who have not been paid, according to his list, should be paid their dues, plus interest accrued from the date that they should have been paid. Could he confirm that they will be paid with interest?

**Eng. Rotich:** Mr. Deputy Speaker, Sir, I am not able to confirm that, but I am able to confirm that if anybody has not been paid what was due to him or her, we shall pay.

**QUESTIONS BY PRIVATE NOTICE**

**Mr. Deputy Speaker:** Mr. Anyona, ask your Question.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, before I ask this Question, I want some guidance from the Chair.



When this Question first came to the House, it was deferred because the answer then was considered unsatisfactory. There was need for more time for the investigations to be carried out. I have just seen the written reply just now, and it is exactly the same as the answer then. In fact, it is even worse because some of the names of the suspects that were given in the answer are wrong. So, I do not know whether they are talking about the same people or different people.

So, in view of the gravity and seriousness of this matter, I am not quite sure that asking this Question would do justice to what is a very serious and explosive political situation in Kisii. We wanted to know the bare truth about what is going on there, and what happened, so that we can use that to defuse that situation. But if we have an answer to a Question like this, which clearly is going to prejudice and make things even worse, I am seeking the guidance of the Chair on this matter.

**Mr. Deputy Speaker:** I have not seen or heard the reply yet, so I am disadvantaged. Would you like the Question answered or what?

**Mr. Anyona:** Mr. Deputy Speaker, Sir, as I said, well, of course, the House has the right to hear the answer. I come from Kisii and I know what is going on there. The collective interests of the community are more important than me or anybody else. The Minister has clearly indicated, and I can understand that---

**Mr. Deputy Speaker:** Order! Order! I cannot judge whether the answer is satisfactory or not. I have seen the Question, but I have not seen the answer. So, to be fair to me, if you want me to make a ruling, let me also hear the answer. Let the other Members of that community also hear that answer. I will then take a decision as to whether that answer is satisfactory or whether the Minister should come back with a better answer that addresses the questions that have been raised.

**Mr. Ndicho:** On a point of order, Mr. Speaker, Sir. This is not the first time that Members have complained over a Question---

**Mr. Deputy Speaker:** Order! Let him ask the Question. Let us hear him.

**Mr. Ndicho:** On a point of order, Mr. Deputy Speaker, Sir. Hon. Anyona's Question raises---

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

**Mr. Deputy Speaker:** Order! Order, hon. Matu Wamae. Hon. Ndicho, there is no point of arguing with the Chair because the Chair is as in the dark as you are. I do not know what the answer is because it has not been given to the House. So, Mr. Anyona, ask the Question.

**Mr. Anyona:** On a point of order, Mr. Deputy Speaker, Sir. If you do now want me to ask the Question so that the House can hear, I first of all would like to say that the names of the two suspects was---

**An hon. Member:** He has not asked the Question!

**Mr. Deputy Speaker:** Ask the Question.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, what I was saying is that, that information is wrong. The names that I gave---

**Mr. Deputy Speaker:** Order! Order, hon. Anyona! Ask your Question. Let us get the Question asked. If the Assistant Minister is answering a Question which you have not asked him, I will rule him out of order, but let him have an opportunity to answer it, however badly.

**Hon. Member:** Let us hear the answer. Ask the Question.

#### ASSASSINATION ATTEMPT ON HON. ANYONA

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

In view of the current spate of political incitement, intrigue and thuggery in the Abagusii community, could the Minister tell the House:

(a) The circumstances in which hired political thugs made an assassination attempt on my life in the compound of Kisii Hotel at about 8.00 p.m. on Sunday 20th June, 1999?

(b) The motive(s) behind the assassination attempt?

(c) The identity of the thugs of the assassination plot?

(d) What measures the Government has and will institute against the prevalent political incitement, intrigue and thuggery in the Abagusii community, to protect innocent and law abiding citizens?

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

First and foremost, I wish to state that the answer to this Question was deferred by the Chair on the request of the hon. Questioner, and we did agree with the hope that we would find additional information. We are still working on it, but since the trust that I did put on the hon. Questioner has been broken by him, then I will

answer the Question.

(a) The circumstances leading to the attack on hon. Anyona and two other people by a gang---

**Dr. Kituyi:** On a point of order, Mr. Deputy Speaker, Sir. The Assistant Minister is saying that he is still looking for information to answer the Question. Is he in order to start answering, when he is saying that he is looking for information?

**Mr. Deputy Speaker:** Order! Give him the chance to answer the Question, no matter how badly.

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

(a) The circumstances leading to the attack on hon. Anyona and two other people by a gang of thugs at Kisii Hotel on 20th June, 1999 are still being investigated. A Criminal File No.614/451/99 has been opened in Kisii.

(b) The motive behind the attack is still under investigation.

(c) Police are looking for two suspects, namely Kennedy Ndege Nyagagi and Joseph Oriko. The rest of the suspects who the hon. Member did report to the police are not known.

(d) Security personnel in the Abagusii districts are on high alert, so as to ensure that wananchi are not incited to attack innocent persons like hon. Anyona or other innocent Kenyans.

**Mr. Anyona:** Mr. Deputy Speaker, Sir, I indicated that the answer would be totally inadequate and I really do not know whether I can ask any supplementary questions to an answer like that. The only thing that I would like to say is that when I made the report to the police, I gave them names of two of the suspects. I identified them, and their names are Kennedy Ndege Nyakaga and not Nyagagi. I do not know whether they are looking for Nyakaga. Instead, they are looking for Nyagagi. Secondly, the second suspect is somebody called Joseph Riro and not Oriko. I recorded a statement. I gave these names to the police, and how come that, I get wrong answers in the House? So, I really do not know what supplementary question I can ask. What has happened that it is taking this long? I gave them the names of these people, and they do not tell us anything.

**Mr. Ruto:** Mr. Deputy Speaker, Sir, as I have stated, the police are investigating this incident alongside other issues that are being addressed in relation to security. I did inform the hon. Member that we are investigating this issue, and as soon as we find these two suspects, and I thank him for correcting their names; that is, Kennedy Ndege Nyaragi and Mr. Joseph Riro, we will arrest them and charge them accordingly.

**Mr. Anyona:** On a point of order, Mr. Deputy Speaker, Sir. You have now heard the answer. Is it really fair that we proceed on this basis? Is it not fair now to require the Assistant Minister to tell us, or for the Chair to tell him, when he can come to this House and give us a conclusive answer, because the case is being investigated when we have given them the names of the suspects; that is, at least, some of them? Is it fair?

**Mr. Ruto:** Mr. Deputy Speaker, Sir, once again, I think I have said it very clearly. Hon. Anyona is requesting me to give him information which is not yet with us. As soon as the suspects are arrested, I can give a full answer to this House.

**Hon. Members:** On a point of order, Mr. Deputy Speaker, Sir.

**Mr. Deputy Speaker:** Order, Hon.

[**Mr. Deputy Speaker**]

Members! This Question involves the life of an hon. Member in this House and so, we cannot take it lightly. If the Assistant Minister is not in a position to give the answer to the Question that the hon. Member has asked, it is only fair that we give the Assistant Minister time.

**Prof. Anyang'-Nyong'o:** He can do that on Tuesday.

**Mr. Deputy Speaker:** Hon. Prof. Anyang'-Nyong'o, do not anticipate the Chair's decisions. So, Mr. Assistant Minister, next week; on which date will you give your answer?

**Mr. Ruto:** Mr. Deputy Speaker, Sir, as you know, this is a very serious issue and I would not want to come to this House if the investigations are not through. As soon as the investigations are complete, and as soon as we arrest these people---

**Hon. Members:** On a point of order, Mr. Deputy Speaker, Sir.

**Mr. Deputy Speaker:** Order! The timing is out of your hands. If next week is not suitable, what are the dates which suit you? So, we will agree but you cannot tell me what--- unlimited time is not available. If next week is too soon, say so but you cannot argue about the time involved; it is out of your hands.

**Mr. Ruto:** Thank you, Mr. Deputy Speaker, Sir. Give me 14 days.

**Mr. Deputy Speaker:** Order! Till Tuesday, the other week.

**Hon. Members:** On a point of order, Mr. Deputy Speaker, Sir.

**Mr. Deputy Speaker:** Sorry. Order! That Question is deferred to Tuesday the other week.

*(Question deferred)*

**Mr. Deputy Speaker:** Next Question, Mr. Musila.

#### MURDER OF MR. SIMBA MUTEMI

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

(a) Is the Minister aware that Mr. Richard Simba Mutemi was killed on 20th May, 1999 at Kasanga Market, Thitani Location of Mwingi District?

(b) Is he further aware that the incident was reported at the Mwingi Police Station and no action has since been taken to arrest the culprits?

(c) Since there have been several incidents of murders and violent robberies around this area, what action has the Minister taken to strengthen security in the area?

**Mr. Musila:** Mr. Deputy Speaker, Sir, I beg to seek the indulgence of the Chair in view of the time factor. I want to consider that asking my Question when we are only two minutes to the end of Question Time is not favourable. So, can I ask that my Question be deferred until Tuesday?

**Mr. Deputy Speaker:** Question deferred. The other Question is also deferred.

*(Question deferred)*

#### PRIVATISATION OF KENYA PORTS AUTHORITY

**(Mr. Shakombo)** to ask the Minister for Transport and Communications:-

(a) Could the Minister explain why the Government finds it necessary to privatise the Kenya Ports Authority services against the wishes of Kenyans and Coast people in particular?

(b) Could the Minister assure the House that those container terminals/depots already advertised will not be privatised?

(c) What urgent steps will the Minister take to ensure that the KPA services are not interfered with by the privatisation process?

*(Question deferred)*

**Mr. Deputy Speaker:** Next Order, hon. Masakhalia. One minute.

#### MINISTERIAL STATEMENT

##### IMF MISSION TO KENYA

**The Minister for Finance** (Dr. Masakhalia): Mr. Deputy Speaker, Sir, I beg to make a Ministerial Statement on the recent IMF Mission to our country following hon. Dr. Ochuodho's request for it.

Mr. Deputy Speaker, Sir, an IMF mission has been in the country for the last two weeks, conducting the 1999 Article Four Consultations. In view of the wide-ranging Press comments on this subject, it is important to clarify at the outset, that this was not a mission to negotiate an ESAF Programme. It was---

*(Loud Consultations)*

**Dr. Kituyi:** On a point of order, Mr. Deputy Speaker, Sir. What I have heard is very important, and would you oblige the House to allow those who want to hear to do so?

**Mr. Deputy Speaker:** Order! Order, hon. Members! Order, hon. Mwenje! Hon. David Mwenje, please, let us hear what the Minister is saying because it is very important.

**The Minister for Finance** (Mr. Masakhalia): Mr. Deputy Speaker, Sir, I will go to the beginning of this statement.

An IMF mission has been in the country for the last two weeks conducting the 1999 Article Four Consultations. In view of the wide-ranging Press comments on this subject, it is important to clarify, at the outset, that this was not a mission to negotiate for an ESAF Programme. It was a regular consultation as required by the

articles of the agreement of the IMF. In line with the agreement, all members of the IMF, whether a country has an IMF-supported programme or not, are required to consult with the Fund, at least once in a year. The purpose of such consultations is to ensure that, member countries are pursuing economic and financial policies that are consistent with the objectives of the Fund; that is, the promotion of the stability of the international financial system and growth of the international economy for the betterment of the IMF member countries.

Mr. Deputy Speaker, Sir, the staff are required to report to the Executive Board after the consultations. Our discussions with the mission covered various aspects of our economic policies, including fiscal, monetary and financial policies; external policies, structural reforms and governance issues. Following the discussions, it was mutually agreed that finalisation of their consultation report be delayed in order to give us time to implement a critical mass of measures, which the Government has identified, to improve governance.

The Mission has completed its review and left behind specific recommendations for the Government to consider and implement, in order to improve governance as well as the country's economic performance. The measures emphasised the need to enhance accountability and transparency; strengthening the Budget planning and execution; strengthening regulatory and supervisory institutions, and elimination of rents taking opportunities. The Mission welcomed the progress the Government has made in its efforts to stabilise the financial sector. They, in particular, welcomed the recent steps taken to enhance the capital base of the present financial institutions, and to improve corporate governance in this sector. They encouraged the Government to sustain reforms in the banking sector.

With regard to structural reforms, the Mission urged the Government to do the following:-

(i) speed up the privatisation of the Kenya Posts and Telecommunications Corporations (KP&TC), the Kenya Ports Authority (KPA), Kenya Railways Corporation (KRC) and the energy sector; and,

(ii) expedite the Civil Service reforms, particularly, rationalising Government functions and staffing in order to improve the terms and conditions of service in the Public Service.

It should be noted that the majority of the International Monetary Fund (IMF) Mission's recommendations are in congruence with the reform agenda contained in the Government's draft Policy Framework for Economic Recovery, 1999 to 2002, which I submitted to the Finance Committee of this House sometime in May, 1999. The IMF staff will come back to Nairobi some time in October, for a short visit to review the progress the Government will have made. Their findings will be reflected in the final report that will be submitted to the executive board some time in October/November, 1999. A positive consultation report to the board will improve the chances of an early resumption of Enhanced Structural Adjustment Facility (ESAF) negotiations.

Mr. Deputy Speaker, Sir, I wish to emphasise that the Government is committed to undertake these reforms not because of the IMF, but because we are convinced that they are for the good of our people.

Thank you, Mr. Deputy Speaker, Sir.

**Dr. Ochuodho:** On a point of order, Mr. Deputy Speaker, Sir. I would like to seek your indulgence before I make my inquiry. May I take the opportunity---

**Mr. Deputy Speaker:** Order, Dr. Ochuodho!

**Dr. Ochuodho:** Mr. Deputy Speaker, Sir, may I take this opportunity to invite the Minister for Finance and other Parliamentarians to bring some money to Mr. Paul Ngei's Harambee.

**Mr. Deputy Speaker:** Order! Next Order!

## COMMITTEE OF SUPPLY

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

## MOTION

THAT MR. SPEAKER DO NOW LEAVE THE CHAIR

Vote 11 - Ministry of Health

*(The Minister for Health on 14.7.99)*

*(Resumption of Debate interrupted on 14.7.99)*

**Mr. Deputy Speaker:** Mr. Mwenda, you were on the Floor yesterday when the House rose. Please, proceed.

**Mr. Mwenda:** Mr. Deputy Speaker, Sir, just before the House rose last evening, I had said that 25 years after Independence, it appeared that as a nation, we were almost winning the war against diseases. However, the trend has now reversed. As a nation, we are not able to provide the population of this country with the necessary medical facilities. Quite a lot has been said about the state of our public hospitals, dispensaries and health centres countrywide. As we talk here, those institutions are in a very sorry state. They lack the basic facilities, including drugs and medicines. I have a particular case in mind - Meru General Hospital.

Meru General Hospital has, over the years, served as a referral hospital for the four districts inhabited by the Meru community. However, a visit to the hospital today will reveal very shocking things. The maternity ward at the hospital is in a mess. Expectant mothers spend cold nights outside in an open shed, which is worse than that which can be used for keeping animals. The story doing the rounds in Meru Town is that several mothers have lost their new-born babies to dogs because they deliver the babies outside the maternity wards in the cold, and that nobody attends to them. On 10th June, 1999, a young girl who developed labour pains was sent to Meru District Hospital in my car at around 6.00 a.m; but there was nobody to attend to the lady, and she delivered in the car. Neither a nurse nor a doctor had attempted to attend to the girl. Therefore, I would like to appeal to the Minister to make sure that Meru District Hospital, which serves a very large community, is run efficiently.

I also wish to comment on service provision by public health officers. Public health officers can serve a pivotal role in preventing various diseases, which are now killing thousands of our people. Recently, when the Head of State visited Kisii, you heard him lament that it was easy to eradicate malaria if only public health officers were keen enough to go round the country and spot the breeding grounds for mosquitoes, so that they could be sprayed, and stagnant water drained.

Mr. Deputy Speaker, Sir, public health officers do not do what is expected of them. Officers of the Public Health Department are supposed to go round the districts and address the people at barazas on preventive measures against diseases. However, we do not see the officers doing this. Most districts in the country, particularly Tharaka District, have only one public health officer. To have one public health officer serving a whole district is not good enough. There are no meat inspectors; there are no public health officers and technicians.

Mr. Deputy Speaker, Sir, people end up eating uninspected meat as a result of a shortage of meat inspectors. Several cases of people who have died of anthrax have been reported. This happened because there were no officers to inspect the carcasses of people's goats, cows and sheep when they slaughtered them. We are a meat-eating community, and we must continue eating meat. So, if the country has a shortage of public health technicians, the Government should increase the intake for public health personnel in medical training colleges (MTCs), so that people can have their meat inspected and get the necessary technical advice from qualified people.

Another issue I would like to talk about is the Acquired Immuno Deficiency Syndrome (AIDS) scourge. There is no doubt that AIDS is killing our people in thousands. It is killing the low and the mighty; the young and the old; the rich and the poor. None of us here is safe except, maybe, the angels. So, there is need for the Government to set aside sufficient funds for the campaign against AIDS. It is not enough to merely confine the campaign against AIDS to radio programmes. Campaign programmes should be undertaken directly in the rural areas.

The trend now is that the occurrence of AIDS cases has increased in rural areas compared to the number of AIDS cases in urban areas. This is for obvious reasons. Rural area communities are more ignorant than urban area communities. So, there is need for the Government to take the campaign against AIDS to rural areas. It is not good enough to concentrate only in the urban areas, and leave rural area populations to rely on the radio. Very many Kenyans cannot afford radio sets.

Mr. Deputy Speaker, Sir, the public health officers can explain to the people on how serious this disease is and how it can be avoided. Advertisements alone in newspapers, which do not reach the common man in the rural area, are not good enough. So, there is need for funds to be set aside so that we can reach the common man who is dying of AIDS in the rural areas because of ignorance and lack of information. The Government has an obligation to take this campaign to the rural areas.

There are also a lot of administrative bottlenecks and lenience involved in the implementation of projects by the Ministry of Health. For the last five years, the Government has been boasting that it is putting up a modern health centre in Kibung'a in Tharaka. Last year, in March, the Government announced through the DC, Tharaka Nithi District, that work on Kibung'a Health Centre would commence in August last year. It is more than a year since that announcement was made by the Government and nothing has been done. In fact, [Mr. Mwenda] Kshs60 million has been made available by ADB for the construction of Kibung'a Health Centre, and nothing is

taking place. As the Government keeps on arguing over who should control the donor money; because I am told this is the problem, and it is why the construction of Kibung'a Health Centre has not been started, the donor, the ADB, is insisting on being involved in the tendering system and controlling the payments of money, and the Government does not want that. As they continue pulling each other; the Government and the donor, the public continue to suffer. The people of Tharaka continue to be denied health facilities, and here we have a donor who is willing and has made his funds available for the construction. But what do we see? We see administrative bottlenecks, lenience and pulling and pushing around.

I want to make a special appeal to the Minister to ensure that the funds which have been made available by ADB for the construction of Kibung'a Health Centre are put to use immediately so that we can reduce the suffering of the people of Tharaka. The nearest hospital that a person from Tharaka can go to is Meru General Hospital, some 80 kilometres away. The two health centres at Ciakariga and Marimanti do not have even an ambulance, and it becomes absolutely difficult to take sick persons to the Meru General Hospital where they can get good treatment or admission. I am making a special appeal for these funds to be released, and the construction of Kibung'a Health Centre can then commence as soon as possible.

Finally, I wish to comment on the issue of cost-sharing. The cost-sharing concept is actually retrogressive in the sense that there is no cost-sharing. In essence, it is the common man who is being made to bear the entire cost of medical services. The Kenyan pays tax and yet he is being told to also cost-share and pay more again. It is retrogressive because Kenyans are getting poorer and unable to pay for medical expenses. When one attends any general hospital countrywide, he only gets a prescription, and he is told to go to a pharmacy or a chemist and buy the medicine. How many Kenyans can buy these medicines? We find somebody buying half dose. He goes home and takes that half dose, but eventually he succumbs to the disease because he has not taken a complete dose of the treatment required. If cost-sharing has to be maintained, for heaven's sake, let us have the drugs available in hospitals and people getting proper treatment. It is unthinkable that in a general hospital like Meru General Hospital, we will not get syringes or injection needles.

Last Sunday, I went to the hospital to visit some accident victims who were admitted there the previous day, on Saturday. For the whole night, none of the five victims who were admitted there were treated. The reason being that they did not have injection needles and gloves. So, they could not be treated. The doctor was---

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): Thank you, Mr. Deputy Speaker, Sir, for allowing me to contribute to the Vote of the Ministry of Health.

I would like to commend the Minister for Health, his two Assistant Ministers, the Permanent Secretary, the Director of Medical Services and all his officials, down the line, who are doing a very important job under the difficult conditions presently experienced throughout the country, and the world in general, because of the economic situation. We know that the Ministry of Health, for a long time now, has been trying to put up health facilities in different areas of the country. Because of lack of funds, this has not been possible, but we should commend the Ministry where it has tried to do better.

There were some programmes which were started sometime back by the Ministry, to put up some dispensaries in outlying districts, so that our people could be served closely by the medical department. However, due to the shortage of funds, this has not been possible. I would like to remind the Minister and his officers that although the funds are now not enough to be distributed throughout the whole country, they should concentrate in areas where there are a lot of diseases, particularly in the rural areas.

Mr. Deputy Speaker, Sir, it is saddening to note that 50 per cent of beds in our hospitals today are occupied by HIV-AIDS patients. This is very scaring and I think the Ministry should have been given more money, so that they could go out and educate our people on the seriousness of the AIDS epidemic. It is also very important that the Ministry should also look after its members of staff well. For example, it is not very encouraging to send nurses to look after patients in remote areas where they do not get night or meals allowances---

*(Mr. Kamolleh consulted with officials on  
the Civil Service Bench)*

**Mr. Deputy Speaker:** Order! You can certainly consult with civil servants sitting on their benches, but you cannot have another debate going on in that corner. They are strangers; otherwise, you will be blamed.

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): Mr. Deputy Speaker, Sir, a case in point is nurses not being paid their allowances. When patients are transferred from small dispensaries to district hospitals; like from Iten [The

**Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development]**

Hospital to Eldoret District Hospital, the nurses who look after them are not paid their allowances. They live on handouts, which is bad. There has been hue and cry in as far as the availability of medicine in our district hospitals and health centres is concerned. I am sure that there are enough drugs for all of our health institutions, but they get lost somewhere between the Central Medical Stores Unit in Nairobi and the district hospitals. Transporters, including some medical officers, collude with private medical practitioners, who buy drugs from them. So, the Minister should be strict on the transportation of drugs from one point to another.

**Mr. Wambua:** On a point of order, Mr. Deputy Speaker, Sir. The Assistant Minister has stated that the drugs destined for the various hospitals countrywide get lost between the Central Medical Stores Unit and the district hospitals. Because he belongs to the same Government, can he tell us how these drugs get lost?

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): Mr. Deputy Speaker, Sir, I appreciate what the hon. Member has said, but that is the responsibility of the Minister for Health.

**Mr. Deputy Speaker:** Order! You do not have to respond to his opinion. Proceed.

**The Assistant Minister, Office of the Vice-President and Ministry of Planning and National Development** (Mr. Sumbeiywo): Thank you, Mr. Deputy Speaker, Sir. I was saying that drugs get lost before they reach our hospitals because of the present mode of transport. There should be a well-guarded transport system of drugs, rather than leaving it to ordinary transporters.

We have dispensaries which have been put up by members of the public and sometime back, they were being run by missionaries. The missionaries have left them and nobody is attending to them. I am appealing to the Minister to register these institutions under his Ministry so that they can be managed by the Ministry, and our people can be properly served by the medical personnel. I have in mind two dispensaries in my constituency; that is Kapachelal and Kidindo dispensaries. Now, nobody is using the buildings. We have applied to the Ministry for the registration of the two dispensaries, but nothing has been done. After they are registered, medical staff should also be posted there so that our people can be served.

We have had problems at Iten District Hospital, where the doctor in charge used to live in Eldoret and had to travel in the morning to serve patients. That is unethical. I am happy that the Minister and his officers have now decided to remove the officer from there. But it is still important that the doctor becomes a resident of Iten Town, so that if anything happens at night, the patients can be served. I am happy that the Minister has allocated almost half of the Ministry's Vote to the Preventive and Curative Department, so that Kenyans can be educated on the importance of prevention of diseases.

The policy of cost-sharing in health services is very important, but, as you know, our people are now very poor. So, the cost-sharing policy must be properly explained to our people so that they understand that they are the beneficiaries.

With those few remarks, I would like to support the Motion.

**Mrs. Mugo:** Thank you, Mr. Deputy Speaker, Sir, for giving me an opportunity to contribute to this Motion. I do so with a very heavy heart because, as we all know, the health sector in this country has really collapsed over the years. Most Kenyans cannot access health services and they are leading a miserable life. When most of them contract diseases, they just face death, or leave themselves to luck, because they cannot access simple medication as they cannot afford it. We have been crying about lack of drugs, congestion of patients in the wards and lack of essential materials such as bandages in our hospitals. We know that even poor people are asked to bring with them bandages, syringes or other medical equipment. It is a pathetic situation, and year in, year out, we vote money for the Ministry of Health. Unfortunately, our people do not get helped by that money.

I would ask the Minister for Health and his team to look into what is ailing our health institutions, because there is something wrong. Maternal health care sector is almost a thing of the past, because most of the clinics around the country have collapsed. It was a sector that had been fully developed. Expectant women have to fend for themselves when they are delivering their babies, or even after treatment. It is a pathetic situation in a country where the child mortality rate had fallen and where medical facilities were almost at par with the developed countries. That is so because of corruption. Just the other day, documents were tabled in this House to show that huge sums of money passed by this House have been lost. The Ministry signs a cheque for the delivery of some drugs, but they are not supplied. That is corruption by the very people who are supposed to be procuring drugs. I would hate to think that, all that passes without the knowledge of the Minister.

*(Mr. Maore consulted with Mr. Kalweo)*

I am addressing these issues to the Minister for Health, and I hope he is listening attentively, because it is important that the Ministry is streamlined.

Mr. Deputy Speaker, Sir, I hope the Minister for Health has understood what I have said. We were surprised to see Kisii District Hospital being overcrowded; patients sleeping on the floor and in pathetic conditions. But just when the President was set to tour the area, those of us who watch television saw a completely different picture. We cannot have hospitals being tidied up because the President is set to visit them. How many hospitals will the President be able to visit? We read the story of the Kiambu District Hospital in the Press, when the Minister for Health and his officials made an impromptu visit there. I have no doubt that we have very able medical personnel in the Ministry of Health, but there are still a lot of shortcomings; either the staff are demoralised because of poor pay; the management of our hospitals is dead, or the Minister and the Assistant Ministers are not doing their job.

Mr. Deputy Speaker, Sir, when we look at the Budget, 30 per cent of it is based on charity and donor money. How long are we going to base 80 per cent of development in certain important Ministries on donor funds? The other day, the Danish International Development Agency (DANIDA) cancelled their contribution to this sector. From where is the Minister hoping to get this charity? Suppose donor funds are not forthcoming because of corruption which has been displayed in the past, which donor is going to give this money? Why is it that the Treasury and the Ministry do not negotiate, and start putting money that we are sure of in essential Ministries, such as the Ministry of Health? Why should we have so much money to put elsewhere, like in defence, but not in health for wananchi? If a country cannot look after the health of its citizens, how can the people produce?

I hope that in future, and I am very glad that the Minister for Local Authorities is there--- The medical institutions in the local authorities have collapsed completely. In Nairobi, there are no clinics which are functioning. When the Minister was appointed to the Ministry of Local Authorities, we were very pleased because he spoke on television and said that those clinics will be rehabilitated. To date, that died out and nothing is happening. Those clinics are not functioning. The Kenyatta National Hospital is a referral hospital. I would like to congratulate the management of Kenyatta National Hospital, and all the other hospitals around, for the very good job they did during the bomb blast. This goes to show that we have the personnel, and they can do their jobs if assisted properly. But Kenyatta National Hospital cannot do all the work for Nairobi patients. It is a referral hospital and it should be equipped to do its job. The City Council of Nairobi clinics should be functioning so that they can ease the congestion at the Kenya National Hospital.

Mr. Deputy Speaker, Sir, I think it will be a good thing if those two Ministries are combined, and all health services come under one Ministry. This is because City Hall has shown that it cannot manage anything because of corruption. If it cannot even clear garbage, how can we trust it with the lives of our people? I do not think that the Ministry of Local Authorities has any use in this country. It just uses money and does not deliver services. Here in Nairobi, we feel very bad that such a service has completely come to zero. In Nairobi, we need district hospitals or clinics which are functional. I really want to thank the Director of Medical Services because he sent mobile clinics to some of the slum areas. I know he did that for Mathare, and I hope that he will extend those services to other areas like Kibera and Kawangware, where those services are badly needed. But that notwithstanding, he should look at the health in Nairobi as a whole.

Preventive health is a thing of the past. It is cheaper to prevent than to cure. Water-borne diseases are prevalent in children because during the rainy season, water mixes with sewerage. This is very dangerous for Nairobian. We have very many diseases which could be prevented.

Mr. Deputy Speaker, Sir, I would like to mention one thing about the staff. Unfortunately, our medical staff work under very difficult circumstances, but they are paid very little. No wonder they all migrate to other countries. I do not think it is cheaper to bring in health workers from outside this country, than to look after our own. I know that in Kenyatta National Hospital, after they train intensive care nurses, they are snatched by other hospitals. Could the Minister look into paying our staff well? After all, our doctors and nurses train for a long time and when they come out, they are paid like secretaries. It is not that I am saying secretaries should not be paid highly, but surely, the training is completely different. We should reward those who serve us.

I would like to say something about women; that is the nurses. I normally speak for the women, but today, I will speak for the men. We would like to see a situation where husbands of women nurses can be treated in the hospitals where they work free of charge. It happens for the men. The wives of male staff are treated free in hospitals where they work. But one husband, because women normally have one husband, cannot be treated in the hospitals where their wives work. In some homes, the wives are the breadwinners. Can this discrimination stop? I would like to request the Ministry to look into this issue seriously.

With those few remarks, I beg to support.



**Mr. Poghiso:** Thank you, Mr. Deputy Speaker, Sir. I stand to support this Motion. I come from Kacheliba Constituency which is a rather unique constituency, having been part of two countries; a location in Uganda and a division in Kenya. Under those circumstances, nobody cared about Kacheliba. Having been a Kenyan territory administered by Uganda under contractual terms for 40 years, that is from 1931 to 1970, the Ugandan Government did not care. We did not get much from that contract. In other words, we were left behind deliberately by both Governments. I still do not understand because health is very important to us. When we became part of Kenya in 1970, the health of our people was not taken into consideration. I would like to report here that there is not a single doctor for about 100,000 people in my constituency. There is only one clinical officer serving all those many people.

Now, I would like to presume that when the Ministry of Health plans and budgets, it does so according to need. If you talk about need, those are the people who need help and improvement of health. The people of Kacheliba Constituency are the ones who travel hundreds of kilometres to go to the only Government hospital in the district, which is at Kapenguria. They travel up to 200 kilometres to see one or two doctors who are at Kapenguria District Hospital.

*(Mr. Angwenyi consulted loudly with an  
Officer on the Civil Service Bench)*

**Mr. Deputy Speaker:** Order! If you want to consult with the Permanent Secretary, go to the back Chamber! You should not do more consultations from there!

**Mr. Poghiso:** Mr. Deputy Speaker, Sir, affirmative action needs to start with the Ministry of Health. The infant mortality rate of the people in my constituency is very high. It is 180 per 1,000. It is almost 200 per 1,000. One-fifth of the children die before the age of five years. That information is with the Ministry. I suppose that when they are budgeting and planning, that kind of information needs to be taken into consideration.

So, I would like to see more of the monies voted going where the need is the greatest. In particular, we have heard that West Pokot is named among the malaria zones. The people of Kisii have received attention. The people of West Pokot need to receive that attention. It is a malaria zone, just like Kisii. The fact that Kisii is in the newspapers every day, and more information is coming out of there, does not mean that West Pokot needs to be left behind in that regard. We would like to see the Minister and his team from the Ministry heading to West Pokot and Kacheliba to see for themselves. They should do so even before they spend the money that we are voting. This is because unless the need is identified, sitting in the office and disbursing the money will not help. It will not put the medicines where the need is the greatest.

Mr. Deputy Speaker, Sir, public health education is very important to our people. We know that most of the diseases that our people suffer from can be prevented through public health education. Most of them are water-borne diseases. If public health education was carried out in every village or most of the villages, we would actually reduce some of these diseases. I would like to urge that much more qualified personnel be sent to West Pokot. But we have one snag; as usual, very many members of the medical staff do not want to work in West Pokot. This surprises me because medical personnel are actually trained to help alleviate human suffering. However, once they get wind that they will be transferred to Kacheliba, most of them will back down. Most of them will travel as far as Nakuru and Nairobi to revoke those transfers. Now, when medical personnel fear to go and help human beings who are suffering, just because of the geographical location, what kind of future do we have if our aim is the betterment of the health of our people in this country?

*(The Minister for Local Authorities (Prof. Ongeru)  
consulted with Officers on the Civil Service Bench)*

**Mr. Deputy Speaker:** Order! As I said before, you can consult with the civil servants sitting on the Civil Service Bench, but when you want to carry on animated discussions, that is totally out of order. If you want to conduct loud discussions, there are rooms provided back here for that purpose. Now, shall we maintain some decorum in the House?

**Mr. Poghiso:** Thank you, Mr. Deputy Speaker, Sir. I was talking about posting staff to that area. We have dispensaries and health centres, but to get trained staff to go there has been a problem because they say it is too far and so forth.

*[Mr. Deputy Speaker left the Chair]*

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

I would like to urge that if we cannot get staff from district hospitals and other places, can the Ministry consider training local people? Give directives and specific training to them so that they can go back to that area. I would like to suggest that people from Alare, Kacheliba, Kapsoi division and many other **[Mr. Poghio]** parts of that district should be identified and taken to Medical Training Centres (MTCs), because they will go back to alleviate human suffering in those areas, where other people are afraid to go. I think we should consider that when disbursing these funds.

I would request trained medical staff to go back to their ethics because you find many of them in the rural areas selling drugs. They do not care about the health of our people. There is a case of Kacheliba Health Centre where, for a long time, patients never used to be admitted, and we thought it was because there were no facilities. But when we checked in the stores, we were shocked to find that there were mattresses and blankets. This is ethically wrong. Just because there might be too much work for you, you do not want to admit patients. This does not really justify the fact that patients are not admitted in that health centre.

Mr. Temporary Deputy Speaker, Sir, I want to make one request, that since Kacheliba Health Centre has been in existence for a long time, and majority of patients who go to Kapenguria District Hospital are referred from it, the Ministry should consider upgrading Kacheliba Health Centre to a sub-district hospital because Kacheliba is a sub-district. By so doing, my constituents will see a doctor or somebody using a stethoscope, who is able to identify some of those diseases. I would also like to recommend, in case that is not urgent enough, that they make Kacheliba Health Centre an annex hospital of the district hospital so that doctors can address diseases before they are referred to the district hospital.

Mr. Temporary Deputy Speaker, Sir, I was talking about the cases of theft of drugs by medical personnel.

Recently, there was a case of theft in that hospital. However, nobody could release or even discipline the officers concerned because we would not have anybody else to replace them. So, we decided to retain them.

Turning on the budget of this Ministry, I would like to ask the Ministry to work in concert with other Ministries because one of the biggest problems in the rural areas is that there is no clean water. If you go to a hospital when suffering from typhoid, you will be treated and get well, but you will go back to your contaminated water. That should be looked into; it can be corrected through public health education.

There used to be stand-by generators at Kacheliba Health Centre. We do not know where they were taken to. The house is still there, without those generators. Let us also provide transport to our people. Kacheliba Constituency is about 200 kilometres wide, and there is no single medical car. Can the health Ministry consider giving a vehicle to Kacheliba Constituency so that patients can be transported to the district hospital? There is need for blood transfusion on mobile vehicles so that we save the lives of our patients who suffer from anaemia. One of the biggest problems caused by malaria is anaemia. Patients become anaemic and they require blood transfusion because they cannot get to the district hospital. Also, the children become anaemic. I would urge the Ministry to improve the treatment of our patients, and we could have mobile clinics that are Government controlled.

Mr. Temporary Deputy Speaker, Sir, in principle, I also think that the Government should support missionaries who have set up dispensaries by supplying medicines to them in order to strengthen the small clinics. These are the people who go far deeper than the Government.

It is a worthy cause to give the Ministry money and I hope they will use the money where the need is greatest. With those remarks, I support.

**Mr. Murungi:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to support this Motion. This Motion comes at a very appropriate time; in fact, today, as we are talking about health here, the City Council workers have gone to the office of the Town Clerk and painted it with faeces because they have not been paid for some time. This is a very worrying trend because the message which is coming out of this, is that we cannot actually talk about health with massive poverty in this country. When you see decent human beings carrying faeces to go and paint the office of a senior official of City Hall, then something must be terribly wrong.

Mr. Temporary Deputy Speaker, Sir, we also know that the hon. Members of Parliament do not have any medical scheme. The hon. Members are praying to God day and night that they, themselves, and their families do not fall ill because of the high cost of medicine in this country. So, we consider this Motion a very important Motion at this juncture. At Independence, the KANU Government gave three promises to Kenyans; that they would fight to eradicate poverty, ignorance and diseases in this country. I would like to say that 36 years down the road, poverty, ignorance and diseases have increased in this country. We do not know how much more time this

Government needs because it has completely failed to honour these three basic promises that it gave to Kenyans at the birth of this nation. Perhaps, the question we should ask ourselves is where we have gone wrong. With all these noble ideas and high policies, why is nothing happening on the ground? The policy level is only in place; we have greater focus on preventive medicine and promotional health, and have allocated it a large share of this year's development budget of Ksh32 billion out of the Kshs14.2 billion that we are allocating to the Ministry. We are also allocating Ksh13 million to rural health services. I think the focus is correct, but the question is: What is happening? Are we fetching water with a leaking bucket? Are we taking services to our people in a "leaking bucket" so that these services get poured on the way and do not reach the people?

Mr. Temporary Deputy Speaker, Sir, I think the biggest problem we have in this Ministry, and it was there before Mr. Kalweo's appointment, is corruption. We are not talking about only mega corruption or about the Kshs95 million which has been talked about in this House; we are talking about corruption which is everywhere. We are talking about corruption at high, middle and low levels in the Ministry.

For instance, I am aware that we have a rural dispensary in my constituency which is called Motokiamia which was allocated Kshs9 million in the 1997/1998 Budget. In that dispensary, only Kshs2 million was spent. I would like the Minister to find out what happened to the other Kshs7 million. I would like to get a response to that issue when he stands in this House to reply. Last year, we allocated Kanyakine Health Centre Kshs200,000 to complete certain buildings, but as I am talking here, not a single cent of that amount of money has reached this health centre. I talked to the Medical Officer of Health (MOH), who told me that they had only received Kshs50,000, and they were waiting for the other money. But when I went there last week, I was informed that not a single cent had been sent there although we are in another financial year. So, with this kind of spillage, we are not likely to improve the health services in this country.

Mr. Temporary Deputy Speaker, Sir, we have been very impressed by the high profile visit of the Minister to Central Kisii District because of the malaria problem that has hit that district, but it is not only Central Kisii District that has got a malaria epidemic. Although the Minister comes from Meru North District, I would like him to visit this district because there is a malaria epidemic in my own division, which is called Abogeta. This division is in South Imenti Constituency and about 10 people are dying every day in Ngache Location. My friend from West Pokot District, Mr. Poghisio, also invited the Minister to visit his district. So, it is not enough for the Minister to be a political tourist and visit one place accompanied by television cameras, and come back and forget that the rest of the country is also suffering. We would like enough drugs and personnel to be sent to all the areas in this country which have been hit by malaria.

Mr. Temporary Deputy Speaker, Sir, it is not strange for me to invite the Minister to Meru District, although he comes from that district. This is because we know that in a situation like this one, the Minister might forget to go to his home district because he is afraid that Kenyans might accuse him of favouring the Meru people. We are only asking for our rights, just like the rest of the Kenyans are doing. So, he should not feel that by mobilising people to visit Meru and to sort out the malaria problem in the area, he is favouring them. He has to treat the people of Meru like other Kenyans. Why should he go to Kisii and not to South Imenti Constituency?

**An hon. Member:** It is because Kisii is your cousin!

**Mr. Murungi:** Mr. Temporary Deputy Speaker, Sir, it is true that Kisii is our cousin, but he should visit his brothers first before he visits his cousins.

I think we should take preventive health care more seriously. The locational health officers are doing nothing. These officers only inspect meat after a bull has been slaughtered, and eat the liver together with the people they have slaughtered the bull with. After doing that, they spend the whole day drinking local brews in various places where slaughtering of bulls takes place. So, what they are supposed to do in preventive health care, for example, educating the people on primary health care, is not taking place. So, we would like more supervision of the locational health officers to ensure that when we talk about preventive health care, it is, in fact, taking place.

Mr. Temporary Deputy Speaker, Sir, a lot of our people are dying from AIDS, and we feel that the Ministry is a bit shy in its campaign against this disease. We would like every family in Kenya to know that AIDS is a killer disease. If you look at the *Daily Nation*, you will find that there is no Kenyan who has ever died of AIDS, although many people have died from this disease. Every day we have advertisements of people who have died, but the newspaper indicates that they have died of short illnesses and accidents. According to the *Daily Nation*, no Kenyan has ever died of AIDS. So, we should insist that when people die from this disease, this cause of death should be written in the *Daily Nation*, or the *East African Standard*, so that other Kenyans can get scared. If we fool around and say that people died of malaria and other diseases, we might think that there is no AIDS in the country.

Mr. Temporary Deputy Speaker, Sir, I think the National Hospital Insurance Fund (NHIF) is not utilising its funds properly, especially the interest earned on the deposits. We would like the interest earned on the

deposits of the NHIF to be used in the maintenance of at least one or two wards at Kenyatta National Hospital (KNH), so that people who are terminally ill can get free treatment at this hospital instead of investing this money in banks and other risky investments. The NHIF should also put something back into the society by supporting one or two wards in this hospital, especially for cancer patients, AIDS patients, or any other patients. We also need an excellent facility. This is because we are tired of taking people abroad for complicated surgery. All these Harambees which are held in the country would not be held if we had adequate facilities at the KNH or Nairobi Hospital, where these complicated surgeries can be done.

With those few remarks, I beg to support.

**The Assistant Minister, Office of the President (Mr. Choge):** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to also say a few things about this Ministry. I come from Aldai Constituency or division where a hospital is not in existence. All that I have are out-patient centres, which are about 20 to 30 miles away.

**An hon. Member:** Are you reading from that document?

**The Assistant Minister, Office of the President (Mr. Choge):** Mr. Temporary Deputy Speaker, Sir, I am not reading from this document.

When somebody walks from Kemeloi to Kapsengere through bushes, rocks, forests and rough roads, he tends to think that he is not in Kenya, but somewhere else, either in Ethiopia or in remote areas such as Turkana District. This is so because there are health centres and hospitals in the neighbouring districts, namely Kakamega and Kisumu. Aldai Division has got only Kemeloi, Kaptumo and Chemase health centres. But the rest of the places have out-patient clinics which are about 30 miles apart. The only hospital we have is Kapsabet District Hospital, which is very congested. There are patients sleeping on the floor, without any blankets or bed, yet, Kapsabet is a very cold area. As a result, these people contract other diseases in the district hospital. Kapsabet District Hospital also has no water. Even the mortuary in that place is very smelly and the whole district is also smelly. The Minister for Health has to do something to make the people in that particular area think that they are actually in Kenya; otherwise, they think they are a rejected lot.

Mr. Temporary Deputy Speaker, Sir, we have to train people from the same district. There is no point of getting people from very far away and when they are posted to Kapsabet, they run away, thinking that Kapsabet is more remote than Baringo. I have in mind three trained medical students who were posted to Nandi District, but they could not stay in Nandi. They preferred being in Baringo to Nandi. That is actually a very good example of what I am talking about. Training more medical students from an area and forgetting other areas would mean that those people in that particular area will not get medical services. This is because when the students leave the medical training schools, they want to go to their homes, or their respective districts. At the moment, the standard of living is very high in the country, but it is difficult to find money; the economy is very bad. So, it is better for somebody to be near his home, so that he can render services properly to his people.

Mr. Temporary Deputy Speaker, Sir, sometime back, there was a mysterious disease which struck the country. The Kenya Medical Research Institute (KEMRI) could not diagnose it. They had to send samples to South Africa for diagnosis, only to find that it was Rift Valley Fever. The Rift Valley Fever and Highland Malaria are finishing whole populations in Nandi, Kericho and Uasin Gishu districts. This Ministry has got to liaise with the Veterinary Department in the Ministry of Agriculture, so as to have animals vaccinated. This is because there are diseases which animals carry and transfer to people through consumption of meat. The Highland Malaria and Rift Valley Fever are contracted this way. There are also other diseases like Anthrax and Black Water. Unless the Ministry of Health liaises with the Veterinary Department and have the animals vaccinated, the people of that area cannot be healthy because they drink milk and eat meat from the same animals. I am urging the Minister to make sure that the area has many more out-patient centres in the major market places, where the local people can hire some rooms for these purposes. The people do not have to wait for a health centre or hospital to be built to get drugs.

Mr. Temporary Deputy Speaker, I also think it is high time the Minister considered transferring most health services to the local authorities, so that if they want to "eat" the money instead of buying medicine, it is up to them. For instance, when the people of Kiambu "eat" the money meant for purchasing drugs, they do not have to say, so-and-so is corrupt. In fact, it will be better supervised, and the people of Kiambu or Nandi will know that so-and-so is getting rich because he is embezzling hospital money. Corruption in as far as stealing medicine will be minimised if we can go back to the local authorities.

Mr. Temporary Deputy Speaker, Sir, water should be supplied to the various health centres or wherever medical services are rendered. If people stay in a health centre without water, they are likely to spread diseases. I have already mentioned the geographical features and I am sure the Minister will bear in mind what I have already said.

Mr. Temporary Deputy Speaker, Sir, we need a sub-district hospital in Kemeloi, Kaptumo, Kapsengere and Chemase, because they are about 20 to 30 miles apart. If the Minister cannot consider this, then we will have to go back and eat roots as we have been eating for all these years. We shall have no alternative but to go back to the local medicine, which is a very primitive way of living today.

I am sure the Minister for Health is a very able Minister, and I hope he has taken into consideration what I have said about the training of medical students. I hope he will make sure that every area in the whole Republic is represented. Students from every other community should be admitted, not just one community. If the admission is spread all over the country, I am sure people will be happy, and medical services will be delivered to people more easily, and people will not die in many numbers as they are dying now, because of malaria. I hope that the Ministry will send a lot of drugs to Kapsabet.

With those remarks, I beg to support.

**Mr. Ayoki:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to contribute to the on-going debate. The Ministry of Health is a very important Ministry in our lives because when you talk about health, you are talking about life itself. That makes the Ministry very important. All these problems, like lack of drugs in hospitals, nurses' strike, having few doctors in the hospitals, mismanagement of funds and corruption in the hospitals, or in that Ministry, could be a thing of the past if health services delivery could be decentralised so that it is done at the district level. During the Budget debate I talked about decentralisation of health services. What I meant was that if we could adopt a federal system of governance, the problems we are facing in Kenya today would be a thing of the past. Even if you look at the original Constitution, which came from Lancaster House, it was tailored for Kenyans. It was a federal system of governance which we were supposed to adopt right at the beginning. Somehow, along the line, it was derailed and we came up with the present centralised Government which is bogged down with corruption and malpractices like tribalism and others.

Let me turn to the Budget itself. I rise to support it although we have a lot of health problems in our areas. In my constituency, which is Kisumu Rural, we do not even have a district hospital, although the area is large enough to be a district. In fact, with the creation of Nyando District, the remaining part of the old Kisumu district, is Kisumu Rural. I do not count Kisumu Town as a part of Kisumu District because, if Kisumu Town becomes a city, which is likely to happen very soon, then the remaining part of Kisumu District will be Kisumu Rural, comprising of Seme Location and Kisumu Location, which are outside the town. For that matter I would like to request the Minister for Health to consider upgrading Kombewa Health Centre to a district hospital level. If that cannot be done then he should consider upgrading it to a sub-district hospital so that the people in Kisumu Rural Constituency can get the necessary services. Kombewa Health Centre plays a very important role in helping accident victims along Bondo-Kisumu Road.

As you are aware, nowadays, accidents are very rampant all over the country. At Kombewa Health Centre, we do not even have an ambulance, yet, it serves a very large area which is situated about 30 kilometres or so from Kisumu Town. If there is no ambulance, or even a telephone, it is very difficult to transfer people, to inform or to call Kisumu District Hospital for the necessary assistance we are looking for. Recently, quite a number of districts were created. For example, we created Nyando District. Pap Onditi Health Centre was supposed to be a sub-district hospital, but up to now there are no medicines or even a doctor to look after the people. In fact, it was recommended to be a district hospital to cater for the large population in Nyakach Division and part of the lower Kano.

If you look at that part of Kenya, we also have Bondo District Hospital which was started a long time ago, but has not been completed to date. Funds were allocated, but they did not reach Bondo Hospital for completion. Something should be done, and I am urging the Minister to take note of all these things. Also, in the area, we have Madiany Hospital in the lower part of Rarieda District. That place is almost like an island because roads leading to that place are impassable, even during the drought period, because of the big potholes. They are murrum roads and you cannot go to Uyoma area any time, be it during the rainy season or not. They do not even have an ambulance. That medical centre should be upgraded to a sub-district hospital, to cater for the people in that area who are having problems getting medical services. I have talked about ambulances for Kombewa and also for Madiany. We also need resident doctors to cater for the people.

You are aware, and it has been largely publicised, that Nyanza Province is experiencing a large number of deaths due to AIDS. Whereas we agree that malaria is killing many people, especially in Kisii and other areas, now, I understand that it is invading upcountry and that it will require a lot of attention so that it can be controlled. The lower area of Nyanza is known as a malaria infested area and yet, people just talk of AIDS killing people. It is true that AIDS is killing people, but it is suspected, although there is no medical proof, that malaria could also be playing a major part in killing many people, especially those who have contracted AIDS and are already weak. If a mosquito bites them, then they will die very quickly because they do not have the antibodies to

fight against malarial attacks.

Mr. Temporary Deputy Speaker, Sir, attention should be given to people living in the Lake Victoria region because that is where malaria is very prevalent. In most cases, even if patients are taken to hospital, they are just given malarquin which has proved to be very ineffective against malaria nowadays. So, the Ministry of Health should try and send medical staff to these areas.

Mr. Temporary Deputy Speaker, Sir, if you look at the Budget allocations, you will see that Government contribution to these hospitals or medical centres is very minimal despite the fact that, people in these areas are also taxpayers. Those donors who were helping the Government with drugs or money to stock these hospitals have been scared away because of corruption. They are not assisting these people now; they insist on going there directly if they have to assist.

Mr. Temporary Deputy Speaker, Sir, waterborne diseases are killing many people in the Lake Victoria region because the Ministry of Water Resources although we are talking about the Ministry of Health, has not done enough to give people clean water for drinking. People of this region are not careful enough to boil water for drinking. So, we need some sort of civic education which we are urging the Government or the Ministry of Health to carry out in the rural areas, so that people can practise some personal hygiene on how to cook properly.

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

**Mr. Musila:** Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Motion.

Let me start by appreciating the good work done by the majority of the staff of the Ministry of Health. I am saying this because I am aware that, all is not well in the Ministry of Health. I know that there are a lot of problems, most of which have been highlighted by my colleagues. However, I think it would be unfair not to appreciate that there are men and women out there who are spending most of their time, working very hard to save lives. These include doctors, nurses and even senior members of staff. I would like to commend them for a job well done. We must also appreciate that we do have a lot of problems in the Ministry of Health.

Let me just mention one point which has been pointed out by most of the speakers. This is HIV/AIDS. One of the most serious problems which is facing this nation today is the HIV/AIDS epidemic. We have had a lot of statistics and we have been told that currently, over 50 per cent of the beds in our hospitals are occupied by HIV/AIDS patients. When you look at it, as a problem globally, it is even more alarming. I think time has come when we must set up campaigns to educate and create awareness among the entire population about this serious problem. This is because, nowadays, every weekend, there are so many funerals, a majority of which are as a result of HIV/AIDS.

Therefore, I do support what hon. Murungi has said, on mounting serious campaigns everywhere, particularly to the groups that are more vulnerable to this deadly disease. I would like to see the Ministry of Health directing its campaigns to schools and churches. This is because no one is immune to this disease. However, I do disagree with what the hon. Member said earlier that, when people die of AIDS, what had killed them should be stated. I think the privacy of every patient; whether he dies of malaria, AIDS or whatever disease, should be kept. I think it is not right for anyone to say what has killed a person. That notwithstanding, the most important thing is that, we must now go out in full swing to save lives. Time for seminars has passed because the Chair is aware that, most Ministries spend a lot of time conducting seminars and at the end of it all, we do not see results. It is now time for action. We must move first because our population is in danger of being eliminated. We must set up research activities because up to now, no known cure is available for HIV/AIDS. I think we have facilities like KEMRI. It is high time we stepped up research to find the prevention and even cure for HIV/AIDS, in association with other institutions all over the world. This matter of HIV/AIDS cannot be overemphasised.

Mr. Temporary Deputy Speaker, Sir, this issue of malaria has been referred to by most hon. Members, particularly highland malaria, and I want to say something about it. We should also not lose sight of the fact that malaria is a very serious disease, whether it is highland, clinical or Coastal. Time has come for the Ministry of Health to ensure that this disease is eliminated from this country. Ever since we were in school, we were taught ways and means of eliminating malaria. It is very sad that, so many years have been spent in fighting malaria but still, it remains the biggest killer disease, in this land. I would like to urge the Ministry of Health not to rush to places when they hear of an epidemic of a disease as common as malaria. I think time has come for us to eliminate mosquitoes from the face of this country and ensure that, we do not get infected by this disease.

Mr. Temporary Deputy Speaker, Sir, most of the speakers have talked about medical training. This is one area that a lot of our people are complaining about. The Chair is aware that, after Form Four, students are called to district centres and they are asked to send in their applications for joining Medical Training Centres. These applications are given to districts and taken to the headquarters, Nairobi. That is the last that is heard of these applications. Time has come when we must see transparency in the recruitment of students to Medical Training

Centres. We know what is going on; there are a lot of allegations about how people can find their way to the Medical Training Centres. I think the Minister is capable of ensuring that there is transparency in the admission of students to these important institutions.

Mr. Temporary Deputy Speaker, Sir, last time, an hon. Member wanted to know the number of people employed in the Ministry of Health from various districts. It was an uphill task because it could not be done. We would like a quota system to be exercised. We would like every district of this Republic to be given vacancies for the number of students to be trained in these institutions through the quota system. By doing so, the Minister for Health will ensure that our health centres are properly manned. At the moment, these officers are posted to these centres and they refuse, perhaps, because they are in remote areas. If these trainees were to be taken, at least, from every district, I am sure we would not be having this problem.

Mr. Temporary Deputy Speaker, Sir, I would now like to touch on Mwingi District Hospital. Perhaps, it would be of interest for the House to know that we have no district hospital as such. What we have is an institution that was formally a mission hospital. It was neglected and abandoned by the missionaries, and only then did the Government step in and took it over. No improvement has been done on Mwingi District Hospital with an exception of what was done by the missionaries. I sympathise with members of staff working at the Mwingi District Hospital. I would like to commend them for working very hard under very difficult circumstances. But, we could do more. There is a lot of congestion in this hospital. Three patients per bed is a very common sight at the Mwingi District Hospital. It is no wonder that there are a number of private hospitals mushrooming in Mwingi Town. This is because people cannot get treatment at the district hospital.

I beg to support.

**The Temporary Deputy Speaker** (Mr. Imanyara): Mr. Kalweo, it is your time to reply, but I understand you had agreed to give some of your time to your colleague, Prof. Ongeru.

**The Minister for Local Authorities** (Prof. Ongeru): Mr. Temporary Deputy Speaker, Sir, I would like to thank my colleague for this opportunity, to speak on the subject.

I would like to take this opportunity to congratulate the Ministry of Health for working under very difficult circumstances. The health sector---

**Mr. Murathe:** On a point of order, Mr. Temporary Deputy Speaker, Sir. Is the Minister in order to congratulate this Ministry for working under very difficult circumstances, when they are on record as being unable to absorb Kshs600 million worth of donor funds?

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

**Mr. Murathe:** Is the Minister in order to mislead this House that this Ministry is working under very difficult conditions?

**The Temporary Deputy Speaker** (Mr. Imanyara): Order, Mr. Murathe! Proceed, Prof. Ongeru!

**The Minister for Local Authorities** (Prof. Ongeru): Thank you, Mr. Temporary Deputy Speaker, Sir. I hope the hon. Member appreciates the difference between politics for the sake of politics, and professionalism. I was talking about professionalism in the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, I think the Ministry of Health must be congratulated for doing a good job. I know, from a professional angle, that it is not one of the easiest Ministries to run. Disease is one of the biggest problems in this country. The largest Vote, both within Government and outside Government, goes to the management of various disorders at the family level, the institutional and certainly at the Government level. Indeed, as you would see, a budget of K£256 million is not even sufficient enough to take care of the many problems that we come across.

Mr. Temporary Deputy Speaker, Sir, I would like to correct some falsehood and misreporting. I would rather call it mischievous reporting about Kisii Hospital. I think it is terribly unfortunate that we should get amateurs in journalism, trying to report in a professional language they do not understand they do not even know what it takes to admit a patient in a ward. I would like to bear testimony to those very hard working doctors and nurses at the Kisii Hospital who are working 24 hours round the clock to contain the intensity of Highland Malaria. I had the opportunity to visit that hospital on Sunday afternoon, and I can tell Kenyans, loud and clear as a professional, that when I got there, many wards were heavily congested. There was no single patient who had been pushed out. Indeed, some of the patients were lying under beds. Therefore, the insinuation that the beds were cleared is totally unethical. No single doctor, professionally trained, would succumb to that kind of cheap politics. I call them "gutter politics". It is "gutter politics" when they are unable to appreciate the level of services that were being offered in that hospital.

Mr. Temporary Deputy Speaker, Sir, indeed, the visit of His Excellency the President to the district bears testimony. It did more than was required. It raised the awareness of the community on the problem of

Highland Malaria. It created an enabling environment for the other stakeholders to come in. It is not fiction. If you went there, on the ground, you would see the World Health Organization alongside the Government, the Department for International Co-operation from United Kingdom, UNICEF, MSF, AMREF, the KMH Director and the military medical core services right on the ground working. Therefore, it is absolutely absurd, and I think, a misdirection in politics. You must separate what is good for the community from what I think is a misplaced political agenda and ambition. As far as the political agenda and ambition are concerned, we shall deal with that issue separately, on a separate platform. At any rate, I have every intention to reply to what was a mischievous contribution by hon. Obwocha in this House; making very derogatory remarks about my person. I shall deal with him directly, because I do not want novice politics to enter into something which I think is a good cause.

**Mr. Temporary Deputy Speaker** (Mr. Imanyara): Prof. Onger, you deal with him through the Chair!

**The Minister for Local Authorities** (Prof. Onger): Thank you, Mr. Temporary Deputy Speaker, Sir. Therefore, I would like to make one point clear, that those doctors, right from the top to the simplest orderly in the hospital, require an applause. They are not just about to be messed around. It is immoral to mess them around. We need to encourage them and give them support.

With those few remarks, I beg to support.

**The Minister for Health** (Mr. Kalweo): Thank you, Mr. Temporary Deputy Speaker, Sir. I stand here to reply to the points raised by hon. Members during their contributions. I, with my three Assistant Ministers and staff of the Ministry of Health, have been here all along, so that we could listen to every point that was raised. The reason is that, managing the Ministry of Health is not a duty of a single person. It is a collaborative effort for all Kenyans to give their input, so that we can improve health for Kenyans.

Mr. Temporary Deputy Speaker, Sir, hon. Murungi referred us to the time of Independence when the liberators of this nation declared that we had three enemies to fight. It is that move that created the present problems.

Mr. Temporary Deputy Speaker, Sir, when we said ignorantly that we should offer free treatment, poverty was not completely addressed to. I remember when the Kenya Industrial Estates (KIE) was started by hon. Dr. Kiano, people called those products "mali ya Kenya". They deviated it in one way or the other. So, we have a backlog of so many children who were born and educated, because by then, the child mortality was very high. Here is a problem that was created from then, that so many children were born and educated. But we did not create employment opportunities for them. This was not caused by KANU alone, but all these Members seated here, or anybody who is above 40 years must be in that group. So, it is an issue that requires to be tackled seriously. If we cannot unite, I do not know what we can do to eradicate this problem. That is why I am saying that, some of the problems did not come into existence last year.

Mr. Temporary Deputy Speaker, Sir, since my appointment to that Ministry, we have had to set priorities on how to run this Ministry, because it was a big problem. Our first priority was to have drugs. We know how much it costs, how erratic and disputable it was. I can assure this House that we have addressed that situation and now, there are drugs all over in the country. I know there are some problems and Nairobi was not built in a day. If you go to some Ministries, you will find staff who have been there for over 20 years and transferring the Minister or the Permanent Secretary does not solve the problem. We should move more quickly to train and work with that staff to identify the problem with help from our communities, hon. Members and other leaders.

Mr. Temporary Deputy Speaker, Sir, on the issue of donor funds, for example, the Kshs600 million which was referred to was a deal which was accomplished by just a junior officer some years back. So, without knowing some clauses, when I went to the Ministry, we were just remaining with less than one year. We acted according to the agreement that was in place then. Any negotiations now, can only be done by the Accounting Officer and the Treasury, so that they can be held accountable. This is a misfortune of the past which has now been completely eradicated.

Mr. Temporary Deputy Speaker, Sir, the other issue is about the Authority to Incur Expenditure (AIEs). Those funds also had some problems but now, we have formed a financial committee in the Ministry to find ways of dealing with the AIEs so that, if it is indicated that Gachoka would receive a certain amount of money, we should ensure that the money reaches there. Now, it is not the duty of an individual officer, but the financial committee will be dealing with that matter. We want to pursue every matter in an open and transparent manner.

Mr. Temporary Deputy Speaker, Sir, on the issue raised by hon. N. Nyagah yesterday, we have sent a team to investigate that money and I will report back to the House in due course. We have [**The Minister for Health**]

nothing to hide, because I need to be assisted by this House. That is why I am keenly listening to any comment, so that I can know how to handle this issue.



*(Applause)*

Mr. Temporary Deputy Speaker, Sir, hon. Members have made very important contributions about this Ministry. Most of those issues will be sorted out. On visits to districts, tomorrow, hon. Criticos will visit Nandi and Trans Nzoia Districts, and part of Kapenguria to assess the situation on the ground. I am also going to Tana River District tomorrow, to visit those remote areas. Answering other hon. Members, I will start visiting several areas once we get the funds. Initially, we lacked money. That is why I was not mobile.

Mr. Temporary Deputy Speaker, Sir, on the exodus of personnel, we have trained over 4,000 personnel and we are negotiating with the Treasury, so that they can give us money to remunerate our personnel adequately. Maybe, we might come back to this House to seek for approval. That is not the only problem facing Kenya today and they understand that. Some hon. Members talked about huge vehicles; fine, some of those vehicles are grants to the Ministry and we have no choice, but to accept them. So, I would urge hon. Members sometimes to visit the Ministry to update themselves on what is happening. On Monday, I will appear before the Departmental Committee of Health, Housing, Labour and Social Welfare and brief it on how the Ministry is moving ahead. We want the Committee to help us educate other hon. Members about the progress we have made so far.

Mr. Temporary Deputy Speaker, Sir, the other point is about the HIV/AIDS. The HIV/AIDS is all over the country. We have talked about it and we are asking all leaders to educate the public about the dangers of HIV/AIDS. People must go back to their traditions. They should change their sexual attitudes. So, it is the communities themselves who can venture into this to cater for the understanding, because they know the order of transmission.

Mr. Temporary Deputy Speaker, Sir, with your permission, let me say that in conclusion, I would like to appeal to hon. Members to note that healthcare is a responsibility of every Kenyan, and every effort must be made towards prevention of diseases. The public needs to adopt good health habits which include safe disposal of their waste, boiling drinking water and keeping their environment clean. Some of these water-borne diseases like malaria and cholera require education. We have instructed our health technicians to join hands with the Provincial Administration and hon. Members to enhance education to their people and sensitize them on what is required of them.

Mr. Temporary Deputy Speaker, Sir, what is hindering our progress not only as a Ministry, but as a country, is poverty. It is the duty of every individual to eradicate poverty. But we are blaming the Government for not doing this and that. What have we also done for ourselves? I congratulate hon. Members for their contributions.

Mr. Temporary Deputy Speaker, Sir, I think if they give me support or advice personally or even to my officers, this will improve the activities in the Ministry, so that we can achieve our goals. I beg Members to support me and pass my Vote, so that I can be able to do what I anticipate. I am sure that, slowly by slowly, we have to improve that Ministry at all costs. We have done more than 50 per cent. So, it is my wish that the hon. Members from both sides of this House support my Vote.

I beg to move.

*(Question put and agreed to)*

*[Mr. Speaker left the Chair]*

IN THE COMMITTEE

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

Vote 11 - The Ministry of Health

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I beg to move:-  
THAT, a sum not exceeding K£256,112,520 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2000 in respect of:-

Vote 11 - Ministry of Health

*(Question proposed)*

## VOTE R11 - RECURRENT EXPENDITURE

## SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. You have created a precedent of a procedure which is very friendly to the Minister but not friendly to scrutinisers, by not repeating the Heads and Items.

**The Temporary Deputy Chairman (Mr. Musila):** I will repeat them.

*Head 310 - Headquarters Administrative Services*

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, could the Minister explain to this House why in the previous approved Estimates for 1998/99 Financial Year under Head 310, Item 181--- 474: How do you explain the fact that you have pending bills which are larger than 50 per cent of the total allocation for last year, which will substantially reduce what you have at your disposal for payments or rents and rates (residential) in the current Financial Year?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, you know that the cost of housing and rates varies year by year and for most of the people who stay in Nairobi, the rates vary from place to place and those are the reasons.

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman (Mr. Musila):** I will come to you Mr. Angwenyi but Dr. Kituyi, would you like to follow that answer?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, arising from that most unfortunate reply, could the Minister explain to us if there was an unprecedented increase in rents in Nairobi area in 1998/99, why his request after reduction of the pending bills is not substantially increased for the current Financial Year; how will you pay for the increase in rates now, when you have not asked for much money and you are going to use K£85,000 out of it to pay for pending bills?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, we have recommended these other pending bills to the Treasury, so that it can help us pay for them. In the near future, I will come to this House for that purpose.

*Head 312 - Provincial Professional Administrative Services*

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, if you look at last year's financial budgetary allocations under Head 312, there were allocations for every province and district. But this year it looks as if all the allocations have been lumped together at the Ministry's headquarters. Could the Minister explain why that is being done now?

**The Minister for Health (Mr. Kalweo):** I did not get what you are asking.

**The Temporary Deputy Chairman (Mr. Musila):** Could you repeat please?

*(Loud Consultations)*

I would like to appeal to the hon. Members on the Front Bench to please consult quietly, so that the questions can be heard by the Minister.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, for the purposes of our good Minister who is a very considerate person who went to Kisii and helped our people before someone came in and took over the Ministry and ejected our people, Mr. Minister, if you look at page---

**The Temporary Deputy Chairman (Mr. Musila):** Order, Mr. Angwenyi. I think we are not debating now. I think we have had enough of debate. Let us go to the specifics of the items here. So, please keep to that.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, if the Minister could refer to pages 475 to 480 of the Recurrent Expenditure, he would see that in 1998/99, the allocations under Head 312 were for every province and district. However, this year they have all been lumped together at the headquarters. Why has this been done?

**The Minister of Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, the reason is that, it is for accountability; for instance, as concerns donor money, there will be a cheque and cash issued to the district. So, when somebody deposits that cheque, he gets the money so that accountability can be reached in that manner.

**The Temporary Deputy Chairman** (Mr. Musila): Hon. Members, Mr. Angwenyi would like to follow up his question. So, let us give him a chance.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I sympathise with the Minister. Is he saying that there will be no accountability at the district and provincial levels? What will happen to the people who have been doing this job if all their duties have been taken to the Headquarters?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I have said that this is a fund through which we receive donor money. This was done so that money that is sent to districts or provinces for any given project can be checked. In the past, we used to issue Authorities to Incur Expenditure (AIEs) to both district and provincial treasuries. However, there would be no cash against which to cash AIE cheques, and the cheques will be returned to the Headquarters. Therefore, this was done to avoid that kind of inconvenience.

**Mr. Parpai:** Mr. Temporary Deputy Chairman, Sir, our worry is that, according to the printed Recurrent Estimates, last year, we voted money for personal emoluments throughout the country, including other expenditures. Now, all this has been taken to the Headquarters. Are we saying that the personnel in Kajiado, Kisii, Meru and all other districts in the country will be paid by the Permanent Secretary, Ministry of Health in Nairobi? Are we saying that the personnel have been sacked or transferred to Nairobi for accountability? What accountability is the Minister talking about?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, hon. Members have been advising the Ministry here on the measures to be taken by the Ministry to curb some of the problems, including corruption. These are some of the measures taken to deal with accountability problems. Sometime back, I was told in this House, for example, about some ghost workers the Ministry had. So, we have been directed by the Treasury to handle the funds in that manner for purposes of rationalisation.

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. I seek the guidance of the Chair. The Committee of Supply is about to be involved in an illegality. Standing Order No.142(2) and (3) provides that during the Committee of Supply Members of Parliament scrutinise all Items, one by one, the requests in the printed Estimates and demand justification for the requests. However, the current printed Recurrent Estimates do not contain Votes and Sub-Votes, starting with Heads 312 through to 316. We are being asked to endorse a request for money without the Ministry telling us what it wants the money for. Unlike last year, there is absolutely no information detailing the amount of money required for specific purposes. The Minister has asked us to give him money when all that money could end up in one district hospital instead of going to all hospitals in the whole country.

Mr. Temporary Deputy Chairman, Sir, I seek the guidance of the Chair: How are we supposed to proceed when we are asked to vote for Items and Heads when there is no allocation of money under those Heads and Items?

**The Temporary Deputy Chairman** (Mr. Musila): You are right, Dr. Kituyi, in as far as the Standing Order is concerned in that you have to scrutinise the expenditure Item by Item, and I think that, that is exactly what we are doing. I think the Minister is justifying the expenditure. In any case, I can see that details on where the money will be spent have been shown beginning on page 588, starting right from the Minister's salary all the way down the line. So, I think we are in order. The information is available, and you can ask the Minister any question you wish to ask.

**Mr. N. Nyagah:** On point of order, Mr. Temporary Deputy Chairman, Sir. I think we are setting a very dangerous precedent here. One, we are actually being asked to Vote on individual accounts, and yet we do not know what those accounts say. I think what should basically happen is that we go on until mid-night to enable the Minister and his team to plug details into each Sub-Head, showing what it stands for, so that we can know what we are talking about. Could we be told under what Head the amount on page 316 has been put?

**The Temporary Deputy Chairman** (Mr. Musila): Which amount do you want to be told about, Mr. N. Nyagah?

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I believe that, first of all, this question was brought up prematurely, because we had not reached it. The question was raised by hon. Angwenyi before it was read out. However, if you look at the various institutions, from Head 316, you will realise that we do not have the individual amounts that we are looking for. So, we would like to be told under what Sub-Head the amount is reflected?

**The Temporary Deputy Chairman** (Mr. Musila): Mr. N. Nyagah, you have just said the question was

raised prematurely. Now, why do we not dispose of the Heads we are dealing with, first, and then raise any point that you have regarding that particular question when we reach it? Is that okay?

**Mr. N. Nyagah:** Yes, Sir.

**The Temporary Deputy Speaker** (Mr. Musila): So, let us deal with the specific Heads I have read out, first.

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. You have read out Head 312. The matter hon. Angwenyi has raised is relevant to Head 312. You referred us to explanations contained in a latter page. I want to take you to the appropriate page; it is not worth mentioning. The appropriate page is from page 592, where it is indicated: "Professional and Administrative Services continued". This means that this started earlier. Do you notice that there is absolutely no money that has been mentioned in the last column - which is the relevant column for us - through to the next five pages? So, what can stop the Minister from---

**The Temporary Deputy Chairman** (Mr. Musila): But we have not reached there!

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, we are dealing with Head 312. If you do not know how we reached there, you should know that we are dealing with it.

**The Temporary Deputy Chairman** (Mr. Musila): Yes, we are there.

**Dr. Kituyi:** How can we prove that all the money contained in these Votes will not end up in one province if we pass the Vote? There are no Heads tying the money to specific provinces. Even the details that have been given later on do not show what amount has been allocated for which province, and we cannot proceed without that information being availed to us.

**The Temporary Deputy Chairman** (Mr. Musila): I see your point, Dr. Kituyi. Could we ask the Minister to reply?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, the arrangements by the Treasury are that payment of salaries will be made at the Ministry's Headquarters. Salaries for specific districts and provinces can be dispatched there from the Headquarters.

**Ms. Karua:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Could the Minister be kind enough to show us exactly where that information appears under the Headquarters? He has said that the salaries will be paid from the Headquarters. Exactly, where does the total of that money appear?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, should we jump from Head 312 to whatever they want to discuss so that we can start there?

**The Temporary Deputy Chairman** (Mr. Musila): I think, Mr. Minister, we are right on Head 312 and that is where they are querying. We are in Recurrent Expenditure!

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Is the Minister in order to purport to be asking a question when his duty is only to answer?

**The Temporary Deputy Chairman** (Mr. Musila): I have given nearly 20 minutes on that and I will put the question.

**Mr. N. Nyagah:** On a point of order, Mr. Temporary Deputy Chairman, Sir. We have a great crisis here which I do not know how it is going to be solved. Under Head 312, we have figures that are indicated there. If you look at personal emoluments on pages 592, 593, 594, 595, 596, and 597 there is no reflection. Therefore, as it is, the Vote cannot move ahead at all. It would have to be done on another day when we get proper explanation. As much as we would want to pass this money to the Ministry of Health, and we love the Ministry, there is no explanation that can be given as we sit here tonight.

**The Temporary Deputy Chairman** (Mr. Musila): I would like the Minister to explain that. I will not take any more points of order because a point of order has already been raised and the Minister is relying. How can you put a point of order on another point of order, Mr. Parpai?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I refer the hon. Members to page 588 where we start with the Minister's salary. They can read over and follow the contents. Everything is explained there!

**The Temporary Deputy Chairman** (Mr. Musila): I am not trying to answer on behalf of the Minister, but when you say that the money is not there, looking at Head 312, page 475; Provincial Professional Administrative Services, the figures are there. Figures were not there for 1998, but the figures which we are deliberating on are there. There is the total gross expenditure of K£2,998,745. The question that was asked was why in the Headquarters and not in the districts, and it was explained! I will only allow one more point of order, then we proceed!

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, notwithstanding your attempt to help the Minister, we are voting on Heads and Items. In fact, you are not helping the Minister even if you wanted to---

**The Temporary Deputy Chairman** (Mr. Musila): Order! Dr. Kituyi, would you go to the point?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, look at Head 312 again. Do not stop at page 474, but look at the bottom of page 475 and the whole of pages 476 and 477. We have seen the salaries of personnel at the Ministry Headquarters and we are not asking anything about that. We are supposed to vote money for salaries, equipment and so on, for provincial hospitals; province by province. We look at the Printed Estimates, know the items and we should know so much money is going to rehabilitate the district hospital in Kajiado, so much is going to Baringo and then we can say whether we allow the Minister to have that money or not. The Minister wants a *carte blanche*. There is no mention of how much money to go to which district or provincial hospital except for a few districts later on. In most districts there is nothing shown and in all provinces nothing is shown. We are supposed to know how much goes to which province before we say "yes" or "no". Can the Minister tell us how we are dealing with this because we cannot just vote? I must be able to say I accepted this budget because so much money was going to the Western Province and so much to the Rift Valley Province. Otherwise, what is the purpose of Printed Estimates?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I refer the Questioner to page 486, Head 296; Primary Health Care and we can go down to Head 316; Provincial Hospitals. I also refer the hon. Members to page 484 and the totals are there which is K£189,205,058.

**Mr. Poghiso:** On a point of order, Mr. Temporary Deputy Chairman, Sir. I do not know whether you have noticed, as you were doing your work, that there was disorder around there. Is it in order that hon. Members should disregard and even bang the Table on Mr. Temporary Deputy Chairman?

**The Temporary Deputy Chairman** (Mr. Musila): That is a valid point of order. I did notice that a Member did bang the Table. Definitely, that is very disorderly and I hope that is not going to be repeated.

**Mr. N. Nyagah:** On a point of order, Mr. Temporary Deputy Chairman, Sir. The reason why there is disorder in the House is because there is an ambush on what has happened. There is nothing unprocedural in what we have done. The Minister and the team have been unable to explain the questions that we have raised. The Chair persistently refused to listen to this side on very valid reasons and questions that have been raised. This is a bad precedence that we are setting where we are going to have one province or district benefitting at the expense of others.

**The Temporary Deputy Chairman** (Mr. Musila): Would you sit down, Mr. Angwenyi? You have expressed your opinion and you should realise that I gave over 20 minutes for this. I think everyone had a chance to give his opinion. I have been very fair to you and if you think that it is not right, so be it, because a question has been properly put, voted in and passed.

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. I want to raise a very important question.

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Angwenyi!

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, we can only pass this Vote today on the promise of the Minister that he will give us the breakdown of figures next week.

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Angwenyi! If you are referring to the Heads which have already been agreed to, then, I am sorry.

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

**The Temporary Deputy Chairman** (Mr. Musila): Dr. Kituyi, do you want to talk about those Heads that I have already proposed?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, but the question of the Heads must be put.

**The Temporary Deputy Chairman** (Mr. Musila): No! I did ask you whether you would like to contribute to the Heads that I had proposed.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, how can you know what I want to say before you have even given me the chance to say it? I did raise a matter that is not tied to an individual's provision in the Printed Estimates, but which was touching on the constitutional responsibility of Parliament to scrutinise taxation proposals and proposals for Expenditure by Ministries. Now, we have a fundamental problem that we have not had before; at least not in the Seventh and Eighth Parliaments. We do not have any amount of money set against the Heads that you are asking us to approve. I did not ask the Minister to convince me on anything, but I wanted the guidance of the Chair on that matter.

If you ask me to vote for a Head and an Item which has no money allocated to it, what am I voting for? Now, we have already voted for some Heads as read earlier, but we do not know how much money has been allocated to the provision of medical services in Eastern Province. If you are satisfied that the Minister can convince us that they made a mistake and he can go and bring the breakdown on those Heads to us, before the date

of the Guillotine, then it might make sense. But now, we are about to set a precedent; that you can give a blank cheque to the Government without knowing how the money will be used.

**The Temporary Deputy Chairman** (Mr. Musila): Dr. Kituyi, the issue was why the money was placed at the Headquarters, and the Minister did explain the reason for that.

**Hon. Members:** No! He did not!

**The Temporary Deputy Chairman** (Mr. Musila): If that is the case, the Minister gave his explanation, and if you are not satisfied with it--- Prof. Saitoti, do you want to say something? I had earlier recognised you.

**The Vice-President and Minister for Planning and National Development** (Prof. Saitoti): No, Mr. Temporary Deputy Chairman, Sir.

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

**The Temporary Deputy Chairman** (Mr. Musila): Order! But, Dr. Kituyi, you cannot rise on a point of order repeatedly. You have had many occasions to raise your point of order. Let us now get another hon. Member to raise his point of order.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, we want guidance from you on this matter. Now you are basically saying that if a Minister stands here and says whatever he wants to say, we should accept it; whether it is correct or not. In this case, the Minister did not even make any attempt at all to answer that question. However, I do believe, and I need your guidance, that the work of the Clerk is to advise the House on how we should move on, because we are about to set a very dangerous precedent.

**The Minister for Health** (Mr. Kalweo): On a point of order, Mr. Temporary Deputy Chairman, Sir. I hope hon. Members will look at the page they have been referred to. For example, on page 522, there is Moyale District, and from there, there are other districts listed with the amount of money provided for them. These Estimates have not been prepared by the Ministry of Health, but by the Ministry of Finance.

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Our good Minister for Health has referred us to the Ministry of Finance. So, we must give these Estimates back to the Ministry of Finance so that its officials can prepare proper Estimates, which can be scrutinised by people who are educated on matters of accounts and finance.

**The Temporary Deputy Chairman** (Mr. Musila): Order! Which particular Head are you now referring to?

**The Assistant Minister for Finance** (Mr. Arap-Kirui): Mr. Temporary Deputy Chairman, Sir, how can the hon. Member refer that matter to the Ministry of Finance?

**The Vice-President and Minister for Planning and National Development** (Prof. Saitoti): On a point of order, Mr. Temporary Deputy Chairman, Sir. We may, perhaps, not be scrutinising these figures very carefully. First of all, it is clear that we do have certain totals of figures under "Headquarters." At the same time, if one were to look at page 476, there is also a breakdown of the amount of money as far as the provincial hospitals are concerned. All those ones that can be filled---

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir!

**The Vice-President and Minister for Planning and National Development** (Prof. Saitoti): Mr. Temporary Deputy Chairman, Sir, if you then go to page 565, again, you will see the breakdown of the amount of money, district by district. So, where is the problem? Every detail is found in the Estimates.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, Prof. Saitoti has been misguided---

**The Temporary Deputy Chairman** (Mr. Musila): Order, hon. Members! We have to move ahead. I had already proposed the Heads to the House. It is now time for me to put the Question to the House.

**Mr. Omino:** On a point of order, Mr. Temporary Deputy Chairman, Sir. As I can see from the Estimates, the Minister ought to have given, in addition to the figures here, a schedule which shows what amount of money has been provided for each district hospital. If you look at page 494, you will see that the services which are to be provided by the district hospitals are listed and there is a provision for all of them. Then, thereafter, all those services are repeated for every district hospital, without the figures being shown. At the end, that same figure is indicated again. So, that is really the problem. The Ministry ought to have given us a schedule of how these figures are divided between the various district hospitals. If that can be done, then, really, there will be no problem.

**The Temporary Deputy Chairman** (Mr. Musila): So, in fact, what hon. Omino has said is that the figures are there, but the mode of distribution is not there. But the Minister did explain that they had put the money at the Headquarters and gave his reasons.

**Mr. N. Nyagah:** Now, we can move ahead!

*(Heads 310, 311, 312, 314, 348, 349, 454, 455, 456, 457, 514, 550 and 555 agreed to)*

*(Sub-Vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

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

*(Sub-Vote 111 agreed to)*

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*(Heads 113, 322, 323, 325, 326, 327, 328, 330, 331, 332, 334, 346, 347, 518, 519 and 520 agreed to)*

*(Sub-Vote 112 agreed to)*

SUB-VOTE 113 - RURAL HEALTH SERVICES

*(Heads 335 and 336 agreed to)*

*(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING

*Head 340 - Kenya Medical Training College*

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, my query is on page 585, Head 340, Item 341. Since I came to this Parliament, the biggest complaint by Kenyans and leaders is the manner in which the Kenya Medical Training College is run. We have set a *modus operandi* of how people are accepted in medical colleges. As we pass this money, because I notice they have the number to do so, could the Minister guarantee this House that in future, a quota system will be used from now on, so that we can have equitable distribution of personnel on this line? I know he will say yes, but can it be done practically?

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Minister, I would like you to give the guarantee also.

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, if he is not feeling well, I have got his deputy.

*(Loud consultations)*

**The Temporary Deputy Chairman** (Mr. Musila): Order, hon. Members! Everyone will get a chance. Let us be more orderly. Hon. N. Nyagah put a question to the Minister and the Minister is in the process of replying. Could you give the Minister a chance? After he has replied to hon. Nyagah's question, I will recognise you.

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I do concur with what hon. Nyagah has said. This is a matter that has moved from last year to this year. I give the undertaking that I will do everything possible to see that the intake will be done equitably.

**Mr. Maitha:** On a point of order, Mr. Temporary Deputy Chairman, Sir. We would like the Minister to give us a proper assurance. Last week, there was a Question from Coast Province. I am short of 714 personnel and Mr. Boit is only taking people from other areas. He has taken people from Lamu and everywhere. Could he promise that he is not going to be biased?

**The Temporary Deputy Chairman** (Mr. Musila): Order, Mr. Maitha! Mark you, we are not debating. I have already finished the debate. You rose on a point of order, but that is not a point of order.

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. This Vote should be increased. The medical training colleges provide very essential services. In fact, in the whole of the Ministry of Health, those are the only institutions that are working, as far as I am concerned. This amount should have been increased.

**The Temporary Deputy Chairman** (Mr. Musila): What is your point of order?

**Mr. Angwenyi:** I am defending the medical training colleges because they are doing a good job.

**The Temporary Deputy Chairman** (Mr. Musila): You are out of order. That is not a point of order!

*(Head 340 agreed to)*

*(Sub-Vote 114 agreed to)*

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

*(Head 350 agreed to)*

*(Sub-Vote 115 agreed to)*

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNIT

*Head 335 - Medical Supplies Co-ordinating Units*

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, in accordance with the provisions of Standing Order No.142 (3), I gave notice of my intention to move the following Motion:-

THAT, Vote R11, Ministry of Health, be reduced by a sum of K£1, and that such an amount be deducted from Sub-Vote 116, Head 355, Medical Supplies Co-ordinating Unit, Item 000 - Personal Emoluments.

If you saw the way hon. Members were expressing anxiety about the good Minister's intention to sort out the medical training colleges, they were expressing the anxiety about one person called Mr. Boit. They were expressing anxiety about corruption. This Minister right now, is lucky. He has a very competent Director of Medical Services and a born-again Permanent Secretary.

*(Applause)*

**Mr. Poghisiso:** On a point of order, Mr. Temporary Deputy Chairman, Sir. This is now turning into a discussion of the character of somebody. Is he in order?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, we have to live in the abilities of our colleagues.

**The Temporary Deputy Chairman** (Mr. Musila): Order! Dr. Kituyi, you should just go back to the matter at hand.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, there is a fundamental issue that I mentioned here. The biggest crisis in the medical sector today is brought about by two things. There is haemorrhage of professional personnel out of the country because of poor retention and human resource management and the stigma of corruption in drug procurement. Because of the persons who have been responsible for driving out the financiers of the Kenya Expanded Programme on Immunisation and the financing of post-graduate training, we have lost Kshs500 million that they had last year. The personnel is quitting because of the corruption in the tendering of drugs.

As an expression of outrage, pilfering of critical resources and destruction of an important Ministry, I am moving that we vote to reduce the allocation for payment of salaries to people responsible for drug procurement and tendering for the Medical Supplies Co-ordinating Unit, in order to send a message that we are tired of the evil persons who are destroying a Ministry that has a potential, with better personnel that is currently there.

With those few remarks, I beg to move.

*(Question of the reduction proposed)*



**Mr. Ojode:** Mr. Temporary Deputy Chairman, Sir, I would have moved the reduction by K£1, but since the former Permanent Secretary was removed from this Ministry, the current Permanent Secretary has been doing a commendable job. Maybe, my colleague is not aware that there have been a lot of changes at the Ministry in the tendering systems. I would suggest that instead of reducing it, we should look for ways and means of increasing the allocation for this Ministry.

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

**Mr. Ojode:** Mr. Temporary Deputy Chairman, Sir, I think I am still talking---

**The Temporary Chairman (Mr. Musila):** Yes, but you cannot talk forever!

**Mr. Ojode:** Mr. Temporary Chairman, Sir, I did not get a chance, even to contribute to this particular Vote.

**The Temporary Deputy Chairman (Mr. Musila):** This is not time for debate my friend! You have made your point. Please, sit down!

**The Minister for East African and Regional Co-operation (Mr. Biwott):** Mr. Temporary Deputy Chairman, Sir, I rise to oppose the Motion on the grounds that the hon. Member is actually trying to catch the headlines. If, in fact, he believes---

**Dr. Kituyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir. First of all, a person standing to contribute to a Motion presented before the House and proposed by the Chair does not propose; he contributes, either to oppose or support. But is it in order that the person of Mr. Nicholas Kipyator Biwott can cast aspersions on the integrity of my person and the intentions behind my moving a statement about corruption? Is it in order that he can cast any such aspersions, of all the people, hon. Biwott?

**The Temporary Deputy Chairman (Mr. Musila):** It is definitely out of order, Mr. Biwott, to cast aspersions about his intention to move a statement about corruption. Therefore, I will ask you to withdraw that issue of "catching headlines" and continue.

**Mr. Angwenyi:** On a point of order, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman (Mr. Musila):** Order! You cannot stand on a point of order when another hon. Member is on a point of order.

**The Minister for East African and Regional Co-operation (Mr. Biwott):** Mr. Temporary Deputy Chairman, Sir, I withdraw. But I am quite sure tomorrow that will be the headline.

If he says that the Ministry has a competent Director of Medical Services and a "born-again" Christian, then surely, with God's grace and Christian beliefs, we should expect that the Ministry will go from strength to strength. Instead of asking for the deduction of K£1 from the personal emoluments as opposed to the whole Ministry, then I think is it very frivolous.

With those few remarks, Sir, I beg to oppose.

*(Question put and negatived)*

*(Heads 355 and 356 agreed to)*

*(Sub-Vote 116 agreed to)*

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

*(Head 315 agreed to)*

*(Sub-Vote 117 agreed to)*

*(Vote R11 agreed to)*

#### VOTE D11 - DEVELOPMENT EXPENDITURE

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

*(Head 310 agreed to)*

*(Sub-vote 110 agreed to)*

SUB-VOTE 111 - CURATIVE HEALTH

*Head 317 - District Hospitals*

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, on page 372, Head 317, during my contribution I did raise my fear about this particular Head, where we have an allocation of K£845,000 to Item 400. I know part of this allocation will go to the construction of buildings at Mathari District Hospital and Pumwani Provincial Hospital. What guarantee do we have, despite this allocation, that those hospitals will be rehabilitated?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, if the hon. Member could recall, I mentioned that we have some additional money for development or rehabilitation of hospitals. This is why we have this allocation on this particular Item. The new team will make sure that this amount of money is not misappropriated.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I am asking a definite question here because we are talking of K£12.8 million on this project. I represent Kamukunji Constituency. Mathari District Hospital which is in Kamukunji has not been funded over the years. Will this K£850,000 go towards the rehabilitation of Pumwani and Mathari hospitals so that I can make a follow up from there?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, this money is not only for those two hospitals. Mathari District Hospital will get its share. I know this hospital is a white-elephant project, but we will do something about it.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, I am very specific. I have been very supportive to this Ministry. Can I refer the Minister to page 379? We are not talking in general about hospitals that will be funded. I am specifically talking about Pumwani Provincial Hospital and Mathari District Hospital. As I said yesterday, the past three financial years, this allocation had been indicated, but these institutions have been vandalised. What guarantee do we have that public money will not go to waste in future? Will these two hospitals be rehabilitated so that 3.1 million people can benefit from them?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, I said that we will do something about those health facilities which are in Nairobi.

*(Heads 316, 317 and 318 agreed to)*

*(Sub-Vote 111 agreed to)*

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*Head 323 - Environmental Health Services*

**Mr. Angwenyi:** Mr. Chairman, Sir, I can see that under Head 323 - Environmental Health Services - funds have only been provided for Eastern and Rift Valley Provinces. Does that mean that those are the only places where we have got environmental problems? This is because K£4 million has been allocated to the two provinces.

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Angwenyi, which Head are you talking about? Is that Item 192?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I am talking about Head 323, Item 192.

**The Temporary Deputy Chairman** (Mr. Musila): What is your question, Mr. Angwenyi?

**Mr. Angwenyi:** Mr. Temporary Deputy Speaker, Sir, there has been an allocation of K£3.8 million for environmental health services for only two provinces. Where is the other amount of money to cater for environmental health services in the remaining provinces?

**The Minister for Health** (Mr. Kalweo): What is his question?

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Minister, he is saying that Eastern and Rift Valley Provinces have been allocated K£3.8 million under Item 192. He is asking about the allocation for the other provinces.

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, this project is funded by SIDA, which chose the two provinces to start with.

**Mr. Gatabaki:** On a point of order, Mr. Temporary Deputy Chairman, Sir. In view of the fact that the number of hon. Members on this side is so tiny compared to the masses voting on the other side of this House, could the Minister, for the first time, be sincere and do precisely what he has put in the estimates and deliver services to the people of Kenya?

**The Temporary Deputy Chairman (Mr. Musila):** I think that is an observation.

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, the Minister has said that, that amount of money will be provided by SIDA. But if you look at that page, Item 901, you will find that the amount of money provided by SIDA is only K£0.5 million. So, the K£3.3 million will be provided by somebody else.

**The Temporary Deputy Chairman (Mr. Musila):** I think there is a problem with the communication equipment. Therefore, I will repeat the question for the benefit of the hon. Minister. Mr. Angwenyi, has said that SIDA will provide K£562,850 as Appropriations In-Aid under Item 901. He is asking where the rest of the money will come from since K£562,850 will come from SIDA and there is a huge balance. Where will the remaining amount of money come from?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, that figure will stand; as the project progresses we will come here to look for money.

*(Laughter)*

**Mr. Ngure:** On a point of order, Mr. Temporary Deputy Chairman, Sir. Now that we read from the Estimates that the environmental health [Mr. Ngure] services will only be provided in Eastern and Rift Valley Provinces, what will happen if need arises in Nyanza, Western and the other remaining provinces?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, I think hon. Members should even be thankful for what is happening. I have told them that funds for Item 901 will be provided by SIDA. To answer his question, I would like to inform him that since the donor will sponsor this programme in those two provinces, the Government will also do the same in other provinces. This is because it is the duty of the Government to carry out projects where the donors have not come in to assist.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, notwithstanding the explanation about the SIDA money, I just want the Minister to explain to this House one thing. At a time when the Government is virtually losing the battle against highland malaria---

**The Minister for Health (Mr. Kalweo):** The Government is not losing the battle!

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, the Minister should not quarrel, but he should listen to my question. How does he explain the anomaly that under Head 323, Item 190 - Environmental Health and Malaria Control - he is asking us to give him K£30,000?

**The Minister for Health (Mr. Kalweo):** Which Item is that?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, I am talking about Head 323, Item 190 on page 372, where he is asking us to give him K£30,000 for environmental health and malaria control. How can he ask us to pass that paltry amount of money when today, we have virtually lost the war against highland malaria? How can he ask this House to pass such a little amount of money?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, one thing over which I will not agree with the hon. Member is that the Ministry is losing the war against highland malaria. In fact, I would like to inform him that we are not losing the war against highland malaria. The other thing is that we do not anticipate that there will be an epidemic every now and then. However, I know that the Government is doing everything possible to see that it can "maintain" the health of its people, whether they are poor or rich.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, obviously we are not very concerned about this issue. We are about to vote money that will go to Eastern and Rift Valley Provinces for environmental health. Therefore, we are saying that we are leaving the rest of Kenya vulnerable to malaria. I would like to ask the Minister to inform us the amount of money the Government has spent so far to contain highland malaria in Central Kisii District alone. In fact, I am not even talking about Nandi District. We know that between now and the next financial year, we will have a lot of rain in this country. Where does the Government anticipate to get money from so that it can contain this disease?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, the amount of money which has already been spent in Central Kisii District to control this disease is Kshs8.8 million.

*(Heads 323 and 325 agreed to)*

*(Sub-Vote 112 agreed to)*

SUB-VOTE 113 - RURAL HEALTH SERVICES

*Head 335 - Communicable and Vector Borne Diseases*

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, if you look at this schedule you will find that we are lacking a lot of personnel in our medical services. The only way we can address this problem is by allocating enough funds to rural training centres so that we can train people at the grassroot. As you can see, the amount of money we have allocated for this is very small.

**The Temporary Deputy Chairman (Mr. Musila):** Mr. Angwenyi, we spent a lot of time debating and this is not time for debate. Would you please put a question on the specific Item?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, could the Minister explain why he could not allocate more funds to rural training centres? This is because we want to train more people in rural areas who can address our health issues.

**The Temporary Deputy Chairman (Mr. Musila):** Mr. Angwenyi, which Item is that?

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, I am referring to Head 337 on page 375.

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, we have limited resources and the reason why we introduced cost sharing was to enable the public to share part of the responsibilities. But this is just a token amount.

*(Heads 335 and 337 agreed to)*

*(Sub-Vote 113 agreed to)*

SUB-VOTE 114 - HEALTH TRAINING

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

*(Sub-Vote 114 agreed to)*

SUB-VOTE 115 - NATIONAL HEALTH INSURANCE

*Head 350 - National Hospital Insurance Fund*

**Mr. Angwenyi:** Mr. Temporary Deputy Chairman, Sir, if you look at Head 350 there has been an allocation of K£25 million to NHIF when, in fact, if you look at that page, they have only allocated K£400,000 to Kenya Medical Training College and K£70,000 to Kenyatta National Hospital. But the Ministry is giving so much money to one institution just to construct buildings when we cannot get drugs in our hospitals. Could the Minister explain to us why we should spend money this time on buildings when we need it to buy drugs and provide other services?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, we spend more money on renting and it can be refunded.

*(Loud consultations)*

**An hon. Member:** Or we re-allocate it?

**The Minister for Health (Mr. Kalweo):** Mr. Temporary Deputy Chairman, Sir, the best thing is to re-allocate to other services. We spend a lot of money in renting houses.

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, I sympathise with my friend, the Minister.

**The Minister for Health (Mr. Kalweo):** No, do not sympathise with me!

**Dr. Kituyi:** He does not want me to sympathise with him. But can he give an undertaking to this House now that none of the K£25 million that he is asking us to give NHIF---

*(Loud consultations)*

**The Temporary Deputy Chairman** (Mr. Musila): Order! Order! Hon. Members seated in that corner there; we are doing very serious business. Could you repeat your question, Dr. Kituyi?

**Dr. Kituyi:** Mr. Temporary Deputy Chairman, Sir, outrage has been expressed in this House before about intentions by some people in Government to use NHIF to buy a little grabbed plot next to the NSSF building. I am asking the Minister to make an unequivocal statement that after he is given the K£25 million for NHIF, none of that money is going to be used to purchase the small parcel of land next to NSSF building from hon. William Ruto and Ajay Shah. Can he make that statement?

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Chairman, Sir, we have a Board in place. It was just the other day that this House passed a Bill creating the Board and we hope that Board will work according to its specifications. So, I want to give an undertaking that everything will be done according to the Budget and nothing will be manipulated.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, whereas I notice this is the final opportunity to ask a question, I want to know the rationale from the Treasury and Ministry of Health, why K£25 million is being allocated. I am saying this because of the following reasons. On the 14th July--

**Mr. Sambu:** Mzee amechoka!

**The Temporary Deputy Chairman** (Mr. Musila): Order! Mr. Sambu, this is an Allotted Day.

**Hon. Members:** That is now a Debate.

**The Temporary Deputy Chairman** (Mr. Musila): Ask your question, Mr. Nyagah.

**Mr. N. Nyagah:** Mr. Temporary Deputy Chairman, Sir, on the 14th July, 1998, my good friend the Minister whom I have great faith in, according to the HANSARD page 1173, he said the following: " This Department has surplus money." Now, we are being told the surplus money has been spent instead of giving that money to Kenyatta National Hospital or provincial and district hospitals for the purchase of drugs. Our fear is that this money may be misused as has happened in the past in this particular Ministry.

**Mr. Ngure:** On a point of order, Mr. Temporary Deputy Chairman, Sir.

**The Temporary Deputy Chairman** (Mr. Musila): What is your point of order for?

**Mr. Ngure:** As far as we are concerned, we are the people who know very well what an insurance fund is set for. As far as we are concerned, the National Hospital Insurance Fund is a self-funding institution. We know they are constructing buildings with the interest they earn from the money they have invested in banks. Can the Minister assure us that we are not voting this K£35 million just because they lost some money in collapsed banks?

**The Temporary Deputy Chairman** (Mr. Musila): With due respect, Mr. Ngure, I think the Minister gave that assurance.

*(Head 350 agreed to)*

*(Sub-vote 115 agreed to)*

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

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

**Mr. Angwenyi:** As we all know Kenyatta National Hospital is the highest referral in this country. It provides services to our people. Why could the Minister not allocate more funds to this essential institution in our health system? Why could he not allocate maybe K£11 million or more instead of K£110,000? This is the exact figure that I was given by the Treasury. Could the Minister take away from NHIF K£10 million and give it to Kenyatta National Hospital?

**The Temporary Deputy Chairman** (Mr. Musila): Mr. Kalweo, you do not have to answer that because we have already passed that area and we cannot go back.

*(Head 315 agreed to)*

*(Sub-vote 117 agreed to)*

*(Vote D11 agreed to)*

*(Question put and agreed to)*

*(Resolution to be reported without amendment)*

*(The House resumed)*

*[Mr. Temporary Deputy Speaker  
(Mr. Imanyara) in the Chair]*

## REPORT

### Vote 11 - Ministry of Health

**Mr. Musila:** Mr. Temporary Deputy Speaker, Sir, I beg to report that the Committee of Supply has considered the Resolution that, a sum not exceeding K£256,112,520 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2000, in respect of Vote 11, Ministry of Health, and has approved the same without amendment.

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

**The Minister for Transport and Communications** (Mr. ole Ntimama) seconded.

*(Question proposed)*

**Dr. Kituyi:** Mr. Temporary Deputy Speaker, Sir, I am glad that, after some substantial scrutiny and in spite of some problems, this House is about to pass the Vote of the Ministry of Health. But there are some fundamental points that have to be raised at this stage. Even as we agree to give the taxpayers' money to the Ministry of Health, there is one major crisis in this Ministry; the stalling of the reform process in the health sector. Although there is a Reform Task Force in this Ministry of Health, there was a period when Mr. Mbova, the Permanent Secretary, was driven out of office with a few people who had caused a lot of negative publicity to that Ministry. Some of those people had entered into contract with the donors who were funding the work being undertaken by the Task Force on the reforms. As a result of shady deals donors have frozen the resources. It will be necessary that the Government considers looking for additional resources to jump-start the reform process in that Ministry.

Today, we have a very good and professional Director of Medical Services, but he has a problem. Some of the problems are inherited from the colonial period. The Director of Medical Services has no time to do professional work. He has no time to mobilise and supervise personnel because he has to accompany the Minister on night visits to where there is a crisis. He has to go and visit district and provincial medical officers. He could do so many things which leave him with limited time to pay attention to human resource management. This contributes to an already serious problem of brain-drain.

The Minister should look for possibilities of seeking Government support to give special treatment to medical personnel. There is no justification why a medical doctor in Kenya should have a take-away salary of Kshs13,000 today. He does not stay in a Government house any more. If a doctor is staying in Umoja because he is paid Kshs13,000, how will he be able to respond quickly to an emergency at a Government hospital? This is a major crisis which we must address. Smaller economies are able to attract our doctors away while we are not having resources.

Mr. Temporary Deputy Speaker, Sir, last year, Kshs400 million was received for postgraduate training of doctors. This year, not only does the Ministry of Health have Pending Bills, it has not received a single pound from the donors for postgraduate training of doctors. If we are not going to have any donor support for post graduate training and we do not plug the exit routes that are taking away our critical resources, we are going backward in a critical resource area of our economy.

With those remarks, I support the Motion.

**Mr. Poghiso:** Mr. Temporary Deputy Speaker, Sir, my concern is one. I do not agree with the basis for the safety of this money, because the Permanent Secretary is a born again Christian and we have a very good Director. That is basing it on individual character. I think they need to look further than just the individuals and

seal all the loopholes. The fact that I am saved today, and then I am moved to another Ministry, is not the basis of having trust on me. I think there is need for an overhaul in the Ministry of Health.

**Mr. Ojode:** Mr. Temporary Deputy Speaker, Sir, I have one observation to make. It is true that the Ministry of Health was not a Ministry which one would talk about. But since they transferred the former PS, the current PS together with the Director of Medical Services have been trying to bring that Ministry to a Ministry worth mentioning. I would like to appeal to the Minister concerned, who was also with the former PS, that this time round, we are not going to accept any corruption in the Ministry. In fact, the Minister should start investigations why Kshs20 million was paid upfront for the normal saline and then paid to the Kenya Sterile Co. When he comes up with that figure and says that this was the correct figure and they have ordered for new materials, we will know that he is doing something worthwhile within the Ministry. But we are not going to sit in this House and look at them squandering money within the Ministry.

I would also like to inform the Minister that we do not have a clinical officer or a doctor at Ndhiwa Health Centre. I would like to appeal to him to post a doctor or a clinical officer to Ndhiwa Health Centre, so that he can attend to the patients who are---

**The Temporary Deputy Speaker** (Mr. Imanyara): You have made your point!

**Mr. Ojode:** Mr. Temporary Deputy Speaker, Sir, I did not get time to contribute on this Vote. But now that I have the time, I would want to summarise by saying, that Ombu Health Centre in Kabuoch does not have drugs, leave alone a nurse. I would like to appeal to the Minister to send a doctor or a nurse to this health centre.

Mr. Temporary Deputy Speaker, Sir, it is also common knowledge that we are short of ambulances. I would also like to appeal to the Ministry to look for donors if they cannot afford to purchase ambulances. I know for sure, and I would like to inform my colleagues that this money which has been voted for the Ministry of Health is just indicated in the Printed Estimates, but the actual money is not going to be provided. So, I would like to appeal to my colleagues not to harass the Ministry's officers because they will not get the Exchequer releases. This is true, and that has been the trend in other Ministries.

With those few remarks, I beg to support.

**Mr. Kimetto:** Thank you very much, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity. I would like to request the Minister to kindly look after this money which we are going to pass, for the Ministry of Health. At the same time, I would like to inform him that recently when he passed through my area on his way to Kisii, to check on the extend of Highland Malaria, my constituency had also been hit with the Malaria epidemic. Right now, people are suffering from Malaria in my constituency. I did not have time to contribute to this Vote, but I would like to request him to send medical personnel to my constituency to deal with cases of malaria which is now rampant in Ndanai Division. He should send medical personnel to my area immediately, because we do not want to see people suffering after we pass this Vote of the Ministry of Health.

**The Minister for Health** (Mr. Kalweo): Mr. Temporary Deputy Speaker, Sir, I am happy to respond to the opinions raised by hon. Members.

It is also my Ministry's concern to see to it that we are successful, because we have been charged with the heavy responsibility of taking care of the sick. It is not an easy job. It was said that the Director of Medical Services keeps travelling with me, this is because of the status of health facilities in the rural areas. We are trying to make sure that we have better facilities in dispensaries and health centres where most of our people go for medication. For example, I visited many hospitals and health centres in Buret Constituency, the other day when I was in Kericho, and I know their state. I would like to assure hon. Members that this money will be properly utilised. Where we shall get problems, it will be a matter to be addressed by all of us. It is not only the Minister and his Assistant Ministers who are supposed to deal with these issues, but the whole team in the Ministry of Health. They are people dedicated to their work. Given these finances, I will make sure that we render better services than before.

**Mr. Kimetto:** On a point of order, Mr. Temporary Deputy Speaker, Sir. My Constituency of Sotik is in both Buret and Bomet Districts---

*(Question put and agreed to)*

**The Temporary Deputy Speaker** (Mr. Imanyara): Hon. Members, we do not have any applications for Zero-Hour today. I wish to remind hon. Members that those wishing to take advantage of the provisions of the Standing Order must submit their statements before 1.00 p.m. to the Clerk's Office with a signature from the party Whip.

**ADJOURNMENT**

**The Temporary Deputy Speaker** (Mr. Imanyara): There being no other business today, the House stands adjourned until Tuesday, 20th July, at 2.30 p.m.

The House rose at 6.50 p.m.