

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 12th June, 2013

The House met at 9.00 a.m.

*[The Temporary Deputy Speaker
(Hon. Cheboi) in the Chair]*

PRAYERS

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Njenga, is he in? He is absent. Hon. Njuki is also absent. I think they can give their notices of motion in the afternoon. Hon. Ochieng is also absent. There is a point of order from Hon. Sang?

Hon. Sang: On a point of order, hon. Temporary Deputy Speaker, Sir. I met Hon. Ochieng some few minutes ago and he has just rushed to pick some documents, so that he can come and move the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): What did you say? This is before us now. Give us a more definite explanation. You have said he has rushed to where?

We had made a decision a little bit earlier, but now that Hon. Njuki is in, and he has explained why he was a bit late, I think he can give his notice of motion and use the Dispatch Box.

NOTICE OF MOTION

REQUEST FOR ENHANCED COMPENSATION FROM KWS

Hon. Njuki: Hon. Speaker, Sir, I beg to give notice of the following Motion:

THAT, aware that smallholder farmers living in the buffer zone around the Mt. Kenya National Park and Forest Reserve have struggled for years with elephants that invade their land and destroy their crops, which is a costly affair for these smallholder farmers whose livelihoods are often lost in a single night; concerned that hardly a day goes without an incident occurring between the farmers and the elephants in the area; noting that the elephants from the park easily stray outside its perimeters and cause damage to crops, domestic animals and homes and even injury and death; and further aware that the Kenya Wildlife Service (KWS) compensation mechanism is wanting and unsatisfactory, giving only Ksh200,000 for death and Ksh50,000 for injury and nothing for crops or property damaged; this House urges the Government to enhance the claim for the people killed from the current Ksh200,000 to Ksh 1,000,000, and those

injured from Ksh50,000 to Ksh200,000, and also consider compensating farmers for destroyed crops and property based on value. This compensation should be extended to all communities that neighbour national parks and game reserves in the whole country.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Bett, you can also give your notice of motion.

Hon. Bett: Thank you, hon. Temporary Deputy Speaker, Sir. Pursuant to Standing Order 44(2)(c), I would like to also ask the Chair of the Committee on Education, Science and Technology one, whether the Government is aware that book sellers collude with pirates to sell counterfeit books.

The Temporary Deputy Speaker (Hon. Cheboi): Excuse me Hon. Bett. Are you requesting for a notice of motion or Statement?

Hon. Bett: A Statement

The Temporary Deputy Speaker (Hon. Cheboi): Well, proceed and ask for it.

REQUEST FOR STATEMENT

SALE OF COUNTERFEIT BOOKS

Hon. Bett: Is the Government aware that book sellers collude with pirates to sell counterfeit books to parents and students, a fraud that is costing billions of shillings to unsuspecting parents and students? Two, could the Government confirm that over 50,000 copies of pirated textbooks were discovered in the year 2012, and if that trend is not checked, it is bound to go up? Three, why has the Government not implemented the Copyright Act of 2001 that requires review to be aligned with the new Constitution as well as Vision 2030, so that piracy of text books could be elevated to the level of economic crime? Lastly, we would like the Committee on Education, Research and Technology to tell us how many culprits have been brought to book, and how the Government intends to clean its system of these pirated materials

Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): That definitely goes to the Committee on Education, Research and Technology; I can see the Chair walking in. What amount of time do you require to give the Statement, Chairlady of the Departmental Committee on Education, Research and Technology?

Hon. (Ms.) S.W. Chege: Hon. Temporary Deputy Speaker, Sir, I request for a period of three weeks, so that I can bring an answer.

The Temporary Deputy Speaker (Hon. Cheboi): What do you have to say, Hon. Bett?

Hon. Bett: Hon. Speaker, Sir, two weeks is okay with me.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Bett, the Chairperson of the Committee has asked for three weeks. Did you say three weeks or two weeks, Chairlady?

Hon. (Ms.) S.W. Chege: I mentioned three weeks.

Hon. Bett: Three weeks is okay, hon. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Hon. Cheboi): That is okay but, hon. Members it is good practice that whenever you are going to ask for Statements you mention the same to the Chairpersons of the particular Committees in advance. It will be easier that way.

Hon. Members, we now proceed to the next Order which is the Motion by Hon. Ochieng. Hon. Members, please, note that this is a party sponsored Motion and that is why it has taken precedence over another Motion which has already been debated halfway.

Hon. Ochieng, please, proceed and prosecute your Motion.

MOTION

RECRUITMENT OF CLINICAL OFFICERS/NURSES

Hon. Ochieng: Hon. Temporary Deputy Speaker, Sir, I beg to move the following Motion:

THAT, aware that there is an acute and gross shortage of clinical officers and nurses in our hospitals, health centres and dispensaries, which in turn is severely limiting access by Kenyans to basic health care; deeply concerned that most Kenyans continue losing their lives to curable and easily manageable ailments; further concerned that public resources, especially the CDF, have been used to develop a number of facilities which remain non-operational due to lack of personnel; taking into account the need to meet the constitutional right of every Kenyan citizen to adequate health care; further noting that public resources have been used to train more than 15,000 clinical officers and 20,000 nurses who remain idle and unemployed; aware that the Government has just adopted a policy on free maternity services and in order to promote prevention and early detection of disease risks at household levels through closer and constant disease surveillance; knowing that the clinical officers and the nurses are the ones who operate most health facilities in most parts of the rural Kenya due to shortage of doctors, this House urges the Government to immediately recruit and deploy at least 4,000 clinical officers and 5,000 nurses and a further 3,000 clinical officers and 3,000 nurses annually and deploy them equitably to the counties to alleviate the suffering of the citizens and to help provide curative and preventive health care services to the people of Kenya.

Hon. Temporary Deputy Speaker, Sir, Kenya is one of the 57 countries globally, and 36 in sub-Saharan Africa, with critical shortage of health workers. For every 1,500 citizens in this country, there are only 2.5 clinical officers and 2.5 nurses. This is a dire situation in respect of which this House must take serious action to ensure that it is addressed. Records show that Kenya has 1.12 nurses per 1,000 people and 0.85 active nurses for every 1,000 people. That means for every 1,000 people, there is no nurse because 0.85 nurses is not a nurse. So, looking at these statistics, it means that we immediately need 55,000 clinical officers, 45,000 nurses and 30,000 laboratory

technicians to be able to barely make our people survive as far as provision of health services is concerned.

For the last 10 years, the population of clinical officers and nurses in this country has been dwindling in the public sector. What has brought about this situation? Important of them all has been the inability by the Government, in the guise of lack of resources, to recruit the required numbers. We train these professionals. I move this Motion with a very heavy heart, because we talk about building the capacity of the youth to enable them get jobs, but we do not employ those who have already acquired technical skills. Some of them leave high school at the age of 18 years and train for three years as clinical officers but they reach the age of 30 still looking for Government jobs. If you are trained as a clinical officer, the only place you can be employed is in a hospital. The number of private hospitals in this country is very small. So, these people look forward to being absorbed by the Government of Kenya but they are not being absorbed.

This is causing not only a serious shortage of medical personnel but we are putting our active human resource into jeopardy. Instead of being employed, they have long moved on to selling *mandazi*, eggs and such things because they are not getting the right places to work. We expand training facilities, spend money on training, and invest in this area, but we do not use the product of our institutions. No wonder our clinical officers and nurses migrate to serve elsewhere. If you go to the United States of America (USA) and Europe, you are told that Kenya trains some of the best nurses in the world. However, when they go to work in those countries, they do not give nursing services. They change diapers for old people. These are people who have the capacity to serve this country adequately, but they have now been reduced to wiping faeces off older citizens of other countries while our own people continue to suffer because we cannot afford to recruit nurses.

Hon. Temporary Deputy Speaker, Sir, overall, the Government of Kenya, as we speak has, at least, 3,700 health facilities; these are dispensaries, health centers and hospitals in this country. These include 275 hospitals, 595 health centers and 2,800 dispensaries, some of them not yet opened. I am sure that even in your constituency there are dispensaries that operate half day. They work between nine and midday because the clinical officer who comes there has to go to another facility on the same day. When I was preparing this Motion, I had this discussion with some clinical officers and some doctors; it happens that sometimes you find that most parts open at night and clinics and dispensaries close at 5.00 p.m. Even a sub-district hospital in some parts of this country has a single or two clinical officers, a single or two nurses and no laboratory technician. So, they are forced to close facilities at 5.00 p.m. When some of them close at that time on Friday, they open again on Monday at 9.00 a.m.; it is as if Kenyans are well, or do not fall sick over the weekends in these parts of the country where they close clinics on Friday at 5.00 p.m. and open on Monday at 9.00 a.m. This is simply because of shortage of personnel.

There are some areas like in Pokot and a particular area in Mandera, where the clinical officer there last month broke down because he was the sole clinical officer; he had to work during the day and at night when there were emergencies. He had to work all through. So, this person has to be withdrawn from Mandera to Nairobi for counseling. When that happens, there is nobody to attend to the sick in that part of the country. Most

importantly, as we try to absorb personnel and try to equip our health facilities in this country, one major thing that runs through our health sector is lack of equity, or fairness in the way we deploy our medical personnel.

Just to give you a glimpse of what is happening in the country today, Siaya County, where I come from, its population is the same as that of Busia, Homa Bay and Kericho, but if I tell you the number of nurses in Siaya County today, you will be shocked. In the whole county that has Rarieda, Alego Usoga, Bondo, Gem and Ugenya constituencies we have a paltry 164 nurses, but across the road in Busia we have 387 nurses. We have 164 nurses yet if you move to the next county of Bungoma, we have 637 nurses. If you go to Narok, there are 310 nurses, Nandi has 350 and the population of some of these counties is lower than that of Siaya County by far. So we have 164 nurses and a similar or smaller number of clinical nurses against a huge number of health facilities.

In my constituency, Ugenya Constituency, we run 12 dispensaries and health centers. We have a combined force of only five Government-employed clinical officers for 12 health facilities. The rest are employed by NGOs and work on and off. So, we have dispensaries that do not work and so people die every day. In my constituency, on a daily basis, I have to send money for my people to go to Busia. I have to send money to my constituents to go to Siaya, to which the fare is Kshs400 one way. So in some areas, where ailments are curable, and you can use less than Kshs100, we are using Kshs1,000 to access the nearest clinical officer. This is the case in most constituencies in this country; the long and short of this is that for us to provide the constitutionally sanctioned right to health, we must match the investment we make in the health sector with the words we use in our manifesto.

When he was here last time, the President was very eloquent in saying that he wanted to meet the World Health Organisation requirement in health. That is why we provide in our Constitution that we are going to provide the best healthcare that we can ever get. In this country and you know very well--- Two weeks ago, the President of this country declared that he was waiving all the user fees in all the dispensaries, health centers and hospitals in this country in maternity cases. As we speak, this continues to be charged. They still continue charging the user fees in dispensaries. You cannot purport to say that you will provide free maternity services yet in some health centers there is not even a semblance of health personnel to provide those services. So, the idea here is that if we are going to match our words with our actions, then the movement must start from this House. We must start ensuring that the right thing is done in that sector.

You will remember that when Mr. Macharia was being presented as the Cabinet Secretary for Health, there was hue and cry from doctors that he was not a doctor and thus was not qualified. But I am happy that this individual has taken over a Ministry and from what I have heard and seen, I think he might be the right person, because what is ailing this sector is serious management. It is not about a doctor running the sector; it is about having the capacity to do so, managing the resources required to run that sector in the right way. That means that we must mobilize all resources; the financial, human, infrastructural or physical to make sure that this sector moves forward. As I move this Motion, we must as a House ensure that whatever Motions we pass, whatever decisions we make have a mechanism for ensuring that they are implemented. This House should

not be making decisions in vain. This is not a *baraza*, or a high school debating club. It is a decision making organ of this country and when we make decisions, let them be carried through; let them be implemented.

That is why I am saying that the Government should move swiftly to employ 12,000 clinical officers and 5,000 nurses within this year. These must be deployed equitably to the counties. I have heard people saying that health services are now a responsibility of the counties. Nothing could be further from the truth. Health financing remains a sacrosanct duty of the national Government. Nobody can purport to say that this should be left to somebody else. This is the duty of the Government and this is the reason the Government must act to ensure that the right thing happens in the health sector.

With those few remarks, I beg to move and ask Hon. (Dr.) Nyikal, who is the immediate former PS of Medical Services, to second.

Hon. (Dr.) Nyikal: Hon. Temporary Deputy Speaker, Sir, thank you for this opportunity to second this Motion. The issue of healthcare in Kenya is a major one. I know we have made efforts but I am also certain that we have not made adequate efforts. The most important aspect of healthcare is health human resource. You could be digital but in the healthcare, a lot of work is still done by human hands and human skill. In this country, the funding of healthcare has not really met the needs of the population. The proportion of the Budget that goes to health has remained low. What had been agreed to in the Abuja Declaration is that we set aside for health 15 per cent of our budgets. This year, the Budget we have passed sets aside for health only 7 per cent. I know there was a time when we set aside almost 9 per cent, but I do not know what has happened. We have gone backwards and now we are again at 7 per cent and the impact of this is clear. The infant mortality rate in this country was over 120 per cent in 2003. In some places it was as high as 200 per cent. That is the number of children who die out of 1,000 that were born within one year. The under five years mortality rate was also over 100 per cent. With the increase in funding over that period of time, we managed to reduce the infant mortality rate to 70 per cent and the under five mortality rate to 50 per cent. This was very good progress. We have again started going backwards because these indexes are going up.

Hon. Temporary Deputy Speaker, Sir, we have just declared ourselves a country that we will have free maternal care. That should have happened many years back. I have always pushed for better funding in health, but we respond a little and then go backwards. It is perhaps not easy for us to realize that you cannot calculate in financial terms the benefits of good health. However, the economists here will tell you that the economy grows with better improvement of the health of the population. So, we must really look into this area of our social sector.

I know that the Chair of the Departmental Committee on Health is very uncomfortable with the current Budget because large allocations were required in the health sector. The Budget deficit for the Recurrent Expenditure in the Ministry of Health was over Kshs40 billion. This is the case, yet we need a lot of money for the free maternal services and to employ more medical personnel to man the facilities that we have put up using the Constituencies Development Fund (CDF). Many facilities have

been put up but they are lying idle. What is the point of constructing a building and nobody works in it?

Last weekend, I was taken through four facilities in my constituency that have been built in the last three or four years, but that are not manned. I think this is the same case across the country. We must, as a country, start looking at health as an investment from which we get the best returns. I can tell you that the financial returns that we value are far much lower compared to the benefits of good health. In any case, how will you enjoy whatever material things you get if you are not in good health?

The shortage of health manpower in this country is acute. Our population needs 77,000 nurses; in fact, we need about 96,000 nurses. If we look at the workload, we have 18,000 nurses for a population of about 40 million people. If you compare this with a country like Malaysia that not long ago was like us, you will find that they have 60,000 nurses to serve a population of 28 million people. We have no option but to allocate more money to this sector.

If you look at the doctors, you will find that there are about 8,000 doctors in this country. How many are in the public sector? They are only 2,000, serving 99 per cent of the 40 million Kenyans. You can see the irony; only 2,000 doctors out of 8,000 doctors are serving 99 per cent of the population. What about the nurses? Many of our trained nurses, who are particularly the ones who are registered internationally, are out of this country.

Similarly, doctors are out of this country. Some of you read in *The Standard* a few days ago about the doctors who work at the Kenyatta National Hospital (KNH). That story was true. This is the only sector where we have trained people working for free in the pretext that they are training. When you are training a prospective doctor, he is not sitting in class but he is actually treating or operating on people. We have convinced ourselves that because they are at the KNH and are students at the university because they are privately sponsored to the university, then they should work for free at KNH. It is wrong by any standards. You cannot have somebody who is not being paid working round the clock and then taking their money and paying the university. I have discussed this elsewhere because it is something I have opposed for many years; I think that, perhaps, I am now in the right place to hit out.

The same case applies to clinical officers. When they do internship, it is for free and sometimes they do not have a place to do it. We must start looking at our health workers as the most important workers. When you have money, what do you do with it? You can only enjoy it when you are in good health. Do you enjoy it when you are sick? I have told you that economists will tell you that the economy grows with an improvement in healthcare.

We have said that we will have free maternity care, and my friend, Hon. Ochieng, has said that most deliveries occur at night and you know that their maturity is exactly after nine months. So, if the nine months start at night, surely they will end at night. If we do not have enough staff--- Of all the indexes that we have in health, the one that has not improved is maternal death.

In 2003, we had 414 deaths in every 10,000 mothers who delivered in the year, but now we are at over 440. We cannot afford to have women die when they are doing the most important thing in life. Is there a better achievement in life than having a baby?

There is none. Why should you die while you are doing that? The people we need most in this area are nurses and clinical officers, who will man our health facilities. We have no option but to put more money into the Ministry of Health.

We cannot afford to train staff, particularly doctors and nurses, for other countries. There are countries in Southern Africa where the population of doctors is enough to run a whole district. Our nurses take care of the aged in Europe and in the United States of America.

Hon. Temporary Deputy Speaker, Sir, I second this Motion and we must wake up to the reality of the importance of healthcare in this country.

(Question proposed)

Hon. Busienei: Thank you, hon. Temporary Deputy Speaker, Sir. My name is Elisha Busienei Kipkorir, Member of Parliament for Turbo Constituency. I rise to support this Motion.

Before I support the Motion, may I thank the Mover for bringing this Motion at the right time?

The Temporary Deputy Speaker (Hon. Cheboi): Just a moment. Do we have a point of order from Hon. Bishop Mutua?

Hon. Member: No!

The Temporary Deputy Speaker (Hon. Cheboi): Okay; proceed.

Hon. Busienei: Thank you, hon. Temporary Deputy Speaker. As the Mover of the Motion has said, we have shortage of nurses and clinical officers in this country.

In my constituency, Turbo, we have quite a number of facilities built using the Constituencies Development Fund, but up to today they are not operational, because there is lack of enough personnel to serve those facilities.

As the Government provides free maternity services, there is a problem. I believe most expectant mothers used to deliver at their homes, but now that there is free maternity service offered by the Government. It means most expectant mothers will be going to dispensaries, but we do not have enough personnel to provide the service.

Thank you, hon. Temporary Deputy Speaker, I support the Motion.

Hon. Otsiula: Thank you, hon. Speaker. I rise to support this Motion by my good friend, Hon. Ochieng. The shortage of nurses in our hospitals and dispensaries cannot be overemphasized. In all our respective constituencies, you can attest to this; there is a problem which is affecting all of us here. Arising from this, most of our constituents have resorted to *miti ni dawa*. The disadvantages of *miti ni dawa* are that there is no prescription, no scientific proof; you are just given a gallon of *miti ni dawa* to take in the belief that it will cure 40 or 90 diseases.

Hon. Temporary Deputy Speaker, Sir, Hon. Ochieng should have put a sentence in this Motion that, at least, we should have mobile clinics in each constituency, so that in the absence of the clinical officers, as it is now, the mobile clinics assist constituents instead of moving from one part of the constituency to the other in search of health services.

Also, this Motion should have been brought much earlier before the Budget Estimates were presented to this House; this would have done a lot of good to us, as a House and as Kenyans.

With those remarks, I support this Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. I can see the Chairperson of the Committee on Health. I am wondering why you want to contribute now. I think it would be proper if you got an opportunity towards the tail-end, after you have heard sentiments from hon. Members. Let me give this chance to Hon. King'ola.

Hon. King'ola: Thank you, hon. Temporary Deputy Speaker. I stand to support this Motion by my friend Hon. Ochieng. It is quite disappointing when I realize how many nurses and clinical officers this country has trained, yet they all end up going out of this country to USA, Europe, South Africa and South America to work as maids or at old age institutions.

Hon. Temporary Deputy Speaker, Sir, I thank the Jubilee Government. In their nine pillars, they emphasized on health. I am sure that on the basis of their promises, we can set aside money to employ nurses and clinical officers, who are otherwise unemployed, to serve in the dispensaries that have been constructed using CDF money, and our people will get healthcare. I would urge this august House that now that we are at the Budget approving stage - I saw that they have said that we sneaked in about Kshs1.3 billion for the CDF. Under the guidelines of CDF, a percentage should be given to employ nurses and clinical officers. This will help equip the already constructed CDF health facilities in various constituencies, rather than relying on the Government or even pushing the agenda to the county governments. I still do not believe that the county governments have what it takes to employ these health officers; the National Assembly should approve some funds to this end.

Hon. Temporary Deputy Speaker, Sir, a healthy nation needs healthy people. This nation cannot move to the next stage of development unless we make our citizens healthy. I know that in my constituency--- Mlolongo has a population of about 150,000 people and there is only one CDF constructed dispensary that serves all those residents. If you go to Athi River, we only have one dispensary that is run by Mavoko Town Council and takes care of about 125,000 people. If the nurses and clinical officers who are idle are engaged or employed by the Government, I will be smiling. As the hon. Member suggested, we might think about mobile clinics. But, who will be manning them unless we have nurses paid by the Government? We should engage them and even look into the option of having mobile clinics going to places where there are no health facilities.

Hon. Temporary Deputy Speaker, this Motion has come at a time when every hon. Member here does not understand how a free maternity service has been introduced. Our people have got no facility to help them deliver babies. As Dr. Nyikal has said, the most important thing in the world is to have a baby. I wonder what will happen to the barren ones. I think this is an opportune moment for this Motion to be passed and a Bill enacted, so that the Government can absorb all the idle nurses and clinical officers.

I beg to support the Motion. Thank you.

Hon. Oyugi: Thank you very much hon. Temporary Deputy Speaker, Sir. I rise to support this Motion.

Kenyans voted for the Constitution in 2010 and one of the reasons why most Kenyans voted for it was because it did give them various rights. Article 43 of the Constitution guarantees the right to have medical care. That simply means that as a Government, we can no longer pay lip service to economic and social rights and things of that nature.

Hon. Temporary Deputy Speaker, Sir, it then means that healthcare programmes are not just aspirations, not just things that I can wish away. They must be things that are realizable. Fifty years after Kenya's Independence, it is really sad that people still die from diseases like cholera, snake bites and child birth. We must do whatever it takes to make sure that Kenyans realize their constitutional rights.

Hon. Temporary Deputy Speaker, Sir, in other jurisdictions--- We have to wake up to the reality of the new Constitution. It will be sad for the Government to be taken to court for not having helped the citizens realize their rights. In other jurisdictions, like South Africa, people have economic and cultural rights in their constitution as is the case in Kenya now.

Hon. Temporary Deputy Speaker, Sir, we must save the country by doing whatever is possible. We should move with speed to make sure that Kenyans realize their rights, like the right to good health. We are in a country where doctors and nurses engage in flight. We have spent a lot of money training our doctors and nurses, but they move on to other countries where there is better pay and facilities. After recruiting doctors and nurses, as my colleague proposes in this very good party sponsored Motion, we must also aim at paying them very well. It does not make sense that you recruit more and you cannot pay them well enough to retain them. We must also consider what it will take, even if it means bringing in a supplementary budget, to help realize this rather fundamental aspect of our Constitution.

Hon. Temporary Deputy Speaker, Sir, several parts of the country have, as my colleague has said, constructed dispensaries and health centres that are lying idle. There is need to have a policy at the implementation level, so that we do not just construct buildings for the sake of it. There must be a policy in terms of ensuring that we build when we are sure that we will have capacity to staff. Otherwise, this is money that would have been spent elsewhere. I plead with my colleagues in the Government that as we move towards constructing health centres and dispensaries, we must also make sure that we have enough personnel, so that we do not have buildings across the country without personnel to man them.

One of my colleagues stated very well that economic and socio-cultural rights are important. If you want a country to develop and produce to its maximum, it must be healthy. We must do our very best to ensure that we give the health care that our people need, so that our country and economy can grow. Realizing the rights anticipated in the Constitution is not just something for the Government alone. There is need for involvement of development partners; achievement of economic and socio-cultural rights is not just something that can be left to the Government alone. It is a lot of work that needs a lot of money. The Government, even when leading at the front, must invite other development partners to help. We can be talking about providing healthcare as a Government, but we must realize that we have limited resources, and are not able to sustain healthcare programmes on our own.

As a Government, we have no excuse for not supporting the people, especially when we have seen in the budget-making process in the past two weeks that there is Recurrent Expenditure in terms of expenses that we do not need; examples are purchase of planes and holding of conferences. This is money that can be properly put into building dispensaries and remunerating our healthcare workers properly. So, I support this Motion and state that recruitment of more staff is not something that you can wish away. This is not a Motion in the ordinary sense.

We are discussing constitutional rights here. So, we must take the necessary steps that will help to progressively realize people's rights by, first, recruiting personnel. Two, we should pay them very well and, three, we should make sure that health centres and dispensaries, where they work, are adequately equipped so that Kenyans can realize their constitutional rights that are anticipated under Article 43 of the Constitution.

With those remarks, I beg to support.

Hon. Makenga: Hon. Temporary Deputy Speaker, Sir, I rise to support this Motion by my good friend, Hon. Ochieng. It has come at the right time. In my constituency, the situation is pathetic. We have a sub-district hospital, namely Kilungu Sub-district Hospital, which is in a pathetic situation. Kilungu Sub-district Hospital serves the people of Kaiti and Kilome constituencies, which have a population of about--- Kaiti has 120,000 people and Kilome has 87,000 people. It is manned by two doctors and four nurses. Two doctors manning such a facility is a big joke because the inflow of patients per day ranges between about 100 and 120 people in a day. The doctors are overwhelmed. The nurses are so few that they cannot handle such a large number of patients. The most pathetic part is that the pediatrician serves about 60 children in a day. I visited the hospital last Monday, and saw that the situation there is very pathetic.

So, I support this Motion and agree with my friend that the Government should recruit more clinical officers and nurses, so that this situation can be brought to a manageable level.

We have other facilities in my constituency which are grossly under equipped. Sometimes the doctors in the sub-district hospital threaten to move to other hospitals because of lack of equipment. We do not have a theatre, a well equipped laboratory and other important facilities. Sometimes doctors say that they do not know what to do because there are no facilities. I urge the Government to deploy more nurses to Kilungu Sub-district Hospital, which also serves the Nairobi-Mombasa Highway, which passes through the two constituencies.

I beg to support the Motion.

Hon. Serem: Hon. Temporary Deputy Speaker, Sir, I rise to support the Motion passionately because I understand the need for us to have more nurses in this country. Technically, we have a shortage of 36,000 nurses in this country. The unfortunate thing about it is that we have 35,000 trained but unemployed nurses. I am very concerned that we spend a lot of money training nurses, who benefit the First World countries. We have spent quite a lot of money in constructing dispensaries and health centres in our constituencies using the CDF money. Almost 90 per cent of those health facilities are under-utilized.

In Aldai Constituency, we do not even have a single doctor. We have only two clinical officers, yet there are so many unemployed clinical officers on the streets. If we

are serious and want to take care of our own, we should employ health personnel as quickly as possible. If the Budget and Appropriations Committee did not consider having the nurses and clinical officers in the health sector, then we should look into that issue during the Supplementary Budget and factor it in. We cannot wait.

Last week in my constituency, one kid got sick and was rushed to a dispensary. Unfortunately, the person in charge was a nurse aid. Technically, a nurse aid is an officer who is not actually qualified to handle a patient. Within a matter of 10 minutes that kid passed on. I understand he was injected with the wrong medicine. I am sure the same happens across the country, yet we have so many qualified youth in this country. If we want to assist this country address the issue of unemployment, we should consider passing this Motion.

Hon. Temporary Deputy Speaker, Sir, let me also look at the nurse-to-patient ratio in this country. It is shameful. Although Cuba is not a First World country, it is leading in the world as far as nurse-to-patient ratio is concerned. We should adopt the Cuban approach in addressing the issue of nurse-to-patient ratio. It is not expensive and even if it is expensive, it is the right thing to do.

Hon. Temporary Deputy Speaker, Sir, I am here to support this Motion, and I hope all of us will do the same. Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Kathuri Murungi.

Hon. Murungi: Thank you, hon. Temporary Deputy Speaker, Sir. I rise to support this Motion by my good friend, Hon. Ochieng, because in my constituency, to start with, my predecessor really worked very hard and made sure that we had enough medical facilities like dispensaries. We have more than 10 dispensaries, which to date have not opened their doors simply because we have no medical personnel in the constituency. Many people are dying each day because of simple ailments like elevated blood pressure and diabetes, because there are no enough personnel at least to help people manage these non-communicable diseases.

Hon. Temporary Deputy Speaker, Sir, I do not know whether the Budget has factored in the recruitment of personnel. If it has not, maybe this House will sit down and see whether we can have a supplementary budget to cater for these cases. I vividly remember that last year medics had a strike – the mother of all strikes – and one of the things they were agitating for was for the Government to hire more personnel. I think my friend, Hon. (Dr.) Nyikal, was in the Ministry at the time. The Minister who was in charge did not actually take these medics seriously. I remember that he threatened them with sackings during that time. I know the Jubilee Government will take care of this need. I think Hon. Ochieng can consider introducing some amendments because we also need enough medicine in dispensaries. We might get the personnel but drugs will not be enough for the dispensaries which will be opened. So, if possible he can make changes to this party-sponsored Motion.

Besides the drugs and medical personnel, we need equipment in these dispensaries. In my district or constituency, we have no CT scan machine. A patient must be brought all the way from Meru County to Nairobi, so that he or she can get a CT scan. So, I think I will consult Hon. Ochieng to introduce amendments to this Motion. This time I will work with his party. This is a party-sponsored Motion. I will work with his party, so that we can have these amendments. There is no need of bringing this Motion

and then again Hon. Murungi brings another Motion requesting equipment, then in future another hon. Member will ask for more drugs for our hospitals. I urge this House that we prepare a comprehensive Motion because what we need this time is service to our people.

Hon. Temporary Deputy Speaker, Sir, with these few remarks, I support. Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Murungi, you are even free to bring an amendment yourself; but, as you say, it is much easier when it is done by the Mover of the Motion.

Yes, Hon. Shariff Ali.

Hon. S.A. Ali: Ni shukrani Bw. Naibu Spika wa Muda kwa kunipatia fursa hii ili niweze kuichangia Hoja hii. Kwa kweli Hoja hii imekuja wakati ambao ni muhimu sana kwa sisi kuijadili ili kutoa mwelekeo kulingana na hali ya kiafya ilivyo katika nchi yetu.

Bw. Naibu Spika wa Muda Katiba ya Kenya katika Kipengele cha 43 inasema:

“Every person has the right to the highest attainable standard of health, which includes the right to healthcare services---”

Wakenya walipitisha Katiba na ukweli ni kwamba ni haki ya kila mkenya kuhakikishiwa kwamba amepata huduma ya matibabu popote pale alipo, lakini ni masitiko makubwa---

The Temporary Deputy Speaker (Hon. Cheboi): Just a matter of advice without interrupting, we have *Katiba* also in Kiswahili. So, when you start with Kiswahili you must stick to that language. Next time take note of that.

Hon. S.A. Ali: Shukrani, Bw. Naibu Spika wa Muda.

Masikitiko makubwa ni kwamba utapata sehemu nyingi za nchi yetu ya Kenya hazipati huduma za afya vile inavyopaswa. Nikizungumzia eneo Bunge langu la Lamu Mashariki, licha ya kwamba kupatikana madaktari ni vigumu, hata hospitali zenyewe, ama hata zahanati zenyewe, hazina madawa. Watu huenda na kurudi; hata ingawa hufika huko akiwa mgonjwa anaambiwa kwamba dawa hakuna. Kwa hiyo, mara kwa mara watu wamekuwa wakisumbuka au kuteseka. Hata huduma za *X-ray* hazipatikani.

Leo Serikali imesema kwamba wanawake hawatatozoa ada ya kujifungua, lakini utapata hakuna sehemu ya akina mama ama akina dada zetu ya kujifungulia katika eneo la Lamu Mashariki. Utapata kwamba madaktari ama wahudumu ambao wako pengine ni mmoja katika zahanati; ama pengine utapata siku ya kazi mtu anapaswa awepo kazini, lakini wagonjwa wanaenda hospitalini na kupata kwamba hata yule mmoja ambaye anapaswa awe pale hayupo.

Bw. Naibu Spika wa Muda, ukweli ni kwamba sisi tunazungumza mambo haya lakini maeneo Bunge mengi yana matatizo hasa mashinani. Mimi naunga mkono Hoja hii na bali na kuiunga mkono, ningependa kupendekeza kwamba yote yatakayopitishwa katika Bunge hili isiwe kwamba tumeyazungumza hapa Bungeni kwa sababu ya kuyazungumza, ama kwa sababu ni Hoja imeletwa, inafaa tuhakikishe kwamba mambo haya yameweza kuwasaidia ndugu zetu, ama jamii ambazo zimeteseka kwa muda mrefu. Hivi sasa wanahitaji kupata zile huduma ambazo Serikali hii imetuahidi. Tuna imani kubwa kwamba Serikali hii inaweza kuyatekeleza mambo mengi tukiwa tumekuwa kama kitu kimoja, na kuwa na ushirikiano katika kuendeleza mambo yetu.

Mimi nataka niunge mkono Hoja hii na nashukuru kwa hayo ambayo nimechangia.

Hon. (Maj-Gen.) Nkaiisery: Thank you very much, hon. Temporary Deputy Speaker, Sir. I want to begin by commending the Mover of the Motion. This is a very important Motion because it involves the health of our people.

The Chairperson of the Departmental Committee on Health needs to take the sentiments of hon. Members very seriously because a healthy nation is a secure nation. Given the critical shortage of medical personnel, it means that this country is not secure. When you have a shortage of over 30,000 clinical officers and nurses, it means that the country is very unstable. It is a constitutional right of every citizen of this country to access adequate health care. If we do not achieve this, we are not meeting the constitutional requirement. Majority of our trained health personnel have gone to South Sudan and Southern Africa. I was in the United Kingdom (UK) a year ago where I met a nurse who told me that in the UK alone, there were 4,000 nurses from Kenya. That was because the Government then never used to employ nurses. I do not know if the Jubilee Government has gotten its priorities right. Instead of talking about providing laptop computers to children, we should be talking about employing nurses and teachers, so that we can meet the health needs of our people.

Hon. Temporary Deputy Speaker, Sir, the Motion demands that 5,000 nurses and 3,000 clinical officers be employed this year, and that a similar number be employed annually. I would recommend the same. In fact, I agree with my colleague from Meru who said that we need to amend the Motion to demand that 10,000 nurses and more than 7,500 clinical officers be employed immediately in order for us to meet the health requirements of our people. Currently, deployment of medical personnel in this country is unbalanced. My friend, Hon. Ochieng, alluded to that fact. There are some counties which have so many medical personnel while other counties do not have any. So, harmonising the deployment of the existing medical personnel in the country is very important as we wait for the employment of others, as demanded by the Motion. The main reason why I requested the Chairperson of the relevant Departmental Committee to be here, as we make this demand, is for him or her to go to the Cabinet Secretary concerned and demand that Parliament cannot be a talk shop. The resolutions of Parliament must be implemented.

Therefore, this is a very important Motion which we should all support. We demand that the Government meets the demands of this Motion.

With those remarks, I beg to support.

The Temporary Deputy Speaker (Mr. Cheboi): Yes, Hon. Abdi Dukicha.

Hon. Dukicha: Ahsante, Bw. Naibu Spika wa Muda. Nimesimama kuiunga mkono Hoja hii kwa sababu inaangazia suala muhimu sana.

Ni kweli kwamba katika nchi hii kuna uhaba mkubwa wa madaktari na madawa. Uhaba wa madaktari umeathiri sana utoaji wa huduma za matibabu kwa jamii, na haswa katika sehemu ninakotoka ya Tana River. Katika sehemu yangu ya uwakilishi Bungeni ya Galole, kuna sehemu ambazo ziko umbali wa kilomita 200 kutoka mjini Hola, kama vile Waldena, Wayu, Chifiri na Haroresa. Katika sehemu hizo, kuna uhaba mkubwa wa madaktari na hospitali. Hakuna barabara katika maeneo hayo. Kukinyesha, wagonjwa husafirishwa kwa punda mpaka Hola. Hospital ya Hola ndiyo hospitali kubwa pekee katika kaunti, lakini haina vifaa muhimu kama vile chumba cha kuhifadhi maiti na mtambo wa kupigia picha za X-Ray. Madaktari pia ni haba. Madawa na vifaa vingine

muhimu haviko. Hali ilivyo katika hospitali hiyo ni ya kusikitisha. Hospitali hiyo iko katika hali duni zaidi.

Bw. Naibu Spika wa Muda, watu wetu hufariki kiholelaholela. Ukiingia kwenye chumba cha kuhifadhia maiti, utakutana na panya mkubwa zaidi. Sizungumzi utani hapa. Mtu akifariki hapelekwi kwenye chumba cha kuhifadhia maiti. Mwili ukipelekwa kwenye chumba hicho, baada ya maasa mawili, paka wanauchukua. Katika jamii ya Waislamu, mtu akifariki huzikwa siku hiyo hiyo. Je, mwili wa Mkristo utahifadhiwaje? Wakristo huhifadhi maiti za watu wao kwa siku kadhaa, hadi mwezi mmoja ama zaidi. Sisi Waislamu, hatupeleki mili ya wafu wetu kwenye chumba cha kuhifadhia maiti cha hospitali hiyo. Mtu akifariki, tunachukua mwili na kwenda kuuzika mara moja kwa sababu tunaogopa. Kwa hivyo, hali katika hospitali hiyo inasikitisha. Mgonjwa akihitaji kupigwa picha ya X-Ray ni lazima aende Garissa ama Malindi, miji ambayo iko umbali wa kilomita 200 na kilomita 250 mtawalia.

Kwa hivyo, ni jukumu la Serikali ya Jubilee kuliangazia suala hili muhimu na kuajiri madaktari na wahudumu wa kutosha na kuwapeleka kwenye mahospitali katika kaunti zote nchini. Hivi majuzi, nilikuwa kwenye sherehe ya kumkaribisha nyumbani mhe. Ibrahim Sane wa Garsen. Nilipokuwa nikizungumza na wananchi, niliwaambia kwamba kwa vile watu wetu wengi walifariki kwenye vita vilivyopita, na kulikuwa na amri ya kutotoka nje wakati wa usiku kwa muda wa takriban mwaka mmoja, basi watu wazae kama sungura. Mwanamke mmoja miongoni mwao akaniuliza: “Sisi hatukatai kuzaa kama sungura. Kwa sababu ya *curfew*, wanaume siku hizi hurudi nyumbani mapema; tumebahatika. Swali ni kwamba, tutazalia wapi? Tutazalia barabarani kama sungura?” Kusema kweli, hilo ni swali muhimu. Watazalia wapi?

Kwa hivyo hii Hoja imeletwa kwa wakati muhumi kabisa na naiunga mkono kidete na hospitali ya Hola iangaliwe kindani.

The Member for Matayos (Hon. Odanga): Hon. Temporary Deputy Speaker, Sir, each time I have been trying to catch your eye I have not been able. However, today is a good day. I want to thank you and the people of Matayos Constituency for electing me as their Member. This Motion could not have come at a better time. This House may go on record as the House that may have so many Motions brought in at the end of the day and what I would like to urge those concerned is that the Motions we are bringing should be taken seriously and implemented.

At Independence, one of the promises that this country was given was the issue of addressing disease and 50 years later, problems of health are still rampant in the whole country. The Mover of the Motion, Hon. Ochieng, brought it and we want to support it so that nurses and medics can be employed. If we have over 35,000 medics trained including nurses and clinical officers and yet they are unemployed, that is very sad. Our problem should not be having people who are trained but are not being useful. The problem should be that we do not have trained people. However, if they are trained and they are there, they should be trained and they should address the problems that are bedeviling the health sector. Just recently, I went to Busia District Hospital as I had an ailment. When I went to the injection room, what surprised me is that the nurses who gave me the injection were the same nurses who were to go to the dressing room to dress the wound that I had. This was happening to me, a Member of Parliament of Matayos Constituency. I am surprised. In fact, I was ashamed and I told them that we would address this issue. So, we are

supporting the Motion by Hon. Ochieng. We have facilities that have been built using the Constituencies Development Fund (CDF) and the Local Authorities Transfer Fund (LATF) funds. Those facilities are lying idle and we want them to be utilized properly.

We also want maternity wings to be created in almost every location in each of the constituencies because *kina mama* have a lot of problems travelling long distances to those hospitals where those services are. So we are supporting that nurses, clinical officers and even doctors--- A hospital like Busia District Hospital has only one surgeon on call throughout. We need these doctors yet they are moving out of the country; they are providing their services out there yet the country has spent a lot of money training them. We need to put our priorities right by having our human resource retained here. We should address this. Our problem should not be how much we are paying people. Our problem should be production. We should produce and make sure that we have raised enough revenue to take care of our human resources.

With those few remarks, I beg to support.

The Temporary Deputy Speaker (Hon. Cheboi): I want to laud Hon. Odanga because despite the fact that he was making his maiden speech, he has tried as much as possible to be relevant to the Motion.

Hon. ole Kenta: Hon. Temporary Deputy Speaker, Sir, from the outset, I would like to thank you for giving me this opportunity. This is a very important Motion and I would like to thank the Mover thereof. It is a constitutional right for every citizen to access health facilities, treatment and all those things that pertain to it. It is also the constitutional obligation of the Government to ensure that the citizen accesses facilities. However, it is a shame that 50 years on, we are unable to take care of our health facilities or sector because of the negligence of the governments that were there before because I would say we are the best trainers of people who serve other countries. If you go to America today, the UK or our neighbouring countries like South Sudan, our trained personnel have benefited them because we have not been able to take care of these important personnel. The pertinent issue is that the Ministry concerned must allocate resources where it matters most because if we do not train these people or if we train them and we do not employ them, then we would have done zero work. The most important thing is that money must be poured into the personnel aspect of the Ministry's activities. We must also ensure that once these people are employed, they must adhere to the contractual obligations that they entered into because you cannot train this number of people and they just run away. So we must ensure that they are not given the right to leave the country before they have done what they are supposed to do, otherwise we would be wasting a lot of our resources.

The other thing is that we must look at progressive betterment of emoluments because they leave because they earn peanuts here. They do not have facilities like housing and lack many basic necessities which they find elsewhere. Unless we take care of their welfare from housing and facilities in hospitals, we cannot say they should be there. So, we must put our money there because as we all know, a lot of our resources are embezzled and once we tighten the nuts of corruption or of the gravy train, then I am sure we will have resources to train these people and ensure that they are employed.

Lastly, we must ensure that our infrastructure is upgraded because you will find that many people due to lack of these facilities do not go to hospital because roads are

bad. We must ensure that these things complement each other; the health facilities as well as the infrastructure. Many women die on the way before they reach health centers. I would like to take this opportunity to commend the Government for walking the talk by ensuring that what it promised as far as maternity issues are concerned has been put in place.

With those few remarks, I beg to support and request my colleagues to do so because it affects all of us.

Hon. (Ms.) C.M. Nyamai: Hon. Temporary Deputy Speaker, Sir, thank you for giving me this opportunity. I would like to support this Motion and thank the Mover, Hon. Ochieng, for moving it. I would like to say that it has come at the right time because the Departmental Committee on Health, together with the Ministry of Health have been deliberating this matter. You will notice that the budget for the Committee is Kshs98 billion and this is quite a big reduction compared to the one of last year. The other matter that we realized as soon as we got this Budget is that about 65 per cent of it has been devolved to the counties. Looking at it, I would like to say that this is a serious anomaly and the ongoing debate of whether our counties are prepared to take up matters, especially those that were being handled at the national level, is also a big issue when it comes to health. Knowing very well that matters of health touch on people's lives, this is a discussion that needs to be tackled very seriously.

I would like to support this Motion and say that the Ministry of Health has serious priority areas that were not funded. Some of them include recruitment of health workers including the absorption of intern doctors and Bachelor of Science and Diploma nurses. The deficit is Kshs1.5 billion. This is something that needs to be taken up quickly. We also have a shortfall on the provision of free maternal healthcare due the fact that the 2010 policy is being implemented in our clinics today. This creates a shortfall of Kshs3.7 billion in the Ministry of Health.

On the purchase of ambulances for constituencies, you have heard many Members of Parliament say that people in our constituencies cannot access health facilities. So, we have a budget of Kshs830 billion. That money should be spent on purchase of ambulances so that our people can reach health facilities.

Hon. Temporary Deputy Speaker, Sir, we also have a deficit of Kshs500 million on training of health workers including post-graduate students. We also have a big deficit at the Kenya Medical Training College (KEMTC), and this is the collective bargaining agreement, of Kshs500 million. The question is: Is this country ready for another strike by nurses?

The Kenyatta National Hospital has also a court award per year of Kshs750 million. This excludes arrears. This hospital has a shortage of Kshs70 million for recruitment of additional nurses.

On the Moi Teaching and Referral Hospital, we also have a CBA deficit per year of Kshs624 million. This takes us back to the possibility of having another strike. In the Kenya Medical Research Institute (KEMRI), we have a CBA deficit of Kshs393 million per year. We also require Kshs614 million for additional medical commodities. If we have to achieve the provision of basic healthcare for our citizens, then we need to purchase the medical commodities that are required.

Hon. Temporary Deputy Speaker, Sir, the Radiation Protection Board which is the nuclear waste management facility requires Kshs186 million. We also have a deficit of Kshs170 million in the Government Chemist in relation to purchase of equipment.

These matters were presented to the Budget Committee and I hope that this House will give us total support in the requisition that we are about to make.

I would also like to go back to the issue of deficits and point out that the Kshs64 billion which has been devolved to the counties touches on very serious matters which should be handled at the national level. I would like to point out that we will lose on economies of scale in terms of procurement. We will also face challenges in terms of timelines and quality control. We also have agreements with development partners especially with regard to drugs and other non-pharmaceuticals not leaving behind vaccines and reproductive health commodities.

Hon. Temporary Deputy Speaker, Sir, we also have inadequate capacity. This matter has been mentioned by many Members who have spoken before me. The fact that our counties may and actually have inadequate capacity to manage the payrolls and other staff management--- This has already been devolved to the counties. Are we ready to watch as our country goes into a mess because functions that were performed at the national level have been pushed too fast to the counties?

We also have existing binding contracts for the maintenance of medical equipment with the institutions where they were purchased from. This cannot be passed on to the counties easily.

We also have completion of on-going works on specific model health centres, especially undertaken under the Economic Stimulus Project. These projects were being implemented at the national level and this money has already been devolved to the counties.

I would like to refer to Article 187(1) of the Constitution which reads:

“A function or power of government at one level may be transferred to a government at the other level by agreement between the governments if-

- (a) the function or power would be more effectively performed or exercised by the receiving government; and,
- (b) the transfer of the function or power is not prohibited by the legislation under which it is to be performed or exercised.

(2) If a function or power is transferred from a government at one level to a government at the other level-

(a) arrangements shall be put in place to ensure that the resources necessary for the performance of the function or exercise of the power are transferred; and,

(b) constitutional responsibility for the performance of the function or exercise of the power shall remain with the government to which it is assigned by the Fourth Schedule.”

I would like to point out that this is the time for the Transition Authority to support the Ministry of Health in relation to matters of health that have been devolved to the counties

because our counties are not ready. Maybe this should happen in future but we feel at this time that our counties are not ready.

I would like to thank the Mover of this Motion because I heard him point out that we have the right person in the Ministry of Health. I would like to say that the Departmental Committee on Health strongly feels and believes that we have the right person in the Ministry of Health and we will see changes in that Ministry.

I would like to summarize by saying that the Ministry of Health desperately needs money now for recruitment of health workers. This is because we have a shortage of maternity personnel. We also need to purchase commodities that are required in the Ministry of Health.

Hon. Temporary Deputy Speaker, Sir, I also agree with Dr. Nyikal who said that it is not easy to quantify health matters. When it comes to roads or construction of dams and other projects of the Government, people are able to show the quantitative indicators and say that they have moved from this level to that level. However, when it comes to health, most of the health matters are qualitative and it becomes difficult for us to convince the Departmental Committee on Finance, Planning and Trade that we would like more money to be allocated to the Ministry of Health.

I would like to request this House to support our requirements in the Supplementary Budget and in terms of fundraising so that we can move this country to where it should be in terms of health.

I would like to say something about my constituency so that I do not spend all the time talking about national issues and forget my constituency. I am the Member of Parliament for Kitui South which happens to be the biggest constituency in that county. I have heard hon. Members requesting for different equipment, but I would like to point out that my constituency, big as it is, does not have a single district hospital. When we talk about free maternal health care, Kitui South Constituency may not benefit because we do not have a district hospital. We have two health centres and a few dispensaries which are poorly equipped. I would like to support this Motion and say that it has come at the right time. This Motion has the support of the Departmental Committee on Health.

Thank you, hon. Temporary Deputy Speaker, Sir.

Hon. Macharia: Thank you, hon. Temporary Deputy Speaker, Sir. I rise to support this Motion by Hon. David Ouma Ochieng. I come from Molo Constituency; where at this point in time people of Molo whose population is about 350,000 are still without good medical care. At this point in time, we still have people of Molo Constituency dying because of small ailments like choking, coupled with the fact that we do not have very good road networks and most of the people die on their way to hospital. One case study which I would like to put at this point in time is that we have facilities in Molo Constituency; we have a sub-district hospital at Elburgon which is splendid. What used to be called the Nyayo Wards has splendid structures.

Hon. Temporary Deputy Speaker, Sir, sometimes when you visit these hospitals, you find that between shifts, we do not have staff and most of the time patients are having to queue and wait for the nurses and the only one doctor who comes to the station. We also have a splendid dispensary built with CDF and which serves an area of over 25,000 people which has never been operational for the last 10 years, simply because we do not have doctors or health personnel to man it.

Therefore, I rise to support the Motion. Indeed, this country needs to stop wastage of the resources that are spent in building these structures. We need also to make sure that all those health personnel who are trained using public money are employed so that they can start giving service to the people of Kenya.

Thank you. I beg to support

Hon. Bunyasi: Thank you, hon. Temporary Deputy Speaker, Sir. I support this Motion very passionately. I would like to start from home by stating the challenges that we are facing in the health sector. That provides me with energy to be able to contribute to this kind of Motion in a way that comes right from my heart.

Hon. Temporary Deputy Speaker, Sir, I live next to a dispensary, at about 200 meters away and I have witnessed needless deaths because of lack of attention from the nurses. Just last weekend, we buried somebody who had been injected by a guy who was only a watchman at the clinic and who is masquerading now a medical practitioner. The health sector is desperate. As I read this Motion, I begin to see light at the end of the tunnel. I think the issues relating to the capacity at the counties particularly the health sector, must not be exaggerated.

Hon. Temporary Deputy Speaker, Sir, if you look at the Constitution, Article 189 (1) (a) and (b), it virtually obligates the two governments; the national Government and the county governments to consult and provide assistance to the level that requires it. It is incumbent upon the national Government to go out of its way to support county governments, if the implementation of an area as important as this one is compromised. If we do not start with health sector or even education, we cannot meet our 2030 Vision. We will not be a functioning nation if we cannot devote a significant amount of money that is required in this sector.

Hon. Temporary Deputy Speaker, we have talked about the exodus of our nursing and, perhaps, clinical staff. Of course, it is not all a loss to the economy; there are very significant repatriates of funds back to this country that does many other things. If by investing in our nurses and clinical officers we train them very well so that other countries need them, let us continue doing so. Even if they leave the country, there are also benefits attached to it. Somebody said we should have had this Motion before the Budget was concluded and we could have all gone out in unison to vote for increased funding for the recruitment of the many nurses and clinical officers who have been trained in the private sector and are waiting for jobs, eager to work. I would say, for areas of expertise where we do not have enough, this is one area that we must open up our mind and allow inflows of others as well. The bottom line not being the employment of the people, but the provision of service that is so crucial to this economy.

*[The Temporary Deputy Speaker
(Hon. Cheboi) left the Chair]*

*[The Temporary Deputy Speaker
(Hon. (Ms.) Mbalu) took the Chair]*

Hon. Temporary Deputy Speaker, when we are asking for this increased recruitment, much as it creates incomes for those who are employed, the bigger picture is

that we are saving lives; we are becoming a nation that cares and is strong. You cannot emphasize this anymore as has been said by the various speakers.

Hon. Temporary Deputy Speaker, in Nambale, we have strived to provide infrastructural support aiming to have a ratio of one health care facility for about 10,000 people. At the moment, we have only two major functioning health care facilities, but under-manned; Nambale Health Centre, which I hope will become a sub-district hospital, Marende Health Centre and one or two others that do not function every day. The effective ratio is about one health care facility for about 40,000 people. That is not sustainable.

So, I support this Motion passionately with the expectation that it is going to contribute to the easing of the difficulties among our patients in accessing health care facilities in Nambale and indeed, across the country.

With those few remarks, in the interchange between hon. Madam Speaker and hon. Mr. Speaker, I rise to support this Motion.

*[The Temporary Deputy Speaker
(Hon. (Ms.) Mbalu) left the Chair]*

*[The Temporary Deputy Speaker
(Hon. Cheboi) resumed the Chair]*

Hon. (Dr.) Pukose: Thank you, hon. Temporary Deputy Speaker. I rise to support this Motion by the Hon. David Ouma Ochieng.

Health care in this country is a critical issue that should be put among the top priorities. When this nation got its Independence in 1963, the founding fathers of this country talked about three issues; health, ignorance and poverty. Fifty years down the road, health is not still a priority in this nation. As we saw in the Budget allocations, it was given 7 per cent, which is way below the WHO and the Abuja recommendations of 15 per cent. We are not doing well as a nation.

More often, the middle class and the upper class have access to health, but more than 50 per cent of Kenyans live below poverty line. These are people who are able to access health care within the dispensaries, health centres and district hospitals. If they have some little money, they go to what we used to call provincial hospitals.

Hon. Temporary Deputy Speaker, Sir, there are issues that concern these more than 50 per cent of Kenyans who live below poverty line. I think the rest of the middle class and the upper class are not putting it as a priority. There are several issues in this country that are not done well. More often, when there is an emergency you ask the public to come and donate blood. Blood is a critical issue. How much have we given to the National Blood Transfusion Service? It is nil. The National Blood Transfusion Service with all its seven centres distributed across the country is donor dependent. That is why when we have an emergency we ask people to come and donate blood and after that emergency is over we wait for another emergency then we will ask the public to come and donate blood again.

Hon. Temporary Deputy Speaker, Sir, other countries in the developed world have taken the issue of blood transfusion as a critical issue. For instance, if you go to

Japan, the blood transfusion is a function of the Red Cross. We have self-donors who walk into the blood donation centres and donate their blood. Blood has several products. We are talking of blood products which are required for transfusion and other blood products which can be used even as medicine for other cases. Our country needs to move towards that direction.

The Temporary Deputy Speaker (Hon. Cheboi): Order! Hon. Kipchoim, are you sure you have a point of order?

Hon. (Ms.) Kipchoim: No, hon. Temporary Deputy Speaker, Sir.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. Then proceed, Hon. Pukose.

Hon. (Dr.) Pukose: Hon. Temporary Deputy Speaker, Sir, when you talk about our rural facilities, for instance, in Endebess Constituency, we have a sub-district hospital, one health centre and three dispensaries which were built through the CDF, but are dysfunctional. If you go to a health centre or dispensary, you find only one staff.

Recently, a recruitment exercise was carried out under the ESP programme when Members were busy campaigning. This was hurriedly done and I think it was not properly done because the Members were not involved. I urge the Members that when they go back to their constituencies, they should see that the facilities that have not been equipped are equipped and nurses or clinical officers are deployed from those areas to man those facilities.

The other issue that needs to be brought to the attention of the Members is the issue of the Equalization Fund, which is a constitutional provision of Kshs3.4 billion. When you look at the way the Commission on Revenue Allocation has itemized the money for the Equalization Fund, they are talking about vaccines, hygiene and preventive health. The Equalization Fund, as far as the Constitution is concerned, is for the infrastructure. So, if this money is given to your constituency to be used for vaccines and hygiene, yet the Constitution provides that it should be used for the infrastructure, you need to be on the watch out. We might lose the money and the areas which we thought would catch up with the other areas in terms of infrastructure will not catch up.

The other issue that we also need to look at is in terms of staffing, which we have proposed. There are also other cadres of staff in the health sector. We are talking of laboratory technicians, pharmaceutical technicians, medical engineers, medical records officers and physiotherapists. These are cadres that have been trained and they are languishing out there when they are supposed to be providing key services to those facilities. Suppose you have a nurse and a clinical officer and you do not have a laboratory technician, how are you going to conduct even a simple blood slide? They cannot do it. I wish to ask the Mover to look at other areas, so that this Motion can be inclusive and so that we can get a good package for our health facilities.

Lastly, it is the issue of where we have devolved functions, as my Chair said. Out of the Kshs210 billion that will go to the counties, Kshs64 billion came from the Ministry of Health. In the Committee, we asked ourselves whether the governors and their teams are going to make sure that the Kshs64 billion that came from the Ministry of Health is going to be put in health issues. We are talking about vaccines, immunizations and ARVs. These are issues that need to be looked into critically. We need to address the issues of the collective bargaining agreements which were between the Moi Teaching and Referral

Hospital, the Kenyatta National Hospital and the Kenya Medical Research Institute and their employees. If this is not sorted out soon, we are going to see our nurses and doctors back to the streets. That will not be good for us. It will be a let down to this House.

I beg to support the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): We have an amendment to this Motion to be prosecuted by Hon. Sang. Are you ready to proceed?

Hon. Sang: Hon. Temporary Deputy Speaker, Sir, before I prosecute the amendment, I want to thank the Mover of this Motion, Hon. Ochieng for coming up with this very important Motion.

Before I contribute, I beg to move that the Motion be amended as follows:

By deleting all the words after the words “at least”, appearing on the 15th line and inserting the following words in place thereof “that instead of at least 4,000 clinical officers, 5,000 nurses and further 3,000 clinical officers and 3,000 nurses annually, to deploy equitable numbers to the counties to alleviate the suffering of the citizens and to help provide curative and preventive health care services to the people of Kenya---”

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Sang, you simply read what you have proposed. The rest you can paraphrase when you are explaining.

Hon. Sang: Mr. Temporary Deputy Speaker, Sir, I beg to move that the Motion be amended as follows:

By deleting all the words after the words “at least” appearing on the 15th line and inserting the following words in place thereof “5,000 clinical officers, 5,000 nurses, 2,500 laboratory technicians and further 3,000 clinical officers and 3,000 nurses annually and provide enough resources for the supply of adequate medicine and equipment and to adequately remunerate the officers and further equitably deploy them to the counties to alleviate the suffering of the citizens and help provide curative and preventive health care services to the people of Kenya”.

I want to support the Motion as amended. I know we have a number of challenges. I want to thank and congratulate the Mover of this Motion for coming up with the Motion at this particular time when we have promised Kenyans a number of services.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Sang, you are doing very well. The Motion has not been amended. You are actually proposing the amendment. So, you should justify to the House why you want the Motion amended, namely, the justification really.

Hon. Sang: Hon. Temporary Deputy Speaker, Sir, I stand guided.

Hon. Chanzu: Hon. Temporary Deputy Speaker, Sir, I just wanted to support that.

Hon. Sang: Hon. Temporary Deputy Speaker, Sir, health care in this nation, as Hon. Pukose has just said, is very critical but for a long time, we have had problems. I have produced clinical officers being a trainer at the Nakuru Kenya Medical Training College (KMTTC) and lately at the Kapkatet Medical Training College before I was elected to this House. I want to assure this House that we have trained very competent clinical officers and nurses at the Kapkatet Medical Training College and I know they are offering services wherever they are.

For a very long time, if you look at what we have been going through, we have been having a number of challenges. When you go to constituencies, we have issues.

When I was campaigning, I met a mother who had retained a placenta and instead of continuing with my campaigns, I had to do something and I realized that we have problems in our rural areas. Most of the facilities that have been constructed in this country, probably with the aid of the CDF and other Government institutions, have a number of staff. There are services for which people do not need to go to district hospitals or Level 4 or Level 5 hospitals. A number of services can be provided in Level 2 and Level 3 hospitals. There is no need, for example, for a patient with amoebiasis to travel over 100 kilometres just to have her or his stool taken and given a prescription worth Kshs70. I actually want to say that these services can be offered at local places like dispensaries and health centres. The services that are actually provided by clinical officers, nurses and the laboratory technicians are very crucial. Simple conditions like malaria, amoebiasis and other communicable diseases like typhoid can be treated at the health centre and dispensary levels.

Hon. Temporary Deputy Speaker, Sir, when it comes to issues of prevention, the Jubilee Government had promised and I saw the other day that they have already started rolling out free maternity services. They say that these services should be free and I must say here that delivery is just one of the events; they say pregnancy is a process. In pregnancy, they say that it must be monitored from the time of conception to the time of delivery. We have a good number of investigations that have been done to actually ensure that these pregnancies go to delivery without any problem. These are issues or something called antenatal profile which involves detection of HIV, establishing haemoglobin level and probably some other investigations that are required. I know these things can be dealt with well by the laboratory technicians that we have in our centres.

So, if all these services can be offered at the dispensary and health centre levels, then it will be good. I want to say that clinical officers and nurses can actually provide these services so that we take services closer to the people instead of patients travelling all the way from their rural areas seeking treatment for very simple ailments. I also want to say, if time allows, that we also have other healthcare workers who have done records management, for example. The Jubilee Government is ready to give pupils computers but I am saying we can also implement Information and Communications Technology (ICT) as far as management of patients is concerned. So, we have guys who have done records management and physiotherapy. Patients are now being sent home for home-based care services and as much as these services require clinical and nursing care, they also require physiotherapy care. As *Mheshimiwa* has just said, we have a good number of products that are being produced by the Kenya Medical Training College (KMTC) and as a former employee of KMTC, I was impressed when the Director came the other day asking for more money. I know with time we are going to move to counties so that we can help our people reduce the suffering that they are undergoing.

I support this Motion and move the amendment, I urge *Mheshimiwa* Chris Wamalwa to second the amendment. Thank you, hon. Speaker, Sir.

The Temporary Deputy Speaker (Hon. Cheboi): Proceed. Now, you might have to go to the Dispatch Box because your microphone is not working.

Hon. Wakhungu: Thank you, hon. Temporary Deputy Speaker, Sir. I rise to second the amendment by *Mheshimiwa* Sang. Indeed, what he has mentioned is very important; about the laboratory technicians. Laboratory technicians are very important

especially when it comes to diagnosis of diseases. I want to give an example. About seven years ago, somewhere in Embu Provincial Hospital, there was an outbreak of malaria and at the same time we had typhoid and these two diseases in terms of their symptoms they are similar. So, imagine that treatment was being done for typhoid and yet these people were dying of malaria. So, someone like a laboratory technician plays a very critical role when it comes to diagnosis of the diseases.

In my constituency, I have also had a scenario whereby someone presented with the problem of malaria and the level of parasitemia was very high. Microscopy had not been done. So, he went there and was given first line management of malaria. So, this patient died because there was no laboratory technician to have done maybe diagnosis to determine the level of parasitemia so that the doctor could prescribe the right drug. So, *Mheshimiwa Sang*, that is a very good amendment because diagnosis is very critical. A lot of drug resistance in this country is as a result of misdiagnosis and why we are having this misdiagnosis is because maybe we do not have a laboratory technician or we do not have the reagents to do proper diagnosis so that the doctor will be able to prescribe the right drug at the right time to be able to save the patient.

Hon. Temporary Deputy Speaker, Sir, this Motion is very critical. When you look at the Millennium Development Goals (MDGs), the United Nations (UN) came up with eight MDGs and out of these eight MDGs, three talk about health. For instance, MDG Number Four talks about reducing child mortality; MDG Number Five talks about improving maternal health and MDG Number Six talks about combating HIV/AIDS, malaria and other diseases. So, that tells you the importance of health care in any economy and research has shown that there is a positive correlation between any healthy nation and its Gross Domestic Product (GDP) growth. So, indeed, for this country to grow its GDP, focus must be put on health care. Again, with His Excellency the President coming up with free maternity health care we ask ourselves: Have we increased the manpower? For this policy of free maternity health care to work, it is important that this Motion has come at the right time. Unfortunately, when you look at the Budget Estimates which we have just passed, the percentage that was given in terms of health care is way less than the Abuja Declaration's recommendation. At times you wonder why our Government and country commits itself to some declarations and yet we cannot implement them. The Abuja Declaration was very key and it said countries or governments must be able to allocate at least its 50 per cent of the GDP to health care. Unfortunately, in this country the budget that was given to health care is well well less than what was required.

So, to me, if this aspect of free maternity health care is going to succeed, it is important that the Government must focus and be able to prioritise health care.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Wamalwa, restrict yourself to the amendment. You are now going to the Motion and we really want to dispose of your amendment first.

Hon. Wakhungu: Thank you, hon. Temporary Deputy Speaker, Sir, for the correction. On this diagnosis, we are talking about the laboratory technicians. For laboratory technicians to come in, you will agree with me that it has a budget implication.

So, hon. Temporary Deputy Speaker, Sir, I am here. I second the amendment to insert “laboratory technicians” because of their critical importance in diagnosis of diseases. Thank you and I second.

*(Question of the first part of the amendment, that the words
to be left out be left out, proposed)*

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, we have to restrict ourselves to the amendment until it goes through or otherwise. So, I urge those hon. Members who will be speaking from now onwards to restrict themselves to the amendment.

Yes, hon. Susan Musyoka.

Hon. (Ms.) Musyoka: Thank you, hon. Temporary Deputy Speaker, Sir. I stand to support the Motion as amended, even though I am not comfortable with the proposed number of nurses. I do not know how the Mover arrived at the figure of 5,000 nurses.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Susan Musyoka, you will be speaking to the amendment. So, if you are supporting, you should be supporting the amendment to the Motion and not the Motion.

So, proceed. I think you are doing fine.

Hon. (Ms.) Musyoka: Hon. Temporary Deputy Speaker, Sir, I support the amendment as it is. That is why I am asking why the Mover has proposed 5,000 nurses instead of 10,000 nurses. I do not know whether I am in order to say so.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Susan Musyoka, you can either be supporting or opposing. So, if you have a different view, obviously, you would be opposing. If you think it is a good amendment, you would be supporting it.

Hon. (Ms.) Musyoka: Hon. Deputy Speaker, Sir, I am supporting the amendment with a proposal for addition to the number of nurses. Is that an additional amendment?

The Temporary Deputy Speaker (Hon. Cheboi): That would mean an amendment to an amendment. So, contribute one way or the other. If you are supporting, you say so and proceed. If you have an issue, later on, somebody else can move an amendment for you. You cannot move an amendment yourself.

So, proceed.

Hon. (Ms.) Musyoka: Hon. Temporary Deputy Speaker, Sir, the demand for health care services in this country is so big that we need to increase the number of health personnel, especially nurses, clinical officers and laboratory technicians. We cannot provide meaningful health care services unless we can diagnose what we are treating. We have made big strides especially in malaria control. However, if we cannot have diagnostic capability, it will be difficult for us to achieve what we want to achieve. So, passing this Motion without providing for an appropriate number of personnel would be an effort in futility. That is because we will not achieve what we want to achieve.

With those remarks, I beg to support the amendment and request for more nurses.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Barchilei, I hope you will be contributing to the amendment to the Motion, and not the Motion. Let us be very clear on that one.

Hon. Barchilei: Thank you, hon. Temporary Deputy Speaker, Sir. I rise to support the amendment to the Motion.

We all know that healthcare is very crucial and that it is an issue that should not be compromised. As it has been proposed, there is need for hiring of more nurses, clinical officers and laboratory technicians. That is because we have quite a number of health centres and dispensaries where patients cannot be attended to properly because there are no laboratory technicians to carry out tests. It is very important that we have laboratory technicians in all the dispensaries and health centres so that service can be complete.

With those remarks, I beg to support.

Hon. Members: Put the Question! Put the Question!

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, I will now put the Question, so that we dispose of the amendment and go back to the main Motion.

(Question of the first part of the amendment, that the words to be left out be left out, put and agreed to)

(Question of the second part of the amendment, that the words to be inserted in place thereof be inserted, proposed)

(Question of the second part of the amendment, that the words to be inserted in place thereof be inserted, put and agreed to)

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, the Motion as amended reads as follows:

THAT, aware that there is an acute and gross shortage of clinical officers and nurses in our hospitals, health centres and dispensaries, which in turn is severely limiting access by Kenyans to basic health care; deeply concerned that most Kenyans continue to lose their lives to curable and easily manageable ailments; further concerned that public resources, especially the CDF, have been used to develop a number of facilities which remain non-operational due to lack of personnel; taking into account the need to meet the constitutional right of every Kenyan citizen to adequate health care; further noting that public resources have been used to train more than 15,000 clinical officers and 20,000 nurses who remain idle and unemployed; aware that the Government has just adopted a policy on free maternity services, and in order to promote the prevention and early detection of disease risks at household levels through closer and constant disease surveillance; knowing that clinical officers and nurses are the ones who operate most health facilities in most parts of rural Kenya due to shortage of doctors; this House urges the Government to immediately recruit and deploy at least 5,000 clinical officers, 5,000 nurses and 2,500 laboratory technicians; and further, 3,000 clinical officers and 3,000 nurses annually and provide enough resources for the supply of adequate medicine and equipment, and to adequately remunerate the officers and further equitably deploy them to the counties to alleviate

the suffering of the citizens and help to provide curative and preventive health care services to the people of Kenya.

Hon. Members, you will now be contributing to the Motion as amended. The first chance goes to Hon. Isaac Mwaaura.

(Question of the Motion as amended proposed)

Hon. Mwaaura: Ahsante sana, mhe. Naibu Spika wa Muda. Nimesimama kuiunga mkono Hoja hii kuhusu wafanyikazi wa umma katika sekta ya afya, nikitathmini ya kwamba Wakenya wanaongezeka kwa idadi kubwa sana. Ripoti ya *census* ya mwaka wa 2009 inaonyesha kwamba Wakenya wanaongezeka kwa kiasi cha milioni moja kila mwaka. Hii inamaanisha kwamba vifaa vilivyoko kwenye mahospitali yetu haviwezi kukidhi mahitaji ya matibabu ya Wakenya.

Kulikuwa na tetezi kwamba ni vizuri wauguzi wetu waende kufanya kazi katika nchi za nje kwa sababu watakuwa wanachangia kuleta fedha za kigeni na kuzisaidia jamii zao. Ningependa kusema kwamba jambo la muhimu ni kuhakikisha kwamba Wakenya wako na afya nzuri, ndiyo wasionekane kuwa watu wanaochangia tu kuongezeka kwa makadirio na matumizi ya Serikali bali pia wanaochangia kukua kwa uchumi.

Mhe. Naibu Spika wa Muda, ukiangalia vizuri ni kwa nini nchi za kigeni zinahitaji watabibu wetu na sisi wenyewe hatuwezi kuwaajiri? Ingekuwa ni vyema kama wale ambao tunasema waende kufanya kazi kule nje wangukuwa zaidi ya wale ambao tunaweza kufundisha hapa. Lakini kuwa na mikakati ambayo inaonyesha kwamba vijana wetu wanakwenda shuleni, wanapata masomo ya afya na uuguzi lakini hawawezi kupata kazi, basi ni kuonyesha kwamba tunatumia pesa za umma vibaya. Kwa hivyo, ni muhimu sana kuhakikisha kwamba kuna utangamano kati ya zile hospitali na zahanati tunatengeneza kutumia zile pesa za umma kama vile CDF na watu watakaoweza kuwahudumia Wakenya kwa ujumla.

Ukiangalia, kwa mfano, ugonjwa wa saratani, umeongezeka kama vile miaka inavyokwenda ilihali, ugonjwa huo unaweza kutibiwa ikiwa kiwango chake hakijaweza kukidhiri. Kwa hivyo, kama hizo zahanati na hospitali zitakuwa na watabibu na wauguzi, itakuwa ni jambo la muhimu kuhakikisha kwamba magonjwa hayo yametibiwa kwa kiwango cha chini. Utakuta kwamba tangu tuanze kuzungumzia maswala ya afya katika Bunge hili la Kumi na Moja, kumekuwa na Mswada minne iliyowasilishwa na Wabunge tofauti kuhusu afya. Tulikuwa na Mswada wa hela za NHIF, wa *Emergency Treatment*, wa saratani na sasa huu. Hii inamaanisha kwamba sisi kama nchi tunafaa kufikiria kwa undani na kina na tuwe na motisha kuhakikisha kwamba tuna Mswada ambao utaletwa Bungeni kuhakikisha kwamba kila Mkenya anapata matibabu kwa kiwango kile kinafaa. Kwa sababu, inamaanisha watu wengi walio na ulemavu ambao unahitaji kila wakati kupata matibabu, wanaathirika kwa sababu hospitali ni chache. Utakuta wanatembea kwa muda mrefu kutafuta matibabu ilihali tuna uwezo, nia na njia. Ukiangalia, kwa mfano, yale makadirio ya Bajeti tulipitisha jana, utakuta kwamba Serikali ya kitaifa ina aina nyingi ya matumizi ambayo yanaweza kukatwa kuhakikisha kwamba Wakenya wamepata matibabu na madawa yanayofaa. Hivi sasa, wengi wanaendelea kutegemea na hata hawawezi kupata watu wakuwaambia ni dawa gani zinafaa. Wanakimbilia miti

shamba na sasa bei ni ghali mno kwa sababu wanatafuta tiba kila mahali na mwishowe, utapata hata hawawezi kutibiwa na wanaendelea kuathiriwa na magonjwa.

Kwa hivyo, nikiunga mkono, ningependa kusema kwamba kama nchi, lazima tuhakikishe kwamba yule *Controller* wa *Budget* anaangalia ni mbinu zipi tunatumia katika makadirio ya Serikali kwa sababu nafikiri kuna dosari. Kuna dosari kwa sababu yale mahitaji ya Wakenya, ukikisia vile ambavyo tunatengeneza bajeti yetu--- Umesikia kwamba Mwenyekiti wa Kamati ya Afya ameorodhesha yale mahitaji mengi katika Wizara ya Afya. Umesikia huu Mswada unahitaji pesa nyingi za watu kulipwa ili waajiriwe kuwafanyia Wakenya kazi. Lakini bado utasikia kuna tetesi kwamba hamna pesa. Ile bajeti ya Serikali ya kitaifa na ile njia inatumiwa kuhakikisha kwamba tunapata hiyo bajeti haihusishi Wakenya. Ni watu tu wanaketi afisini, wanasema leo wanataka viti vipya, tarakilishi, makaratasi ya kuandikia, kwenda safari nje, kununua maua na utakuta kwamba kiwango kikubwa kinatumika visivyo. Nafikiri ukiangalia, kwa mfano, miaka minne ambayo imepita, tumeongezea bajeti yetu ya kitaifa kutoka Kshs900 bilioni hadi Kshs1.6 trilioni.

Itakuwaje kwamba kwa miaka minne peke yake tumeweza kuongeza bajeti yetu kwa zaidi ya asilimia100 ilihali ukiangalia kwa kina, hatutumii hizo fedha kwa yale mahitaji ambayo yatamsaidia mtu wa kiwango cha chini. Utakuta kwamba umaskini umeendelea kukidhiri na ile tofauti ya maskini na matajiri inaendelea kuongezeka. Kwa hivyo, hii Hoja ni ya hali ya juu; ni Hoja ambayo inafaa lakini nakisia kwamba hili Bunge letu tunazungumza tu; sijui kuna mikakati gani ya kufuatilia hizi Hoja na hata kama inawezekana tuwe na Mswada hususan wa kuhakikisha kwamba kila Mkenya, awe tajiri ama maskini, anaweza kupata afya kwa kiwango chake na kuhakikisha kwamba ufisadi ambao uko katika mashirika ya afya kama KEMSA, NHIF na mengineo umekomeshwa ili watu wapate matibabu inavyopaswa. Na hizi pesa zikiwekwa katika Wizara ya Afya, zisiwafaidi mabwenyenye wakubwa ambao ni wanabiashara wanaoweza kuingia mle na kusikizana ili hizi pesa zisaidie kuimarisha afya ya Wakenya. Hii ni kwa sababu ikiwa Wakenya watakuwa na afya nzuri, basi itawezekana kwamba sote tutainua kiwango cha uchumi, vijana watapata ajira na tutahakikisha kwamba sio tu kuangalia zile pesa zinatoka nje, lakini Wakenya wakipatiwa nafasi watainua maisha yao kibinafsi.

Kwa hayo machache, naunga mkono.

Hon. D.A. Mohamed: Hon. Temporary Deputy Speaker, Sir, I wish to support the Motion because there is a very serious shortage of health staff in this country, and we need to recruit more clinical officers, nurses and lab technicians. In my place, Habaswein District Hospital, which is Level 4 – a sub-district hospital – it is supposed to have, as per the standards of the Ministry of Health, up to 60 nurses. But, currently, it is manned by five members of staff. You can imagine a place that is supposed to have the standard 60 nurses and currently being manned by five nurses and one clinical officer. The shortage is very serious and, therefore, I support the Motion.

*[The Temporary Deputy Speaker
(Hon. Cheboi) left the Chair]*

*[The Temporary Deputy Speaker
(Hon. (Ms.) Mbalu) took the Chair]*

Hon. Temporary Deputy Speaker, I would also like to mention that the amendment by Hon. arap Sang seems to be very ambitious; 5,000 nurses, 5,000 clinical officers immediately and 3,000 clinical officers annually seems to be on the higher side. We need to be realistic. That is why I thought that figure should be reduced to 3,000 nurses, 3,000 clinical officers now but, at least---

Hon. Members: Then bring an amendment.

Hon. D.A. Mohamed: I am supporting the Motion but I may go for an amendment. I also wish to mention that wherever those clinical officers and nurses are posted, there is a very big problem because most of them engage in business. They open clinics and small nursing homes and most of them do not serve the district hospitals. Because of that, there is always a shortage. I would also like to mention the issue of rural clinics and hospitals. They do not have enough personnel and drugs. Therefore, I would like to support this Motion and I hope my colleagues will understand that these big numbers might not be realistic and so, we need to bring an amendment on that.

Hon. ole Ntutu: Thank you, hon. Temporary Deputy Speaker, for giving me this opportunity to also contribute to this Motion. First of all, let me thank Hon. David Ouma for bringing this Motion to this House. I rise to support it from the outset because it is very important to this country.

I also realize that this Motion is party-sponsored and we do not have problems with this because the number of clinical officers in this country is small. On Monday, I travelled with the County Women Representative, Hon.Tuya, to one of our remote areas called Shotan Sub-location. We saw one clinical officer who serves a dispensary. We were shocked that the officer works from 8.00 a.m up to almost 6.00 p.m. One wonders when he finishes attending to all the patients in the long queue at the dispensary. The dispensary does not have any staff other than the clinical officer.

I would like to say that we require many of those officers on the ground. The Government says that it will provide basic clinical services. I support this Motion because it will go a long way in helping our counties in that endeavour. I think the biggest problem that we have is the Budget.

I am a Member of the Budget and Appropriations Committee and we have realized that the health sector has not been allocated enough money. Once we pass this Motion, we must come up with a supplementary budget to allocate money to cater for the hiring of those clinical officers. Otherwise, we will wait until next year. We cannot wait until next year because we need those clinical officers and nurses now. This issue should be taken very seriously.

I know many hon. Members have brought many Motions on how to help this country but, let us be very careful so that we do not just become like a *baraza* where people attend, discuss very pertinent issues and then it ends there. I think it is time that this august House made sure that whatever we pass is implemented to the letter. Otherwise, five years will end and nothing will happen. Unless we do this, we might as well leave those Motions.

If you look at our dispensaries that had been built through CDF and other monies from the Government--- I have seen many of those dispensaries in my constituency. It is better not to have them because they are just white elephant projects. That is because

nobody is there to man them and yet, those people need medical services. Those dispensaries do not have even a single officer. I have heard some Members say that they have a few officers. In Narok West Constituency which I represent, and which is one of the biggest constituencies in this country, there is not a single officer.

Hon. Temporary Deputy Speaker, I would like to tell this House that let us be very careful on this Motion and let us follow it to the letter. I rise to support this Motion. I want to be counted as one of those people who say that these Motions must be implemented to the letter.

Thank you, hon. Temporary Deputy Speaker.

Hon. (Ms.) Seneta: Hon. Temporary Deputy Speaker, I would like to support the Motion which has been moved by my colleague, Hon. Ochieng. I think this Motion has come at the right time because, as a country, we need to look into our health sector. The citizens' health is a very important aspect in development.

I come from a county where health facilities exist but with an acute shortage of clinical officers, nurses and medicine. Our people walk into a clinic and they are told to go to a chemist to buy medicine. Therefore, that is a daily expense just like food.

I would like to request the Government to employ the human resource that is needed in our health facilities. The Government should not only do that, but also provide medicine in those health centres. I have realized again that some of the health centres which were constructed a long time ago are not upgraded according to the population that they serve. I have a case in Kitengela where a health centre which serves a very big population has not been upgraded to the status of a district hospital so that it can have enough clinical officers. I think a lot needs to be done in our health sector.

An audit of staff should be done so that we can know the number of staff who serve in our counties. We need to know how many clinical officers and nurses we have. That will also help us.

Hon. Temporary Deputy Speaker, I rise to support this Motion which has come at the right time. Thank you.

Hon. (Ms.) Chidzuga: Ahsante sana Bi. Naibu Spika wa Muda. Nasimama kuunga mkono Hoja hii kwa sababu ni moja kati ya zile nguzo ambazo zinasimamia taifa hili katika upande wa afya.

Kusema ukweli, tuna upungufu mkubwa sana katika nchi hii. Nikiongea hususan katika upande wa Pwani, kuna masikitiko makubwa sana wakati akina mama wanatembea zaidi ya kilomita ishirini kutafuta matibabu. Hata wakifika huko wanapata kwamba huduma ni duni kwa sababu hatuna wauguzi wa kutosha, maabara hayana wasimamizi wa kutosha na hata hakuna vifaa vya kutosha.

Bi. Naibu Spika wa Muda, pia ningependa ieleweke vizuri sana kwamba ijapokuwa tunapigania hao watu waajiriwe ili tupata hiyo huduma, kuna upendeleo katika uajiri. Tarehe nne mwezi wa nne hadi tarehe kumi na sita, watu walikuwa wakisajiriwa ili waweze kupata ajira katika sekta ya afya.

Bi. Naibu Spika wa Muda, ni ajabu kwamba tuna majimbo lakini watu wanaitwa Nairobi kuja kuhojiwa. Kwa nini hiyo huduma haiwezi kufanyika katika makao makuu ya kaunti? Naomba hili jambo liangaliwe sana. Kwa mfano, katika eneo la Kwale, msichana mmoja tu alitwa kwenda kuhojiwa, lakini hakuweza kuchukuliwa. Je, kuna usawa katika uajiri? Tunaomba kwamba katika upande wa uajiri, pia uangaliwe na uweze

kutekelezwa kulingana na Katiba ili kuwe na usawa. Kila mahali tunahitaji watu wa kutuhudumia. Sio kwamba upande mmoja waajiriwe na upande mwingine, wasiajiriwe.

Bi. Naibu Spika wa Muda, hao watu wanapoajiriwa, baada ya miezi sita, wanasema wanataka kurudi kwao. Wakiruhusiwa, ile sehemu inabakia bila watu wa kuhudumu.

Naunga mkono Hoja hii, lakini tuwe na usawa katika uajiri na uajiri ufanywe kule mashinani. Pia wale wanaosimamia wanasema kwamba lazima mhojiwa awe amehitimu na awe na ujuzi wa kazi hiyo wa miaka mitatu ama mitano. Ikiwa mtu hakuajiriwa hata siku moja, atatoa wapi ujuzi wa miaka hiyo mitatu au mitano? Maadamu hao watu walienda chuoni na wakasoma, ni vizuri waajiriwe ndio waweze kupata ujuzi. Waajiriwe katika mashinani, sio kuitwa Nairobi kuhojiwa. Wabunge hawana pesa na wanaambiwa wawakatie tikiti ya kusafiri kuja Nairobi ili waweze kuhojiwa na kuajiriwa. Tunaomba jambo hili litiliwe maanani.

Naunga mkono Hoja hii. Ahsante sana.

Hon. Ng'ongo: Thank you, hon. Temporary Deputy Speaker. I want to support the Motion as amended. While supporting this Motion, allow me, first of all, to say that after food, the most important human need is health. Health is a very important requirement in human life. As a country, we must put it ahead of everything else.

Hon. Temporary Deputy Speaker, when I took over as a Member of Parliament for what used to be called Gwassu Constituency and now is Suba Constituency more than five years ago, I had an intention of having, at least, one health facility per sub-location. That is because our people die of diseases and sickness which can be cured very easily. Because health facilities are spread far apart many people take time before they seek small medical attention. In the past five years, I had put up eight health facilities and all of them lack medical personnel. I have had constant discussions with the Medical Officer of Health and I realized that they are also helpless. We have gone ahead to expand the infrastructure for the health facilities but we have not realized an expansion in terms of employment of the required personnel.

Hon. Temporary Deputy Speaker, Hon. David Ochieng, the Member of Parliament for Ugenya, has brought a timely Motion. I have heard my colleagues say that he should have brought this Motion before the Budget. But this is not the end of Budget process. We still have many budgets that this House will transact. I want also to put it clear that this House is not helpless. As opposed to the previous Houses, this House has the capacity and it is not a Budget approving House, but a Budget making House. Therefore, it is within our mandate and responsibility to redirect resources to the needy areas. I have in mind not only health, but also education. We need to increase the number of teachers in our primary and secondary schools. We need to implement some of the agreements that were made to the teachers so that we can have a motivated workforce.

Hon. Temporary Deputy Speaker, with regard to the Motion before the House, I have heard the Chair of the Health Committee complain about having devolved Kshs64 billion out of the total Kshs98 billion allocated to the Ministry Health for obvious reasons. The people of Kenya decided to devolve the function of health. If you read the Fourth Schedule of the Constitution, you will realize that most of the health functions are actually devolved to the counties. Health centres and dispensaries, including pharmaceuticals, distribute drugs to health facilities. I do not know whether there will be

difficulties because there were economies of scale we realized from using Kenya Medical Supplies Agency. But this is the wisdom of the people of Kenya. What I do not know and which I think we need to work out properly is the fact that governors and the county governments need to know clearly the function of health has actually been devolved. This is something that we cannot gamble with. Since we have devolved over 70 per cent of the functions and the provision of health in this country, we require even better provision of services and that is why the Kshs64 billion was floated to the counties.

Hon. Temporary Deputy Speaker, I would urge our governors together with the county governments to move with speed and come up with the actual cost of providing those services in our health centres, dispensaries and even provide a list of drugs that are required, including the list of nurses and clinical officers so that a sufficient number is employed. If there is no money, we need to have the correct figures so that in the next Budget, this House can give adequate funds for the provision of those services. But at this stage, it is late for us to even think of centralizing this function again because this Constitution took Kenyans along time to get. A lot of minds and debate went to it and I do not think it is right to start thinking of clawing back some of those functions to the Central Government. We can try and see the best way to make it possible and the best way it can work.

Hon. Temporary Deputy Speaker, with those very many remarks, I beg to support.

Hon. Eric Keter: Thank you, hon. Temporary Deputy Speaker. I stand to support the Motion particularly on the issue of implementation. I want to thank this august House for the effort of coming up with Bills which make this country develop. But, I am particularly concerned about the way we implement things in this House.

We pass Bills here but when it comes to implementation, there is a problem. I must applaud our Government and the private hospitals for the training opportunities for our children. But when it comes to employment of the same trained people, it becomes a problem. So, we are not really saying that we are lacking staff. The issue is where the funds are to employ them.

Hon. Temporary Deputy Speaker, at the constituency level, there are so many health facilities and if we ask every hon. Member to enumerate them, they will name so many. But the problem is not that they are lacking personnel. No, what we are lacking are the funds. At times, I feel that whoever is apportioning this Budget appears not to have the country at heart because we have so many students who have qualified from all those training institutions and they are idle. I think what we need to do right now is to ensure that we pass this Motion to enable us have more trained personnel to serve in our constituencies.

Hon. Temporary Deputy Speaker, I recall last week we lost a pregnant woman at Kabianga Health Centre simply because there was no qualified personnel to assist her.

Secondly, there was no vehicle to take her to Kericho District Hospital, a distance of about 21 kilometres away. That is a better environment considering that we still have ASAL areas. The area is not far from the road and the road may be a bit better. What about ASAL areas which have poor infrastructure?

Hon. Temporary Deputy Speaker, I applaud the Ministry of Health for coming up with training opportunities for our children. However, our qualified medical personnel are moving to countries like Canada. There is no problem taking the excess, but the

problem is whether we have sufficient personnel for our people. I wish to propose that in every constituency, when proposals are made, they should incorporate the personnel to be employed by the CDF, so that we do not go far and then we blame the national Government or the county government. We should enroll at the constituency level. When a proposal is forwarded by any organization, school or village, it should have the component of the recruitment for the staff, including the equipment, so that we can fund them straightaway. That is the best way to handle this issue. Finally, those things should be done timely, so that we do not take a long time to implement them.

I support this Motion which is very timely.

Hon. F.K. Wanyonyi: Hon. Temporary Deputy Speaker, I rise to support the Motion, one, because we have facilities out there built through CDF. In fact, I do not know what to do with them because we do not have personnel to man those facilities in my constituency. There are very good facilities, three of them complete and furnished, but I do not have the personnel. That is why I support this Motion.

I support the Motion because I want the Government to immediately, as requested by Hon. Ochieng, employ nurses and clinical officers who are out there. I know for sure that in all our respective places we have young men and women who are not employed and yet, we have facilities that are yearning for those kinds of services. The major reason is because of poor deployment of staff. As the Mover mentioned - and I agree with him - we have cases where we have more than 600 nurses in one county and yet, in his Siaya County, he has only 165 nurses. The neighbouring Bungoma County has over 600 nurses. The Government should go back to the drawing board and deploy those officers to the needy areas, particularly, Kwanza Constituency where I have three well furnished health facilities, but nobody mans them.

The other day we lost an old lady because there was nobody in one of the facilities. From there, you go as far as Kitale which is almost 50 kilometres away. That is not possible at night and so, we lost that life. I know for sure that the problem that we have in this country is that we train our nurses, clinical officers and doctors and they leave the country. I went to Namibia three years ago and I was surprised that there is a package there to woo our nurses. I was surprised to find over 110 nurses from Kenya working there. That is because they have better facilities. They have very good benefits. So, much as we also want to have our Government employing more medical personnel, we should also look at their benefits. They are poorly remunerated.

The other thing is that we have facilities out there and as the amendment was moved this morning, we also need laboratory technicians. Patients go to clinics and they cannot be diagnosed to find out what illness they are suffering from. I want to support the fact that laboratory technicians should be employed. There is no need to take somebody who is suffering from Malaria to a dispensary and he is given wrong prescription. One Member mentioned a case where a patient was given wrong prescription. That is because the few who are there are frustrated. They work for 24 hours and they are likely to give wrong prescriptions. It is high time the Government got its priorities right. I support the amendment. Instead of spending money on laptops and irrigation - and the Jubilee Government is talking about irrigating over one million acres of land - which is bound to fail, we should invest in the health sector. We should get our priorities right and move the resources to where they are supposed to be.

We are talking about health care and the unemployment of our people who are trained. I support the Motion. The Government should get its priorities right and possibly move some of the resources that were supposed to be allocated to the so-called pilot projects like the laptops and irrigation to health centres.

I support the Motion.

Hon. Kipyegon: Thank you, hon. Temporary Deputy Speaker, for giving me this opportunity. First, I stand to support the Motion, especially because it touches majorly on an area which is very dear to all of us in this country. I also support the Motion as amended majorly because the Mover had indicated quite a number of clinical officers and nurses, but the amendment by Hon. Sang' has created a situation where we can have additional nurses and clinical officers.

As I speak, in many parts of this country, there is a huge shortage of medical personnel. There is a shortage of nurses, clinical officers and laboratory technicians. In most of our counties, we have facilities, but in others we do not have enough facilities. There is a rise in diseases in most of the areas and most of those diseases need serious diagnosis. Now that we lack enough laboratory technicians who are supposed to diagnose those diseases, we find it hard to cure them.

Hon. Temporary Deputy Speaker, most health centres are poorly staffed. Many health facilities have less than one clinical officer and in some areas, especially a case of my constituency, we have only five trained clinical officers who are not employed. So, you realise this is a crisis that needs to be seriously looked into by the Government.

Secondly, we also need to have additional health facilities so that when we are looking at how much money we are putting in the counties, and especially on the amendment by Hon. Sang, we need to have enough resources. Those resources will not only cater for the recruitment and employment of those health nurses or clinical officers, but we should also look at how we equip those facilities so that the facilities that we have in those particular constituencies are properly equipped. Some of them are not functioning because they are not equipped. Some of them are functioning but do not have enough drugs. Some of them are functioning but they do not have equipment. So, I support this Motion by saying that we need also to have enough funds so that we can equip those particular hospitals.

Hon. Temporary Deputy Speaker, although we said that some of the facilities that we have were built through the Constituencies Development Fund (CDF), there are so many of them that are not operational and that is because we lack nurses and clinical officers. So, I believe this Motion will go a long way to help us have all those clinical officers in our areas. You also realise that Kenya is not lacking in trained clinical officers. We have enough and that is why most hon. Members have been talking about migration by qualified clinical officers and nurses to other countries. The reason why we have the migration is because those that we have cannot be employed and even if we employ them, we are not giving them good salaries. We are not actually allowing them to make use of the training they have acquired from our institutions.

Hon. Temporary Deputy Speaker, just a few weeks ago we witnessed how some clinical officers were being frustrated and some of them were even wondering what was happening in our hospitals. We saw people dying in emergency wards especially at the Kenyatta National Hospital because nobody was attending to them or maybe, they were

being attended to but due to lack of facilities, their lives could not be saved. I think if this Motion is put in the right perspective and brought as a Bill--- I think we need to support it so that we can save the lives in most of the areas. We are not only seeing this in the urban areas, but the situation that we have in the local areas and especially the constituencies and ward levels is so pathetic. Most of the areas do not have good infrastructure. People who want to access medical services cannot access them unless they travel to far away areas. Now that in most of the areas we do not have good roads, people die on their way to those hospitals. This happens especially to mothers.

I must thank the President for waiving maternity fees for women. We must realise that very many people are now turning up in hospitals, especially pregnant mothers. If we do not have enough facilities and clinical officers to attend to those people, we will have a crisis. Whereas we have allowed them to access these services free of charge, we do not have health officers to attend to them. So, my serious support for this particular Motion is based on the fact that we have not looked at how we are supposed to equip, staff and run our health facilities at the grassroots level.

Hon. Temporary Deputy Speaker, as an hon. Member proposed, the effects of this Motion should trickle down to not only the county level but also to the constituency level, so that if you go to any constituency you find a facility which is fully equipped. In each constituency, we must have more than three health facilities in a ward. For instance, in my constituency, the only health facilities that cater for residents are dispensaries. We do not have health centres. You can imagine how dispensaries are. They are not equipped. They do not have clinical officers. They do not have nurses. The people treating patients are quacks – people who are not qualified. Patients go there because they have no otherwise. So, I support the Motion because I believe that if these recommendations are taken on board, we will save the lives of many Kenyans.

With those remarks, I beg to support the Motion, as amended.

The Temporary Deputy Speaker (Hon. (Ms.) Mbalu): Hon. Members, the time for ventilating this Motion is over. Therefore, I now call upon the Mover, Hon. Ochieng, to reply.

Hon. Ochieng: Hon. Temporary Deputy Speaker, I would like to donate a minute each to Hon. Munuve and the hon. Member over there; a minute to that hon. Member, a minute to that other hon. Member and a minute to Hon. Mule.

The Temporary Deputy Speaker (Hon. (Ms.) Mbalu): Very well. Let us start with Hon. Munuve.

Hon. Mati: Hon. Temporary Deputy Speaker, I rise to support the Motion.

My constituency, for which Hon. Ochieng could be speaking to, is one which may not enjoy what His Excellency the President generously gave to Kenyan women, to give birth without being charged. We have many clinics constructed through the CDF but which are without health officers. Therefore, I implore hon. Members to pass this Motion, so that women in my constituency can also enjoy these facilities.

Another thing I would want considered alongside this Motion is for all District Hospitals to be provided with ambulances because without ambulances these facilities will not be enjoyed by people in most of the ASAL areas. Let me also reiterate that when it comes to posting of health workers, one would expect to see equity, with ASAL areas being considered. The ASAL areas are being discriminated. One problem we have seen

most of the times is that most civil servants would like to serve in urban areas which would mean that if they were given the choice to decide where to go, most of them would end up in urban areas and cities leaving a gaping hole in the services in the rural areas.

Hon. Temporary Deputy Speaker, I wish to support the Motion as amended.

Hon. Shimbwa: Mhe. Naibu Spika wa muda, vile vile nasimama kuunga mkono Hoja hii. Hoja hii inalingana na jukumu la Bunge kuwa itaweza kujadili na kutatua matatizo ambayo yanahusiana na wananchi kama inavyosema katika Katiba Kifungu cha 95(2). Pia, naunga mkono Hoja hii ambayo inaungwa mkono na Katiba katika Kifungu cha 19(2) na 20(2) ambayo imezungumzia kuhusu haki za raia ambazo zatakiwa watu wafaidike kwa kikamilifu. Tukiangalia katika Kifungu cha 43(1)(a) ambacho kinazungumzia haki za afya za wananchi, yatakiwa wananchi wapate huduma kwa hali ya juu kabisa. Tukimalizia, watu wazima ama wale ambao ni wazee, Katiba vile vile katika Kifungu cha 57(b) inasema wanatakiwa wapate huduma bora kutoka kwa watu wao na Serikali.

Tukiangalia hayo yote, tunaona Katiba ya nchi yetu inatilia mkazo mambo ya afya. Tukiangalia katika historia, nchi yetu ya Kenya iko nyuma katika mambo yote yalioahidiwa wananchi wakati wa Uhuru. Kwa ufupi, tungependelea hata ikiwa hili Bunge linaweza kukubali mambo ya laptop na maziwa ya bure yaondolewe ili tuweze kuhudumia wananchi wetu katika mambo muhimu ya elimu, afya na mishahara ya waalimu, ili tusiwe na mizozo siku za karibuni wananchi, waalimu na madaktari wakiomba mishahara na tushindwe kuwahudumia wananchi wetu. Kwa hivyo, kwa ufupi hata mimi ningeongezea kusema kwamba community health workers wafikiriwe kwa maana wanafanya kazi muhimu katika jamii zetu. Mwisho, kuna hospitali ambazo ziko kwenye barabara zetu muhimu kama vile Voi na zinginezo. Zingefaa zipatiwe wahudumu wengi kwa sababu ajali nyingi zikitokea kupeleka watu Mombasa ama Nairobi huwa inapoteza wakati mwingi na wengi wanakufa kwa sababu ya ukosefu wa huduma za haraka.

Kwa hayo machache, naunga mkono.

Hon. Ochieng: Hon. Temporary Deputy Speaker, I am sorry because of my colleagues who may not have contributed to this Motion. Hon. Members have contributed to this Motion for the last three hours and it is not possible for everyone to contribute to it even within the 10 minutes I have donated. However, I want to thank every Member of this Parliament who has supported it.

The Constitution provides the right to health. I want to make it very clear that the Constitution that we have now does not bar the national Government from employing health officers. In fact, there is nothing like mutual exclusivity in terms of the roles of the county governments and the national Government. There is nothing legally, morally or technically wrong in the national Government employing nurses.

Hon. Temporary Deputy Speaker, when we did the Constitution, we realized that we cannot leave this role to the counties. That is why even as I speak today, teachers are employed nationally and not at the county level. That is what we are talking about. So, the argument about moving this to the county, as much as devolution is the best thing--- On this particular issue, you will realize that the capacity is lacking. Therefore, we need to go that way.

I would like to thank the Chair of the Departmental Committee on Health for what she raised. We must realize that the power of making the Budget is now in the hands of this august House. We cannot say that we do not have money. We can allocate and re-allocate to ensure that what we seek to do, as a Parliament, comes to pass.

What we want done to this Motion does not require a Bill. We are talking about a one-off employment. I do not think that a Bill is suitable for that kind of thing. We want a one-off employment of 12,000 personnel for efficient service delivery to this country.

If you look at the resources that are required for this Motion to be implemented, you will find that we can make it. Like someone said, just reduce on the amount of flowers you buy and the number of conferences and workshops that we hold. If we reduce on the expenditures of the Government in partying or allocating money where we do not need, we could easily get our priorities right.

We should carry out an audit as we move on so that we know how many facilities we have in every constituency so that, as we employ, we deploy equitably. Let us not have one county having 1,000 clinical officers while another one has 200 clinical officers. That is because Kenyans are equal wherever they are, and we must ensure that the treatment they get is also equal. As we also do that, we must ensure that the pay--- We must bring in Mrs. Sarah Serem's Commission. Let her come and ensure that even those employed in those sectors are remunerated well because they are the ones who work. You will find that their seniors, like doctors, are paid more money and yet they are very few. Their salaries are way higher and, yet the clinical officers are the ones who run 90 per cent of the health facilities in this country.

Hon. Temporary Deputy Speaker, I would like to finish by saying that what divides this country is very small, as you have seen this morning. On issues that Kenyans are concerned about, this House is willing to take a bi-partisan stand and is willing to carry along without any party lines. I am happy to note that the support that this Motion has received has been bi-partisan, overwhelming and I think the nation needs to know that this Parliament also cares in all matters that have got to do with the lives of our people. To ensure that money is available, we need to reduce corruption. We have to ensure that our things are done in the right way.

As I finish, let the Committee on Implementation seize of the contributions that have been made in this House this afternoon and ensure that the resolution as proposed by the Motion is implemented as soon as possible.

Hon. Temporary Deputy Speaker, I beg to move.

(Question of the Motion as amended put and agreed to)

Resolved accordingly:

That, aware that there is an acute and gross shortage of clinical officers and nurses in hospitals, health centres and dispensaries which, in turn, is severely limiting access by Kenyans to basic health care; deeply concerned that most Kenyans continue losing their lives to curable and easily manageable ailments; further concerned that public resources, especially the CDF, has been used to develop a number of facilities which remain non-operational due to lack of personnel; taking into account the need to meet the constitutional right of every Kenyan citizen to adequate health care, further noting that public resources have been used to train more than 15,000 clinical officers and 20,000 nurses who remain idle and unemployed, aware that the Government has just adopted a policy on free maternity services; and in order to promote the prevention and early detection of disease risks at household levels through closer and constant disease surveillance; knowing that clinical officers and nurses are the ones that operate most health facilities in most parts of the rural Kenya due to the shortage of doctors, this House urges the Government to immediately recruit and deploy, at least, 5,000 clinical officers, 5,000 nurses and 2,500 laboratory technicians; and a further 3,000 clinical officers and 3,000 nurses annually and provide enough resources for the supply of adequate medicine and equipment; and to adequately remunerate the officers and further equitably deploy them to the counties to alleviate the suffering of the citizens, and to provide curative and preventive health care services to the people of Kenya.

The Temporary Deputy Speaker (Hon. (Ms.) Mbalu): Next Order!

UPGRADING OF ROADS IN CONSTITUENCIES TO BITUMEN STANDARD

THAT, aware that the road network in the country currently stands at approximately 160,886 kilometres, out of which only approximately 11,189 kilometres are paved; noting that the extent of the unclassified rural and urban roads remain unknown with most of such roads in bad condition; aware that good infrastructure facilitates trade, economic development and improvement in the quality of life; this House urges the Government, through Kenya Rural Roads Authority (KeRRA), Kenya National Highways Authority (KeNHA) and Kenya Urban Roads Authority (KURA) to upgrade a minimum of twenty (20) and a maximum of thirty (30) kilometers of roads to bitumen standards in every constituency across the country and, subsequently, enhance agricultural productivity and job creation.

(Hon. K.K. Kinyanjui on 6.6.2013)

(Resumption of Debate interrupted on 6.6.2013)

The Temporary Deputy Speaker (Hon. (Ms.) Mbalu): Hon. Members, we are on the Motion by Hon. Mburu Stephen Kinyanjui. We had two hours and every Member had contributed. There was no hon. Member who had remaining minutes to contribute. So, any hon. Member can contribute.

Hon. Joseph Muthari, you have the Floor.

Hon. M'uthari: Hon. Temporary Deputy Speaker, I rise to support this Motion. While aware that transport is very crucial, it is important that the Government puts in place mechanisms that will ensure every part of each constituency has good roads of bitumen standard. In my Igembe North Constituency, we have some places that are inaccessible.

Hon. Temporary Deputy Speaker, Igembe North neighbours Isiolo Town which is proposed in Vision 2030 to become a resort city and as that takes place, I would urge that roads in my constituency be constructed. If that is done, the communities in that place will enjoy the facilities and have the benefits of Vision 2030.

Hon. Temporary Deputy Speaker, we know the importance of roads infrastructure. Having a roads infrastructure can enhance the movement of goods and services to market centres. So, I would urge the House to take this Motion seriously.

There has been all that talk within the country for a while. There is also the debate about the monies between the county governments and the national Government. I think it is important that, that is taken into consideration especially on the part of infrastructure. There is a problem in our country every time, even in this House, when we are talking about spending. Nobody talks about how we can create money. You cannot spend what you do not have.

So, I am sure if we improve the infrastructure like roads, it can improve the economy through developing regions in the country. If the economy improves, then there is also a possibility of creating wealth.

Hon. Temporary Deputy Speaker, then the communities can access the markets and exchange their goods and services, and we can move forward. If we have this kind of possibility like in my constituency, then we can have those priority roads like the one from Kamweri-ini up to Kasuru, and connecting to the great North Road. This would improve the movement of people and goods and enable us to trade with our neighbours. We should also open up some of the roads that could improve security. Where there are good roads, security also improves. Where there are challenges, for instance cattle rustling in my constituency--- When raiders attack, there are no roads for the security officers to go and help communities in distress. So, having proper road infrastructure is going to be a great opportunity for all of us. It will enhance the development of the various sectors in the country.

If this Motion is passed, as a country, we are going to have the possibility of development in all the sectors. Development will not be based on whether you are close to power or not; there will be development in the entire Republic as it happens through the CDF. Then we will have constituency roads connecting to other major centres. This kind of connection will stimulate trade and enhance development.

I support the Motion.

Hon. (Ms.) Otucho: Thank you, hon. Temporary Deputy Speaker. I want to commend the Mover of the Motion, Hon. Kinyanjui. I agree with him that there is need for us to improve our road infrastructure network. As much as I agree with him that there is need for each constituency to have a certain percentage of tarmac road, I beg to differ in certain aspects. First and foremost, if we look at the cost of doing 20 kilometres of tarmac at an estimated cost of Kshs80 million per kilometre, multiplied by the number of

constituencies, namely 290, we will require a total of Kshs464 billion. I do not think this is realistic.

Secondly, we are also aware that certain counties have established road infrastructure as opposed to others. Constituencies like Teso South do not have even a single tarmac road. I know there are so many constituencies across this country that may require more attention and should be given priority, and more kilometres of tarmac as opposed to what the Mover has proposed. I would propose that the Government needs to consider those constituencies that have no tarmac at all, and no established road networks. Those constituencies should be given priority.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. (Ms) Mbalu): Hon. Members, it is now time for the interruption of business. This House is, therefore, adjourned until this afternoon at 2.30 p.m.

The House rose at 12.30 p.m.