



PARLIAMENT
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KENYA NATIONAL ASSEMBLY

TENTH PARLIAMENT
(THIRD SESSION)

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON EXAMINATION OF 2009/2010 ESTIMATES:

MINISTRIES OF MEDICAL SERVICES AND PUBLIC
HEALTH & SANITATION

(VOTES R.11/D.11 & R.49/D.49)

July, 2009

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PARLIAMENT BUILDINGS
NAIROBI

July 2009

CONTENTS

PREFACE	v
CHAPTER I: BACKGROUND.....	1
World Health Organisation (WHO) Requirements.....	1
Abuja Declaration of 2001	1
The Maputo Plan of Action	1
The Millennium Development Goals	2
Financing of the Health Sector in Kenya	2
Health Sub-Sector Allocation.....	3
CHAPTER II: MINISTRY OF MEDICAL SERVICES	5
Highlights of the Year's Allocations	5
RECURRENT EXPENDITURE (R.11)	6
21. Total amount requested for Vote R.11	6
EXAMINATION OF HEADS (R.11)	7
Head 310: Headquarter Administrative and Technical Services	7
Head 311: Headquarter Administrative and Professional Services	7
Head 314: Health Finance Secretariat	7
Head 349: Planning and Feasibility studies	8
Head 454: National Aids Control Programme	8
Head 456: National Quality Control Laboratories	8
Head 555: Nursing Services	8
Head 294: Procurement of Medical Spare Parts Units	9
Head 316: Provincial Health Services.....	9
Head 317: District Health Services	9
Head 318: Mental Health Services	10
Head 320: Spinal Injury Hospital	10
Head 321: Biomedical/Hospital Engineering	10
Head 351: Health Services.....	10
Head 322: Division of Mental Health	11
Head 346: Radiology Services.....	11
Head 340: Kenya Medical Training College.....	11
Head 355: Kenya Medical Supplies Agency	11
Head 356: Pharmacy Service.....	12
Head 315: Kenyatta National Hospital	12
Head 623: Moi Teaching and Referral Hospital	13
DEVELOPMENT EXPENDITURE (D.11)	13
EXAMINATION OF HEADS (D.11)	13
Head 310: Headquarter Administrative and Technical Services	13
Head 311: Headquarter Administrative and Professional Services	14
Head 456: National Quality Control Laboratories	14
Head 316: Provincial Health Services.....	14
Head 317: District Health Services	15
Head 340: Kenya Medical Training Centre	15

Head 355: Kenya Medical Supplies Agency	15
Head 315: Kenyatta National Hospital	16
Head 623: Moi Teaching and Referral Hospital.....	16
CHAPTER III: MINISTRY OF PUBLIC HEALTH AND SANITATION	17
RECURRENT EXPENDITURE (R.49)	17
EXAMINATION OF HEADS (R.49).....	18
Head 114: Headquarter Administrative and Technical Services.....	18
Head 643: Kenya Medical Research Institute	18
Head 323: Environmental Health Services	18
Head 325: Communicable Disease Control	19
Head 326: Port Health Control	19
Head 327: Nutrition.....	19
Head 328: Family Planning, Maternal and Child Health	19
Head 330: Health Education.....	19
Head 331: National Public Health Laboratory	20
Head 347: Health Information Systems	20
Head 510: Kenya Expanded Programme on Immunization.....	20
Head 518: Food Control Administrative Services	20
Head 622: National Leprosy and Tuberculosis Control	21
Head 778: Special Global Fund.....	21
Head 780: Special Global Fund-Malaria	21
Head 113: Government Chemist.....	21
Head 312: Provincial Administration and Planning	22
Head 335: Rural Health Centres and Dispensaries.....	22
Head 336: Rural Health Training and Demonstration Centres.....	22
Head 334: Radiation Protection Board	23
DEVELOPMENT EXPENDITURE (D.49)	23
EXAMINATION OF HEADS (D.49)	24
Head 643: Kenya Medical Research Institute	24
Head 323: Environmental Health Services	24
Head 327: Nutrition.....	24
Head 328: Family Planning, Maternal and Child Health	24
Head 347: Health Information System	25
Head 510: Kenya Expanded Programme Immunization.....	25
Head 778: Special Global Fund.....	25
Head 779: Special Global Fund-TB.....	25
Head 780: Special Global Fund-Malaria	26
Head 133: Government Chemist	26
Head 335: Rural Health Centres and Dispensaries.....	26
Head 334: Radiation Protection Board	27
Other issues of concern in the Health Sector	27
CHAPTER IV: RECOMMENDATIONS	29
SPECIFIC RECOMMENDATIONS:.....	29

Vote:R.11	29
Vote:D.11	29
Vote:R.49	29
Vote:D.49	29
GENERAL RECOMMENDATIONS.	30
Affordable health/medical insurance.....	30
Increased funding to facilities	30
The Abuja Declaration	30
Medical Supplies.....	30
The Maputo plan of Action	30
The MDGs on Health	31
ANNEX: I:SUMMARY OF ISSUES ON EXAMINATION	32
ANNEX: II:MINUTES OF THE COMMITTEE	
ANNEX: III:_CONSTITUENCIES WITHOUT DISTRICT HOSPITALS	
ANNEX: IV:DISTRICT ALLOCATIONS (HEAD 317)	

PREFACE

Mr. Speaker,

The Departmental Committee on Health of the National Assembly was constituted on June 17, 2009. Pursuant to provisions of Standing Order 198 the Committee is mandated to:-

198. (1) *There shall be select committees to be designated Departmental Committees which shall be nominated by the House Business Committee and approved by the House at the commencement of every Parliament.*
- (2) *Unless the House otherwise directs, the Departmental Committees shall be as set out in the Second Schedule.*
- (3) *The functions of a Departmental Committee shall be: -*
- (a) to investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;*
 - (b) to study the programme and policy objectives of Ministries and departments and the effectiveness of the implementation;*
 - (c) to study and review all legislation referred to it;*
 - (d) to study, assess and analyse the relative success of the Ministries and departments as measured by the results obtained as compared with their stated objectives;*
 - (e) to investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House or a Minister; and*
 - (f) to make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.*

Mr. Speaker,

According to Schedule II of the Standing Orders, the subject under the committee is "Matters related to health, medical care and health insurance". In this regard, the Committee examined the Estimates of the Ministry of Medical Services- R.11 and D.11 and the Ministry of Public Health and Sanitation- R.49 and D.49.

Mr. Speaker,

The Members of the Committee are:-

- (i) Hon. Robert O. Monda, M.P. - Chairperson
- (ii) Hon. (Dr.) Nuh Nassir Abdi, M.P. -Vice-Chairperson
- (iii) Hon. Sheikh Muhammad Dor, M.P.
- (iv) Hon. Cyprian O. Omolo, M.P.
- (v) Hon. Fredrick Outa, M.P.
- (vi) Hon. Joseph O. Magwanga, M.P.
- (vii) Hon. Thomas M. Mwadeghu, M.P.
- (viii) Hon. Victor Kioko Munyaka, M.P.

- (ix) Hon. (Dr.) David Eseli, M.P.
- (x) Hon. (Dr.) Boni Khalwale, M.P.
- (xi) Hon. Joseph Lekuton, M.P.

Mr. Speaker,

The *Committee of Supply* is preceded by examination of the Estimates by Departmental Committees. Pursuant to Standing Order 152, once laid before the House, the Estimates are committed to the Departmental Committee according to their mandates, for examination for twenty one days. The Minister for Finance submitted the Estimates for the year 2009/2010 before this House on June 10, 2009. This was followed by reconstitution of Committees and the said Estimates stood committed to the newly constituted committees. In this regard, the Estimates for the Ministry of Medical Services and those of Ministry of Public Health and Sanitation were committed to the Departmental Committee on Health for examination.

The examination of the Estimates by the Committee was preceded by a comprehensive brief by the National Assembly's Budget office on the crucial areas of the the Estimates. Thereafter, the Committee held meetings with the Hon. Ministers for the two Ministries. During the Meetings, the Ministers were accompanied by the Permanent Secretaries and other technical officers in their respective Ministries. The examination mainly dealt with areas with increases in allocations, new projects, deficits, absorption capacities and criteria for allocation in each Head.

The policy and budget documents used included the Vision 2030, the Medium term Plan, the MDGs Status Report, the Budget Speech for 2009, Printed Estimates for FY 2009/10, Budget Outlook Paper for 2009/0-2011/12, the Budget Strategy Paper 2009/10-2011/2012, Economic Survey for 2009 and other relevant documents. The methodology of collecting data and evidence was by way of Meetings with the Ministers for Medical Services and Public Health and Sanitation and written and oral evidence by the Ministers

Mr. Speaker,

The WHO recommended a per capital health spending US\$ 34 to finance an essential package of health services. Further, the 2009/2010 allocation to the entire sector is about 5.43% of the total government budget compared to the Abuja Declaration of 15% and the Economic Recovery Strategy of 12. The Health sub-sector has been allocated Kshs.47.011 billion (25.58% of the Human Resource Development Sector). The Health budget represents 5.43% of the entire national budget with most resources (58.58%) earmarked to Ministry of Medical Services while 41.42% will be for Public Health and Sanitation. The implementation of the Ministry of Medical Services' Strategic Plan requires Ksh. 47 billion compared to the allocation of Ksh.27.5 billion for the year 2009/2010.

Under Head 317 (District Health Services) of R.11, the Committee noted that there is a reduction of 20.3% to Kshs.9,958.2 million from kshs.11,987 million in 2008/09. The Committee was informed that this was due to reductions in *Personnel costs* and *Specialized materials and supplies* item. The Committee was concerned that since districts have increased in number, district health services will therefore expand, it would have been prudent to increase the allocation on the Head.

Another area of concern is Vote R.11 of Head 355(Kenya Medical Supplies Agency) under the Ministry of Medical Services. The Committee noted that the grant to KEMSA remained constant at Kshs. 344.1. million. This is despite the recommendations to restructure and capitalise KEMSA in order to enhance service delivery. The Committee was also concerned that the government does not seem to be committed to its undertaking of consolidation of all funds for purchase of drugs into one basket.

Under Vote D.11 of Head 316 of the Ministry of Medical Services the Committee noted the huge gross increase in proposed expenditure of Kshs.350 million from 55.0million in 2008/09 on account of construction of building and purchase of specialized plant. The funds for construction of building (Ksh.250,000,000) are from BADEA as direct payment and the beneficiary is Embu District Hospital.

Another area of concern is Head 317 (District Health Services) of the Development Expenditure of the Ministry of Medical Services. The Committee noted the increased gross expenditure of Kshs.5,089.5 million from Ksh. 2,245.4 million in 2008/09 mainly on account of construction of buildings. The Committee was informed that the A.in.A would be raised from Grants from international organizations and foreign governments and foreign borrowing. The Committee was also taken through the list of 248 district hospitals facilities to benefit from the Kshs 2.3 billion for this construction. It is worth noting that some forty nine constituencies do not have district hospital and would therefore not benefit from the funds. The Committee was also informed that the allocation criteria is based on five variables of *poverty, bed utilization, outpatient cases, accident prone areas and fuel costs*. The Ministry of Public Health and Sanitation also has deficits in several allocation *Items* including; Monitoring and Evaluation; Department of Environmental Health and Sanitation; Division of Child and Adolescent Health; Contraceptives and Ophthalmic Services;

On funds to construct new health centers the Ministry informed the committee that money will not be disbursed to the ministry of works because apparently there has been embezzlement of funds but rather to the Permanent Secretary Ministry of health this is to ensure performance and the Members of Parliament will be involved as much as possible.

The Committee also noted with concern that the estimates for the Ministry of Medical Services were not based on the Ministry's Strategic Plan, the Medium Term Expenditure Framework (MTEF) nor the Vision 2030.

Mr. Speaker,

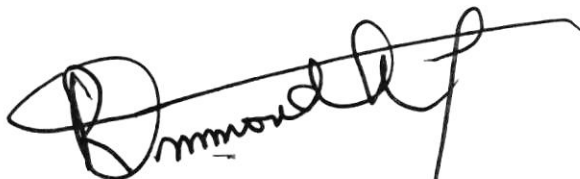
Whilst appreciating the need to shift emphasis to preventive services from curative services, the Committee is of the view that the split of the Ministry of Health is doing more harm than good. This is exemplified in personnel and administration conflicts, constant conflicts on operations and uncoordinated instructions to KEMSA and KMTCC. Further, the Ministries have confirmed that it is difficult to separate implementation of programmes such as HIV, TB and Malaria into curative and preventive. In addition, the administration of the Global Fund has been affected while the overall overheads cost of the sub-sector have increased.

Mr. Speaker,

The Committee wishes to record its appreciation to the Minister for Public Health and Sanitation and the Minister for Medical Services for appearing before it and providing the information contained in the Report. The Committee is also grateful for the information provided by the members of staff of the two Ministries. Further, the Committee is indebted to the staff of the National Assembly, including those in the Budget Office for the services they rendered to the Committee. It is their commitment and dedication to duty that made the work of the Committee and production of this Report possible.

Mr. Speaker,

It is now my pleasant duty, on behalf of the Committee to present and commend this Report to the House.

A handwritten signature in black ink, appearing to read 'R. Monda', with a long horizontal stroke extending to the right.

HON. (DR.) ROBERT O. MONDA, MP
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH
July 23, 2009

REPORT ON EXAMINATION OF ESTIMATES FOR THE YEAR 2009/2010: MINISTRIES OF MEDICAL SERVICES AND PUBLIC HEALTH & SANITATION.

CHAPTER I: BACKGROUND

World Health Organisation (WHO) Requirements

1. The World Health Organisation (WHO) Commission on Macro Economics and Health (WHO 2001) recommended a per capital health spending US\$ 34 to finance an essential package of health services. Kenya's spending on health care, like other countries in sub-Saharan Africa region, falls short of the WHO recommendation. This is a clear indication of scarcity of resources to finance efficiency in health care. The challenge is therefore to address the resources gaps, continue to improve efficiency in resources allocation and use, and maintain the relatively high level of domestic resources invested in health.
2. Considering the relative contributions of financial sources to the total health expenditure in the country, households are the largest contributors of health expenditures (36%), followed by the government (29%) and donors (31%) (National Health Accounts, 2005/06). Poverty and high cost of medical care in the country remains a major hindrance to accessible quality health services of acceptable standards. Evidence shows about 40% of Kenyans who fall sick do not seek medical care due to cost of care and other access constraints, an issue which requires government to examine ways of protecting the poor and other vulnerable groups to ensure that they access medical services when in need.

Abuja Declaration of 2001

3. Kenya has ratified the Abuja Declaration of 2001 which states in part, that: "We commit ourselves to take all necessary measures to ensure that the needed resources are made available from all sources, and that they are efficiently and effectively utilized. **We pledge to set a target of allocating at least 15 per cent of our annual budget to the improvement of the health sector.** We undertake to mobilize all the human, material and financial resources required to provide care and support and quality treatment to our populations infected with HIV/AIDS, tuberculosis and other related infections. We resolve to enact and utilize appropriate legislation and international trade regulations to ensure the availability of drugs at affordable prices and technologies for treatment, care and prevention of HIV/AIDS, TB and other infectious diseases. We commit ourselves to support the development of an affordable, accessible HIV vaccine relevant to Africa."

The Maputo Plan of Action

4. Further, Kenya signed the Maputo Plan of Action (of September 22, 2006). The plan recommends a number of measures, including integrating HIV/AIDS services into sexual and reproductive health and rights; promoting family

planning as a crucial factor in attaining the Millennium Development Goals; supporting the sexual and reproductive health needs of adolescents and young people as a key SRH component; addressing unsafe abortion through family planning; delivering quality and affordable health services to promote safe motherhood, child survival, and maternal, newborn and child health; and adopting strategies that would ensure reproductive health commodity security.

The Millennium Development Goals

5. In addition, the government has pledged to achieve the Millennium Development Goals 4 (Reduce child mortality), 5 (Improve maternal health) and 6 (Combat HIV/AIDS, malaria and other diseases).
6. Despite all these, research has shown that two in three Kenyans have no access to essential services, such as family planning, maternal health care, and HIV prevention and treatment. As a result, many women die each day from complications of pregnancy and childbirth.

Financing of the Health Sector in Kenya

7. The importance of Health Sector in Kenya cannot be overemphasized. A healthy population is critical for promoting economic development while a high disease burden is a barrier to economic growth. It is against this background that the Government prioritized health in the Economic Recovery Strategy (ERS) and now it is being touted as a critical pillar to the attainment of Vision 2030. The sector is also critical in the realization of the Millennium Development Goals (MDGs) which Kenya is a signatory to. Three of the eight goals particularly relate to health namely; Goal 4: *Reduce child mortality*, Goal 5: *Improve maternal health* and Goal 6: *Combat HIV/AIDS, malaria and other diseases*.
8. The Health and social work sector's contribution to the GDP has been declining over the last five years. It accounted for 2.6% in 2004 before declining to 2.5% in 2006 and further declining to 2.4% in 2008. Whereas the objectives of the health sector have been to increase equitable access to health services, improve the quality and responsiveness of services in the sector, improve the efficiency and effectiveness of service delivery, and to enhance the regulatory capacity many challenges have hindered the realization of these objectives.
9. Health sector financing system in Kenya is characterized by a number of challenges such as wide inequality in access to services, major gaps in infrastructure, shortages and inequitable distribution of medical human resources, low levels of predictability of donor funds, poorly coordinated investment and interventions, limited level of protection provided by the National Hospital Insurance Fund (NHIF) (focuses only on hospitalization), health sector allocation accounts for 5.43% of total government expenditure compared to the 15% recommended in Abuja Declaration. Efforts to make

health services accessible have been attempted but with very little positive impact. For example, the public was told that the charges at the dispensaries and health centers would be kept at KSh. 10 and KSh 20 respectively. This pronouncement was however not followed with a circular to make it a policy issue. Thus the pronouncement could be in use on goodwill basis and patients have no recourse if the health units refuse to accept the 10/20 rule. As a result of lack of clear policy grass root patients get very minimal attention in these basic medical institutions.

10. The health development budget is characterized by heavily donor support through grants. This scenario has been a trend which, depending on how one looks at it, could be a bit dangerous. Heavy reliance on donors to this extent in our health sector may be of concern since donor funds cannot be 100% certain. It means that should the donor funds fail to materialize then the sector could collapse. There is need to commit more of local resources in developing health sector.
11. Another issue of concern is the resource pilferage. Studies of public expenditure have shown that only about 45% of resources/funds supposed to be for the lower level facilities actually get there. If well managed these leakages can adequately be used to employ new personnel and equip health centers. Regulation issues also remain a challenge leading to many untrained personnel running pharmacies in the rural areas and even in towns. The Ministry should step up the surveillance to root out quarks from the health services.
12. Health sub-sector falls in the category of Human Resource Development Sector which has been allocated an overall budget of Kshs.183.8 billion (21.23%) of the entire budget estimates. Other sub-sectors in this category include Education and Labour and Manpower Development. This sector is social in nature and consumes the highest amount of resources because of the Education Ministry.

Health Sub-Sector Allocation

13. The Health sub-sector has been allocated Kshs.47.01 billion (25.58% of the Human Resource Development Sector). The Health budget represents 5.43% of the entire national budget with most resources (58.58%) earmarked to Ministry of Medical Services while 41.42% will be for Public Health and Sanitation. Even though the Ministry of Medical Services still received the big chunk of health sector resources, it should be appreciated that the Public Health and Sanitation have significantly increased by 173.7% from 7.11 billion in 2008/09 to 19.47 billion in 2009/10. This is a good move and is in line with the desire to shift health resources from curative to preventive.

Analysis of FY 2009/10 budget allocation to Health sector (kshs Billion)

Ministry	Gross recurrent	Gross development	Gross total	Proportion of total (%)
Vote 11: Medical Services	21.212	6.326	27.539	3.18%
Vote 49: Public Health & Sanitation	6.972	12.500	19.472	2.25%
Total	28.1844	18.827	47.011	5.43%

(Source: KNA Budget Office)

CHAPTER II: MINISTRY OF MEDICAL SERVICES

Highlights of the Year's Allocations

14. The total resource requirements for the year as follows:-
- | | |
|-----------|------------------------|
| a) R.11 : | Ksh. 29,734,000,000.00 |
| b) D.11 : | Ksh. 6,736,000,000.00 |
| c) Total: | Ksh. 36,470,000,000.00 |
15. The total allocation is as follows:-
- | | |
|----------------------|------------------------|
| a) R. 11(Net): | Ksh. 21,188,398,000.00 |
| b) R.11 (A.in A): | Ksh. 24,180,713.00 |
| c) D.11(GoK): | Ksh. 2,532,700,000.00 |
| d) D.11 (A.in A): | Ksh. 6,326,407,000.00 |
| e) Gross: (a+b+c+d): | Ksh. 30,071,685,713.00 |
16. The net resource allocation to the Ministry is Ksh. 23,721,098,000.00 while the deficits are as follows:-
- (a) Without factoring-in the *A.in.A*:
- | | |
|------------------|----------------------------------|
| Deficit in R.11: | Ksh. 8,545,602,000.00 |
| Deficit in D.11: | Ksh. 4,203,300,000.00 |
| Total deficit: | Ksh. 12,748,902,000.00 or 34.96% |
- (b) When the *A.in.A* is factored-in, the deficit stands at Ksh. 6,398,314,287.00 or 17.54%
17. The major deficit areas are:
- Purchase of ambulances: Ksh. 300 million
 - Purchase of drugs: Ksh. 395 million
 - Purchase of Medical Equipment: Ksh. 2.08 billion
 - Construction of buildings: Ksh. 1.7 billion
 - Parastatal's salaries: Ksh. 3.6 billion
 - KMTC: 1.2 billion
 - KNH: Ksh. 2.9 billion
 - KEMSA: Ksh. 1.28 billion (including Ksh.800 million for capitalization)
 - Construction of additional hospitals (reform agenda issues): Ksh.35 billion;
 - Moi Teaching & Referral Hospital : 950 million
18. A comparison with previous year's allocation revealed a decrease in allocation, especially under the Recurrent Vote which was reduced by Ksh.2 billion. The Committee was informed that this was attributable to:-
- removal of additional funds granted to the Ministry for payment of pending bills under the drugs in the revised estimates for 2008/2009; and;
 - transfer of personnel to the Ministry of Public Health and Sanitation.

19. The Ministry's **absorption capacity** was 103% in 2007/2008 for Recurrent Expenditure, with General Administration and Planning & Preventive and Promotive items having the lowest spending rates of 86% and 95% in the 2007/2008 budget. The Development budget recorded a below average performance with an overall absorption capacity of 29% in the year 2007/2009.
20. The implementation of the Ministry's **Strategic Plan** requires Ksh. 47 billion compared to the allocation of Ksh.27.5 billion for the year 2009/2010. The allocation to the entire sector is about **6%** of the total government budget compared to the Abuja Declaration of 15% and the Economic Recovery Strategy of 12%.

RECURRENT EXPENDITURE (R.11)

21. **Total amount requested for Vote R.11:** Twenty one billion, one hundred and eighty eight million, three hundred and ninety eight thousand Kenya Shillings (Ksh. 21,188,398,000) summarised as follows:

Sub-Vote	Net Approved Expenditure 2008/2009 (Ksh.)	Estimates 2009/2010		
		Gross Expenditure (Ksh.)	Appropriations in Aid (A.in.A) (Ksh.)	Net Expenditure (Ksh.)
110. Gen. Admin. & Planning	818,950,397	905,289,104	24,137,033	881,152,071
111. Curative Health	16,228,676,354	14,358,552,341	2,080	14,358,550,261
112. Preventive Medicine & Promotive Health	74,273,670	58,100,593	-	58,100,593
114. Health Training & Research	931,719,091	931,719,091	-	931,719,091
116. Medical Supplies Coordination Units	443,155,875	441,813,291	41,600	441,771,691
117. Kenyatta National Hospital	3,503,808,818	3,415,808,818	-	3,415,808,818
118. Moi Referral and T. Hospital	1,101,295,475	1,101,295,475	-	1,101,295,475
Total	23,101,879,680	21,212,578,713	24,180,713	21,188,398,000

(Source: 2009/2010 Estimates)

EXAMINATION OF HEADS (R.11)

Head 310: Headquarter Administrative and Technical Services

Proposed Net Expenditure: Ksh.626,045,649.00

Appropriations-in-Aid: Ksh. 3,614,001.00

22. From the Estimates, the Committee noted that:-
- (i) various Items under Head 310 would be underfunded. These include a deficit of about Ksh. 1,781,000,000 for Personal emoluments for common cadre upgrading;
 - (ii) the 2009/2010 estimates for Personal Emoluments items represents a reduction of the 2008/2009 Estimates by Ksh. 437,070,479.00.

The Committee was informed that the government was focused on additional funding to key priority areas and that the reduction and deficit would not affect the delivery of service by the Ministry. The Committee was also informed that the Ministry expects to raise Ksh. 3,614,001.00 as *A.in.A* from sale of inventories, stocks and commodities. Part of the *A.in.A* is payable to the Exchequer.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. Ksh.626,045,649.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 310 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 3,614,001.00 to finance its operations.

Head 311: Headquarter Administrative and Professional Services

Proposed Net Expenditure: Ksh.168,345,698.00

Appropriations-in-Aid: Ksh. 2,523,032.00

23. The Committee noted that there is an increase in allocation compared to last year's allocation of Ks. 148.2 million. Foreign travel allocation remains the same as previous year despite the Government's undertaking to reduce travels. No allocation has been made for International Health office Item. The previous year it had been allocated Ksh. 4.1 million; The Committee was informed that the Item has since been transferred to the Ministry of Public Health and Sanitation with addition funding to Ksh.68.5 million. The Committee was also informed that the *A.in.A* will be realised from sale of inventories, stocks and commodities.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 165,822,666.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 311 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 2,523,032.00 to finance its operations.

Head 314: Health Finance Secretariat

Proposed Net Expenditure: Ksh.17,115,331.00

24. The Committee noted that there is an increase by Ksh. 5.6 million. This was attributed to domestic travels and transportation costs.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 17,115,331.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 314.

Head 349: Planning and Feasibility studies

Proposed Net Expenditure: Ksh.17,098,867.00

25. The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.17,098,867.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 349.

Head 454: National Aids Control Programme.

Proposed Net Expenditure: Ksh.30,973,819.00

26. The Committee observed that there is need to harmonise the activities of the National Aids Control Council and those of the Ministry to avoid duplication and to enhance clarity and efficiency in the control of HIV/AIDS.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.30,973,819.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 454.

Head 456: National Quality Control Laboratories.

Proposed Net Expenditure: 15,110,787.00

Appropriations-in-Aid: Ksh. 18,000,000.00

27. The Committee noted the increase in gross allocation from the previous year's 22.8 million attributable to increased personnel costs. The Committee also noted that the Minister proposes to raise Ksh. 18 million as A.in.A from sale of stocks and commodities bringing the gross expenditure to Ksh. 33,110,787.00

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 33,110,787.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 456 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 18 million to finance its operations.

Head 555: Nursing Services

Proposed Net Expenditure: Ksh.8,984,952. 00

28. The Committee noted that the allocation is almost constant from the previous year, despite requests by the Ministry for additional funds to cater for increased expenditure. The Committee also noted that the Minister for Finance proposes to increase the allocation by only Ksh. 1 million in the next financial year.

The Committee recommends that the Minister considers increasing the allocation in the next financial year to cater for increased expenditure.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding **Ksh.8,984,952. 00** be approved for allocation to the Ministry for the expenditure proposed on the items under Head 555.

Head 294: Procurement of Medical Spare Parts Units

Proposed Net Expenditure: Ksh. 36,038,772.00

29. The Committee noted that there is slight increase from the previous year's allocation of Ksh. 35.7 million. The increase is mainly on *Other Operating Expenses* and basic salaries for permanent employees. The Committee also observed that the Minister has decreased the purchase of furniture equipment under the Head by Ksh.1 million.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 36,038,772.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 294.

Head 316: Provincial Health Services

Proposed Net Expenditure: Ksh.3,929,348,214.00

30. The Committee noted the slight increase to Kshs.3,929.35 million from Kshs.3,820.3 million in 2008/09. This was attributed to creation of new sub head -*monitoring and evaluation unit* for provincial health services with budget of Kshs.9.78 million. The Committee was of the view that this would go a long way in monitoring of provision of health services in all Provinces.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 3,929,348.214.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 316.

Head 317: District Health Services

Proposed Net Expenditure: Ksh.9,980,080,408.00

31. The Committee noted that there is a reduction of 20.3% to Kshs.9,958.2 million from kshs.11,987 million in 2008/09. The Committee was informed that this was due to reductions in *Personnel costs* and *Specialized materials and supplies* item. The Committee was concerned that since districts have increased in number, district health services will therefore expand, it would have been prudent to increase the allocation on the Head.

The Committee also expressed concern that the Minister has proposed to reduce allocation on *specialised materials and supplies* while a visit by the previous Committee to various hospitals revealed that the facilities were lacking in specialised supplies. The Committee was also of the view that the newly created sub-head on *Monitoring and Evaluation* needs to be harmonised with that created under Head 316 to avoid duplication of services.

The Committee recommends that the Minister considers increasing the allocation on the Head in the next financial year.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.9,980,080,408.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 317.

Head 318: Mental Health Services

Proposed Net Expenditure: Ksh.296,797,740.00

32. Whilst noting that there is an increase in allocation to Ksh. 296.8 million from Kshs.285.8 million in 2008/09 mainly on account of personnel costs, the Committee held that this is inadequate owing to the requirements by this Head and the need for specialised care for Mental Health care.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 296,797,740.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 318.

Head 320: Spinal Injury Hospital

Proposed Net Expenditure: Ksh.70,828,747.00

Appropriations-in-Aid: Ksh. 2,080.00

33. The Committee noted that this is an almost constant allocation for several years despite the need to expand the Spinal Injury facility due to increased demand for services over the years. The Committee also observed that the A.in.A of a. two thousand collected by the Hospital is may not add any value to the needs of this Head.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 70,828,747.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 320 456 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. Two Thousand to finance its operations.

Head 321: Biomedical/Hospital Engineering

Proposed Net Expenditure: Ksh.18,585,449.00

34. The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 18,585,449.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 321.

Head 351: Health Services

Proposed Net Expenditure: Ksh.26,870,931.00

35. The Committee noted that there is a considerable increase from Kshs.10.43 million in 2008/09 mainly due to personnel costs. The emoluments costs have tripled to kshs.12.5 million from kshs.3.2 million. The Committee was however concerned that there is need for fair distribution of personnel to all

health services across the country. The Ministry should also put in place incentives to encourage staff to work in hardship areas.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.26,870,931.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 351.

Head 322: Division of Mental Health

Proposed Net Expenditure: Ksh.11,088,626.00

36. The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 11,088,626.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 322.

Head 346: Radiology Services

Proposed Net Expenditure: Ksh.47,011,967.00

37. The Committee noted with concern the reduction in allocation of Kshs.47.0 million from Kshs.63.3 million in 2008/09. The reduction was on account of nil allocation to the item '*routine maintenance – other assets*'. The item had been allocated Ksh. 18.02 million in 2008/09. The concern is on maintenance of the items the radiology services unit given that the budget has been reduced to zero and still projected to be zero for the next three years.

The Committee recommends that the Minister considers allocating sufficient funds to the items of this Head in the next financial year.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 47,011,967.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 346.

Head 340: Kenya Medical Training College

Proposed Net Expenditure: Ksh.931,719,091.00

38. The Committee noted that the grant to KMTC remained constant at Kshs. 931.72 million as in the previous year. Owing to previous audit qualifications by the Controller and Auditor General on the past Accounts of the College, especially on procurement, the Committee recommends that the Ministry and the Chief Executive ensured that the funds and those collected under *A.in .A* are used in accordance with these estimates and government regulations.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 931,719,091.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 340.

Head 355: Kenya Medical Supplies Agency

Proposed Net Expenditure: Ksh.344,100,000.00

39. The Committee noted that the grant to KEMSA remained constant at Kshs. 344.1. million. This is despite the recommendations to restructure and capitalise KEMSA in order to enhance service delivery. Capitalization of KEMSA

will enable it operate as a non-profit self sustain organization that will procure, warehouse, and distribute medical commodities to public health facilities in an efficient and responsive manner. The Committee noted that the Capitalization of the Agency which was due from July, 2009 needed about Ksh.800 million. It was to involve the transfer of all commodities procured by government and held in KEMSA warehouse by the end of 2009. In this regard, the government was required to provide additional funding of Ksh.800 million to cater for infrastructure development and supply chain system. The Committee was concerned that the government does not seem to be committed to the endeavour since the funds are not even in the projected estimates for the next three years.

The Committee was also concerned that the government does not seem to be committed to its undertaking of consolidation of all funds for purchase of drugs into one basket. This is also contained in a paper developed by the Ministry of Medical Services and a Hospital Service Fund (HSF) gazette notice which has been forwarded to the Ministry of Finance for gazette. The focus will be to streamline financing flow to medical services and transform hospitals into procurement units.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.344,100,000.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 355.

Head 356: Pharmacy Service

Proposed Net Expenditure: Ksh.97,671,691.00

Appropriations-in-Aid: Ksh. 41,600

40. The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.97,671,691.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 356 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 41,600.00 to finance its operations.

Head 315: Kenyatta National Hospital

Proposed Net Expenditure: Ksh.3,415,808,818.00

41. The Committee noted the slight reduction to Kshs. 3,415.81 million from kshs.3,503.81 million. The Committee was also concerned that the Hospital continues to draw huge allocations from the exchequer at the expense of basic medical healthcare. The institution should be encouraged to be self reliant and reduce its reliance on the exchequer. Moreover the government should develop a comprehensive health insurance policy that will enable all Kenyans to access quality and affordable medical care. This will reduce pressure from KNH and other referral hospitals.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 3,415,808,818.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 315.

Head 623: Moi Teaching and Referral Hospital
Proposed Net Expenditure: Ksh.1,101,295,475.00

42. The Committee noted that the allocation was constant as last year's. The institution should be encouraged to be self-reliant and reduce its reliance on the exchequer.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 1,101,295,475.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 623.

DEVELOPMENT EXPENDITURE (D.11)

43. Total amount requested for Vote D.11: Two billion, five hundred and thirty two million, seven hundred thousand Kenya Shillings (Ksh. 2,532,700,000) summarised as follows:

Sub-Vote	Net Approved Expenditure 2008/2009 (Ksh.)	Estimates 2009/2010		
		Gross Expenditure (Ksh.)	Appropriations in Aid (A.in.A) (Ksh.)	Net Expenditure (Ksh.)
110. Gen. Admin. & Planning	40,560,000	145,500,000	84,500,000	61,000,000
111. Curative Health	2,295,413,990	5,439,457,000	3,207,757,000	2,231,700,000
114. Health Training and Research	140,000,000	101,450,000	1,450,000	100,000,000
116. Medical Supplies Coordination Units	68,263,000	20,000,000	-	20,000,000
117. Kenyatta National Hospital	112,000,000	550,000,000	500,000,000	50,000,000
118. Moi Referral and T. Hospital	44,000,000	70,000,000	-	70,000,000
Total	2,700,236,990	6,346,407,000	3,793,707,000	2,532,700,000

EXAMINATION OF HEADS (D.11)

Head 310: Headquarter Administrative and Technical Services
Proposed Net Expenditure: Ksh.97,500,000
Appropriations-in-Aid: Ksh. 68,500,000

44. The Committee noted the increased allocation to Kshs. 97.5 million from Kshs.69.0million in 2008/09 mainly on account of 'other operating expenses'

and *refurbishment of buildings*. The head is particularly financed by grants from development partner, DANIDA and other international organizations as A.in.A

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 97,500,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 310 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 68,500,000 to finance its operations.

Head 311: Headquarter Administrative and Professional Services

Appropriations-in-Aid: Ksh. 16,000,000

45. The Committee noted the new allocation from of Ksh.16 million from nil in 2008/09 all of which is grant (direct payment) from foreign government for purchase of specialized equipment and materials. This is grant from development partner, ADF.

The Committee is agreeable to the proposal by the Minister that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 16,000,000 to finance *Headquarter Administrative and Professional Services* under Head 311.

Head 456: National Quality Control Laboratories

Proposed Net Expenditure: Ksh.32,000,000

46. The Committee was informed that the most of the increased allocation goes to purchase of specialized plant, equipment and machinery for laboratory at headquarters, while the item on *Purchase of Office Furniture and General Equipment* has been reduced to zero.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 32,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 456.

Head 316: Provincial Health Services

Proposed Net Expenditure: Ksh.100,000,000

Appropriations-in-Aid: Ksh.250,000,000

47. The Committee noted the huge gross increase in proposed expenditure of Kshs.350 million from 55.0million in 2008/09 on account of construction of building and purchase of specialized plant. The funds for construction of building (Ksh.250,000,000) are from BADEA as direct payment and the beneficiary is Embu District Hospital.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 1000,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 316 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 250,000,000 to finance its operations.

Head 317: District Health Services.

Proposed Net Expenditure: Ksh.2,131,700,000

Appropriations-in-Aid: Ksh. 2,957,757,000

48. The Committee noted the increased gross expenditure of Kshs.5,089.5 million from Ksh. 2,245.4 million in 2008/09 mainly on account of construction of buildings. The Committee was informed that the A.in.A would be raised from Grants from international organizations and foreign governments and foreign borrowing.

The Committee was taken through the list of 248 district hospitals facilities to benefit from the Kshs 3.0 billion for this construction. It is worth noting that some forty nine constituencies do not have district hospital and would therefore not benefit from the funds. The Committee was also informed that the allocation criteria is based on five variables of *poverty, bed utilization, out patient cases, accident prone areas and fuel costs.*

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.2,131,700,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 317 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 2,957,757,000 to finance its operations.

Head 340: Kenya Medical Training Centre

Proposed Net Expenditure: Ksh.100,000,000

Appropriations-in-Aid: Ksh.1,450,000

49. The Committee was noted the reduction in net and gross expenditure proposed for KMTTC. The Committee was informed that the Centre would also receive grants from international organizations amounting to Ksh.1.45 million.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 100,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 340 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to 1,450,000 to finance its operations.

Head 355: Kenya Medical Supplies Agency

Proposed Net expenditure: Ksh.20,000,000

50. The Committee noted the reduction of allocation to KEMSA from 68.3 million in the previous year despite recommendations for capitalization of the Agency.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 20,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 355

Head 315: Kenyatta National Hospital

Proposed Net Expenditure: Ksh.50,000,000

Appropriations-in-Aid: Ksh.500,000,000

51. The Committee noted the increased in A.in.A for the Hospital by 500,000,000 and the allocation of Ksh. 50,000,000 (GoK) for installation of lifts in the Hospital. While appreciating the need to install new lifts at KNH, the Committee was concerned that, in the past, funds meant for installation or refurbishment of lifts have been misused.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 50,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 315 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 500,000,000 to finance its operations.

Head 623: Moi Teaching and Referral Hospital

Proposed Net Expenditure: Ksh.70,000,000

52. The Committee noted the increase in allocation for the hospital from 44 million in 2008/09 funding from GOK and that it is intended for purchase of a water treatment plant for the Mother-Baby Hospital at MT&TH.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 70,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 623.

CHAPTER III: MINISTRY OF PUBLIC HEALTH AND SANITATION

53. The total resource requirements for the year according to the implementation of the Ministry's Strategic Plan requires Ksh. 41,7 billion compared to the allocation of Ksh.19.47 billion for the year 2009/2010.
54. The total allocation is as follows:
- | | |
|----------------------|------------------------|
| a) R. 49(Net): | Ksh. 6,914,000,000.00 |
| b) R.49 (A.in A): | Ksh. 57,819,287.00 |
| c) D.49(Net): | Ksh. 9,266,440,000.00 |
| d) D.49 (A.in A): | Ksh. 3,234,205,937.00 |
| e) Gross: (a+b+c+d): | Ksh. 19,472,465,224.00 |
55. The Net resource allocation for the Ministry is Ksh. 16,180,440,000.00, which shows that:-
- There is an increase in D.49 and R.49 from the previous year due to transfers;
 - In D.49, 43% of the funds are from development partners compared to 2008/2009 of 82%;
56. Major deficit areas are in; Monitoring and Evaluation; Department of Environmental Health and Sanitation; Division of Child and Adolescent Health; Contraceptives and Ophthalmic Services;

RECURRENT EXPENDITURE (R.49)

57. Total amount under Vote R.49: Six billion, nine hundred and fourteen million, (Ksh. 6,914,000,000) summarised as follows:

Sub-Vote	Net Approved Expenditure 2008/2009 (Ksh.)	Estimates 2009/2010		
		Gross Expenditure (Ksh.)	Appropriations in Aid (A.in.A) (Ksh.)	Net Expenditure (Ksh.)
490. Gen. Admin. & Planning	1,253,391,380	1,295,443,638	-	1,295,443,638
491. Preventive Medicine & Promotive Health	1,700,576,331	2,927,712,313	20,000,000	2,907,712,313
492. Disease Control Services	109,262,621	113,898,344	4,916,087	108,982,257
494. Primary Health Services	1,425,675,552	2,583,407,551	-	2,583,407,551

495. Technical Support Services	16,618,606	51,357,441	32,903,200	18,454,241
Total	4,505,524,490	6,971,819,287	57,819,287	6,914,000,000

Source: 2009/2010 Estimates)

EXAMINATION OF HEADS (R.49)

Head 114: Headquarter Administrative and Technical Services

Proposed Net Expenditure: Ksh.270,443,638

58. The Committee noted the increased allocation of Kshs.270.4 million from Kshs. 241.45 million in 2008/09 most of which relates to personnel costs.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.270,443,638 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 114.

Head 643: Kenya Medical Research Institute

Proposed Net Expenditure: Ksh.1,025,000,000

59. Whilst acknowledging the need to increase allocation to KEMRI from 993 million in 2008/098, the Committee observed that there is need to enhance the capacity of the Institute to ensure adequate research is done on emerging disease challenges like Drug Resistance TB, H1N1 Virus, and other diseases. The Committee was also concerned on the misuse of GoK and donor funds at the Institute arising from audit reservations by the Controller and auditor General on previous annual accounts of the Institute.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.1,025,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 643.

Head 323: Environmental Health Services

Proposed Net Expenditure:Ksh.2,037,190,558

Appropriations-in-Aid: Ksh. 595,680

60. The Committee noted the increased allocation on account of personnel cost and new sub-head, *Sanitation Service*, with allocation of Kshs.43.88 million. The Committee was also informed that the Ministry expects to raise Ksh. 595,680 from sale of inventories, stocks and commodities.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 2,037,190,558 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 323 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 595,680 to finance its operations.

Head 325: Communicable Disease Control

Proposed Net Expenditure:Ksh.65,994,157

61. The Committee noted the Minister's proposal to fund the new Sub-Head, *Non-Communicable diseases*.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.65,994,157 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 325.

Head 326: Port Health Control

Proposed Net Expenditure:Ksh.58,449,048

Appropriations-in-Aid: Ksh. 2,184,000

62. The Committee noted the increased allocation and that the Ministry expects to raise Ksh. 2.1 million from sale of inventories, stocks and commodities.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 58,449,048 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 326 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 2,184,000 to finance its operations.

Head 327: Nutrition

Proposed Net Expenditure:Ksh.163,277,567

63. The Committee noted the increase from kshs.147.5 million in 2008/09 attributed mainly to increased domestic travel and specialized materials and supplies.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 163,277,567 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 327.

Head 328: Family Planning, Maternal and Child Health

Proposed Net expenditure:Ksh.105,493,057

64. The Committee observed that there was insignificant increase from from 97.13 million in the previous year's allocation and also noted the creation and allocation of Kshs.7.93 million to the new sub head, *Child Health Services* as this should go a long way to improve child health services.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 105,493,057 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 328.

Head 330: Health Education

Proposed Net Expenditure:Ksh.108,854,655

Appropriations-in-Aid: Ksh. 272,480

65. The Committee noted the high increase of to 108.85 million from 41.64 million in 2008/2009. It was explained that this is on account of Kshs. 68.535 million for the International Health Office which has since been transferred from the Ministry of Medical Services. Further, the Ministry expects to raise Ksh.272,480 from sale of stocks and inventories.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 108,854,655 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 330 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 272,480 to finance its operations.

Head 331: National Public Health Laboratory

Proposed Net Expenditure: Ksh. 66,720,146

Appropriations-in-Aid: Ksh. 2,080,000

66. The Committee noted that Ministry intends to collect Ksh.2 million from sale of stocks and inventories.
The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 66,720,146 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 331.

Head 347: Health Information Systems

Proposed Net Expenditure: Ksh. 14,306,422

67. The Committee noted that there was an increase in allocation to *basic salaries* item while the *communications and supply services* had been reduced.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 14,306,422 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 347.

Head 510: Kenya Expanded Programme on Immunization

Proposed Net Expenditure: Ksh. 125,037,600

68. Whilst noting the slight increment to 125 million from 122.8million in the previous year, the Committee observed that the programme should be allocated more resources to increase the immunization coverage throughout the country.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 125,037,600 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 510.

Head 518: Food Control Administrative Services

Proposed Net Expenditure: Ksh. 17,659,086

Appropriations-in-Aid: Ksh. 14,867,840

69. The Committee noted that the Ministry expects to raise Ksh. 14.8 million from sale of stock and inventories. The Committee was also informed that the

reduction by Ksh. 34 million from the previous year's allocation was on account of reductions in allocations to purchase of specialised materials.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 17,659,086 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 518 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 14,867,840 to finance its operations.

Head 622: National Leprosy and Tuberculosis Control

Proposed Net Expenditure: Ksh. 130,200,220

70. The Committee was concerned that there is a funding gap of Ksh. 951 million needed to finance the control of the Multi-Drug Resistant Tuberculosis. However, part of the gap will be closed by financing expected from development partners.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 130,200,220 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 622.

Head 778: Special Global Fund

Proposed Net Expenditure: Ksh. 7,423,797

71. The Committee noted that this is a newly introduced Head with budget of Kshs. 7.4 million, mainly for *Headquarters Administrative Operations*. The Committee also held that the Minister for Finance need to renegotiate the Global Funding mechanisms with a view to making the financing more responsive to the need of the sector and simplifying the allocation procedure, without compromising on the need for accountability.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 7,423,797 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 778.

Head 780: Special Global Fund-Malaria

Proposed Net Expenditure: Ksh. 7,106,000.00

72. Whilst noting that this is a newly introduced Head, the Committee observed that it should be expanded so as to deal with this challenges posed by malaria including drug resistance.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 7,106,000.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 780.

Head 113: Government Chemist

Proposed Net Expenditure: Ksh. 108,982,257.00

Appropriations-in-Aid: Ksh. 4,916,087

73. The Committee noted the reduction in the Kshs.113.9 million from 114.2 million in 2008/09 on account of reduced allocation to *Routine maintenance-other assets*. The Committee was also informed that the Ministry would realize Ksh.4.92 million from as A.in.A on account of sale of inventories and stock.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh.108,982,257.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 113 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 4,916,087 to finance its operations.

Head 312: Provincial Administration and Planning

Proposed Net Expenditure: Ksh.205,216,752.00

74. The Committee noted the increased allocation to 205.2 million from 141.4 million mainly on account of personnel costs, oil fuel and lubricants and routine maintenance of vehicles and other transport equipments.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 125,037,600 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 312.

Head 335: Rural Health Centres and Dispensaries

Proposed Net Expenditure: Ksh. 2,271,540,590.00

75. The Committee:
- (i) Noted the increased allocation of Kshs. 2,253.84 million from 1,178.77 million in 2008/2009 on account of specialized materials and supplies, training expenses, and a new item named *Grants to Government Agencies* which has been funded by Ksh. 35 million;
 - (ii) Noted a new head named *Community Health Services* which has been allocated 7.7 million. It was observed that this shows that community health services are starting to get recognition by the Ministry. However this allocation seems to be too thin to make any impact. The community health strategy has been lacking;
 - (iii) Noted another new item named *Health Sector Service Fund* with an allocation of Ksh. 10 million. It was however not clear on the purpose of the Fund.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 2,271,540,590.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 335.

Head 336: Rural Health Training and Demonstration Centres

Proposed Net Expenditure: Ksh.106,650,209.00

76. The Committee noted the decision of the Minister to continue funding the item. However, it is not clear how the location of the Centres was identified nor is it guaranteed that they will add value to the Sector.

The Committee held that the Minister should prioritise the strengthening of health care services at levels 1, 2 and 3 and that all health units constructed using CDF should be operationalised to improve the quality of rural health which currently stands, by and large at low level.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 106,650,209.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 336.

Head 334: Radiation Protection Board

Proposed Net Expenditure: Ksh.18,454,241.00

Appropriations-in-Aid: Ksh. 32,903,200

77. The Committee noted the slight increase in gross allocation by Ksh.2.4 million which was attributed to increase allocation to domestic travel, subsistence and other transportation costs. The Committee was informed that the allocation for hospitality supplies and services and personal allowances and routine maintenance of assets had been reduced.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 18,454,241.00 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 334 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 32,903,200 to finance its operations.

DEVELOPMENT EXPENDITURE (D.49)

78. **Total amount under Vote D.49:** Nine billion, two hundred and sixty million, four hundred and forty thousand (Ksh. 9,266,440,000) summarised as follows:

Sub-Vote	Net Approved Expenditure 2008/2009 (Ksh.)	Estimates 2009/2010		
		Gross Expenditure (Ksh.)	Appropriations in Aid (A.in.A) (Ksh.)	Net Expenditure (Ksh.)
490. Gen. Admin. & Planning	150,000,000	75,000,000	-	75,000,000
491. Preventive Medicine & Promotive Health	1,864,715,475	3,500,485,207	1,334,905,937	2,165,579,270
492. Disease Control Services	-	15,300,000	-	15,300,000
494. Primary Health	535,623,995	8,744,889,795	1,899,300,000	6,845,589,795

Services				
495. Technical Support Services	-	164,970,935	-	164,970,935
Total	2,550,339,470	12,500,645,937	3,234,205,937	9,266,440,000

(Source: 2009/2010 Estimates)

EXAMINATION OF HEADS (D.49)

Head 643: Kenya Medical Research Institute

Propose Net Expenditure: Ksh.75,000,000

79. The Committee noted the 50% decrease from the 2008/2009 allocation for the completion of Kemri's Staff Housing project which had stalled for several years.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 75,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 643.

Head 323: Environmental Health Services

Proposed Net Expenditure: Ksh. 14,740,000

Appropriations-in-Aid: Ksh.634,230,000

80. The Committee noted the increase from 8.82 million in 2008/09 on account of staff deployed to the unit at cost of 71.5 million from nil in the previous year, training expenses, specialized materials and supplies million and construction and civil works. The Committee was also informed that Kshs.634.23 million will be contributed by development partner, UNICEF as a grant.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 14,740,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 323 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 634,230,000 to finance its operations.

Head 327: Nutrition

Appropriations-in-Aid: Ksh.134,929,000

81. The Committee noted that this is newly created item with proposed allocation of Ksh. 134.9 million, all from UNICEF as a grant.

The Committee is agreeable to the proposal that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 134,929,000 to finance its operations.

Head 328: Family Planning, Maternal and Child Health

Proposed Net Expenditure: Ksh. 622,095,000

Appropriations-in-Aid: Ksh. 485,746,937

82. The Committee noted the decrease in gross allocation to Kshs.1,107.84m from Ksh. 2,234.54m in 2008/09 mainly on account of training expenses, domestic travel, and specialized materials. The Head also funded by donors to a tune of Ksh. 485.7 million.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 622,095,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 328 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 485,746,937 to finance its operations.

Head 347: Health Information System

Appropriations-in-Aid: Ksh. 80,000,000

83. The Committee noted that this is a newly created Head with an allocation of Ksh. 80million which is a foreign direct borrowing from IDA as direct payment.

The Committee is agreeable to the proposal that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh. 80,000,000 to finance its operations.

Head 510: Kenya Expanded Programme Immunization

Proposed Net Expenditure: Ksh. 744,095,035

84. The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 744,095,035 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 510.

Head 778: Special Global Fund

Proposed Net Expenditure: Ksh. 36,230,640

85. The Committee noted the doubled allocation to kshs.36.2 million from 18.0 million in 2008/09 on account of personnel related costs, specialized materials and supplies and other operating expenses

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 36,230,640 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 778.

Head 779: Special Global Fund-TB

Proposed Net Expenditure: 97,000,000

86. The Committee noted the reduced to 97.0m from 115.0m in 2008/09 mainly on domestic travel. The concerned that there seems to be increasing cases of Multi-Drug Resistance TB. Further, the Ministry proposing to spend more than 15% of the allocation on construction of buildings, which may not be core to the prevention and control of TB. Instead, the Ministry should step up research in collaboration with other medical research institutions to come up with better ways to deal with Multi-Drug Resistance TB.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 97,000,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 779.

Head 780: Special Global Fund-Malaria

Propose Net Expenditure: Ksh. 651,418,595

87. While appreciating the considerable increase in allocation from the previous year's Ksh. 213.6 million, the Committee was concerned that most of the money (Ksh.327.2 m) will be spent on paying basic wages.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 651,418,595 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 780.

Head 133: Government Chemist

Proposed Net Expenditure: 15,300,000

88. The Committee noted that the item had not been funded in the 2008/09 Estimates.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 15,300,000 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 133.

Head 335: Rural Health Centres and Dispensaries

Proposed Net Expenditure: Ksh. 6,845,589,795

Appropriations-in-Aid: Ksh.1,899,300,000

89. The Committee noted the huge allocation of Kshs. 8,744.9m from 690.6m in 2008/09 which was attributed to construction of buildings (Ksh4,427.6m), basic wages to temporary employees (Kshs.1,004.m), specialized materials and supplies (Kshs.2,256.4m), and refurbishment of buildings(434.5m) . The Committee was informed that the Item is one of the the economic stimuli for the constituencies in line with Vision 2030 Health Sector flagship project of *'Revitalize Community Health Centres to promote preventive health care (as opposed to curative intervention) and by promoting healthy individual lifestyles.* The Committee was also informed that Ksh.1.9 billion would be collected as A.in.A from foreign borrowing and grants from foreign governments and international organizations.

On recruitment of nurses, the Committee was informed that the Ministries would decide how many were going to each Ministry. There is however need to ensure those being employed are evenly distributed throughout the constituencies money was given under stimulus budget for special 20 nurses in every constituency. Several nurses are being trained but the allocation on the Head may not be sufficient for the proposed hiring of the nurses the ceiling would only allow a payment of Ksh.13,000 per month per nurse. This is way below the current standards.

The Committee also however concerned that the Ministry may not have the capacity to absorb all the funds and that the budget may not be fully utilized

for the intended purpose. The Committee was also concerned that if the Ministry of Public Works contracted to do the construction works of the constituency health centres, experience has shown that they may end up embezzling the funds. The Ministry informed the Committee that money will not be disbursed to the Ministry of Public Works but rather to the Permanent Secretary Ministry of Public Health is to ensure performance and the Members of Parliament will be involved in monitoring and evaluation of the projects, at all levels.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 6,845,589,795 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 335 and that the Ministry be allowed to raise Appropriations-in-Aid amounting to Ksh.1,899,300,000 to finance its operations.

Head 334: Radiation Protection Board

Net Expenditure: 164,970,935

90. The Committee was informed that this is a new project of constructing a building wholly funded by the government and that it is projected to cost more 200m in next budget and further 200m in 2011/2012. The Committee was however concerned that the project may not be a priority at this time given the hard economic times and the need to prioritise more deserving items.

The Committee is agreeable to the proposal by the Minister that a sum not exceeding Ksh. 164,970,935 be approved for allocation to the Ministry for the expenditure proposed on the items under Head 334.

Other issues of concern in the Health Sector

91. Vision 2030 needs the budget to be realigned to preventive and promotive care but this has not happened. Currently, the Medical Services budget (curative) is much higher than that of Public Health (preventive and promotive)
92. Few resources are allocated to rural areas yet most of country's population live there. Currently most of the sector budget is consumed in the urban areas (70%) leaving a paltry 30% for the rural areas where 80% of the population live;
93. Some rural health facilities have been built using CDF but are lying idle. More long-term strategies needed so that the country does not build more facilities while existing ones are not operational. Coordinated development of health facilities needs to be streamlined to equip and staff health facilities constructed under by communities and CDF;
94. About 70% of sick people visit hospitals suffering from preventable illnesses. The budget should be shifted so that preventive measures get more resources.

There is need for more effective regulatory framework in health. The Minister should fund the rural areas adequately and also, improve all Hospitals so as to reduce pressure on the referral and Provincial Hospitals;

95. Declining health budget against Abuja Declaration commitment that health should get 15% of the national budget. Ministry of Health should carry out a study to determine the actual expenditure in health sector in Kenya taking into account funds not passing through government machinery;
96. During the Meetings, the the Committee was also informed that the immediate requirements budget for the control and monitoring of the spread of the H1N1 Virus (Swine Flu) requires Ksh.57 million, which may not have been budgeted for as an specific Item in the 2009/2010 Estimates.

CHAPTER IV: RECOMMENDATIONS

SPECIFIC RECOMMENDATIONS:

97. The Committee recommends:-

Vote:R.11

- (i) That, the proposal by the Minister to withdraw from the Consolidated Fund a sum of twenty one billion, one hundred and eighty eight million, three hundred and ninety eight thousand Kenya Shillings (Ksh. 21,188,398,000) for Recurrent Expenditure under the Ministry of Medical Services, be approved and that the Ministry be allowed to raise twenty four million, one hundred and eighty thousand, seven hundred and thirteen Kenya Shillings (Ksh.24,180,713) as Appropriations-in-Aid to finance its operations.

Vote:D.11

- (ii) That, the proposal by the Minister to withdraw from the Consolidated Fund a sum of two billion, five hundred and thirty two million, seven hundred thousand Kenya Shillings (Ksh. 2,532,700,000) for Development Expenditure under the Ministry of Medical Services, be approved and that the Ministry be allowed to raise three billion, seven hundred and ninety three million, seven hundred and seven thousands (Ksh. 3,793,707,000) as Appropriations-in-Aid to finance its operations;

Vote:R.49

- (iii) That, the proposal by the Minister to withdraw from the Consolidated Fund a sum of Six billion, nine hundred and fourteen million, (Ksh. 6,914,000,000) for Recurrent Expenditure under the Ministry of Public Health and Sanitation be approved and that the Ministry be allowed to raise fifty seven million, eight hundred and nineteen thousands, two hundred and eighty seven (Ksh. 57,819,287) as Appropriations-in-Aid to finance its operations.

Vote:D.49

- (iv) That, the proposal by the Minister to withdraw from the Consolidated Fund a sum of Nine billion, two hundred and sixty six million, four hundred and forty thousand (Ksh. 9,266,440,000) for Development Expenditure under the

Ministry of Public Health and Sanitation be approved and that the Ministry be allowed to raise three billion, two hundred and thirty four million, two hundred and five thousand, nine hundred and thirty seven (Ksh. 3,234,205,937 as Appropriations-in-Aid to finance its operations.

GENERAL RECOMMENDATIONS.

98. The Committee also recommends:-

(i) Affordable health/medical insurance

The Government should, through the National Hospital Insurance Fund, introduce an affordable medical insurance policy for all.

(ii) Increased funding to facilities

Adequate allocation to the health sector as a proportion of total expenditure by the government should be initiated in order that the quality of service should be improved. This allocation should not only be used to support every day running of the facilities, but should also be tailored to support specialised services in order to ease the pressure on the Kenyatta National Hospital. For instance, the Committee noted that if a functioning renal unit was in place in every provincial general hospital, patients from afar would save on travelling expenses to the capital this would greatly improve the quality of their lives. ICU facilities should also be devolved to the District and Provinces in order to ease pressure on referrals hospital.

(iii)The Abuja Declaration

The Government should fully implement the Abuja Declaration and commit to allocating at least 15 per cent of the annual national budget to the improvement of the health sector.

(iv)Medical Supplies

There is need to streamline delivery of supplies by KEMSA by setting up a distribution structure with the capacity to reach all public Hospitals, Rural Health Centres and Dispensaries throughout the country.

(v) The Maputo plan of Action

The Government should implement fully the Maputo Plan of Action which aims at : integrating HIV/AIDS services into sexual and reproductive health and rights; promoting family planning as a crucial factor in attaining the Millennium Development Goals; supporting the sexual and reproductive health needs of

adolescents and young people as a key SRH component; addressing unsafe abortion through family planning; delivering quality and affordable health services to promote safe motherhood, child survival, and maternal, newborn and child health; and adopting strategies that would ensure reproductive health commodity security.

(vi) The MDGs on Health

The Government should recommit itself to the implementation of the Millennium Development Goals 4 (Reducing child mortality), 5 (Improving maternal health) and 6 (Combating HIV/AIDS, malaria and other diseases).

(vii) Vision 2030, MTEF and Strategic Plans

The Committee also recommend that future allocations to the sub-sector be based the Ministries Strategic Plans, the Medium Term Expenditure Framework (MTEF) and the Vision 2030.

_____end_____

ANNEX: I

SUMMARY OF ISSUES ON EXAMINATION

MINISTRY OF MEDICAL SERVICES:

RECURRENT EXPENDITURE: R:11

Head Code	Sub-Head	Title/Details	Gross Amount (Kshs)	Comment / issue by Committee
310 – Administrative and Technical Services	0000	Headquarters	616,929,956	The huge deficit may affect the delivery of services
	0001	Aids Control Unit	3,690,000	
	0002	Information Communication Technology Unit	7,509,694	
	0004	Project Management Unit	1,530,000	
311 – Administrative Professional Services	0000	Headquarters	168,345,698	increased as foreign travels remain the same
	0166	Information Health Office	0	
314 – Health Finance Secretariat	0000	Headquarters	17,115,331	Need for domestic travels and transportation
349 – Planning & Feasibility Studies	0000	Headquarters	17,098,867	
454 – National Aids Control Programme	0000	Headquarters	30,973,819	Need to harmonise the activities of NACC and those of the ministries to avoid duplications
456 – National Quality Control Labs	0000	Headquarters	33,110,787	increased due to personal costs
555 – Nursing Services	0000	Headquarters	8,984,952	Need for increased allocation in the next financial year to cater for increased expenditure.
294 – Procurement of medical Spare Parts Unit	0000	Headquarters	36,038,772	increase is mainly on <i>Other Operating Expenses</i> and basic salaries
316 – Provincial Health Services	0000	Headquarters	3,929,568,214	creation of new <i>monitoring and evaluation unit</i>
	0003	Monitoring and Evaluation Unit	9,780,000	
317 – District Health Services	0000	Headquarters	9,958,210,408	Need for increasing the

				allocation
	0003	Monitoring and Evaluation Unit	21,870,000	
18 – Mental Health Services	0000	Headquarters	296,797,740	Need for specialised care for Mental Health care
20 – Spinal Injury Hospital	0000	Headquarters	70,830,827	Need to expand the Spinal Injury facility
21 – Biomedical/Hospital Engineering	0000	Headquarters	18,585,449	Need for fair distribution of personnel
51 – Health Services	0000	Headquarters	26,870,931	
22 – Division of Mental Health	0000	Headquarters	11,088,626	
46 – Radiology Services	0000	Headquarters	47,011,967	The deficit might affect maintenance of the items the radiology services unit
40 – Kenya Medical Training Centre	0000	Headquarters	931,719,091	Funds collected to be used in accordance with estimates and government regulations.
55 – Kenya Medical Supplies Agency	0000	Headquarters	344,100,000	Need for consolidation of all funds for purchase of drugs
56 – Pharmacy Services	0000	Headquarters	97,713,291	
15 – Kenyatta National Hospital	0000	Headquarters	3,415,808,818	Need to be self reliant and reduce its reliance on the exchequer.
23 – Moi Referral & Teaching Hospital	0000	Headquarters	1,101,295,475	Be encouraged to be self reliant

DEVELOPMENT EXPENDITURE: D:11

Head Code	Sub-Head	Title/Details	Gross Amount in Kshs	Comment / issue by Committee
310 – Administrative and Technical Services	0000	Headquarters	97,500,000	increase on account of 'other operating expenses' and refurbishment of buildings
311 – Administrative Professional Services	0000	Headquarters	16,000,000	Noted huge increase
456 – National Quality Control Labs	0000	Headquarters	32,000,000	
316 – Provincial Health Services	0000	Headquarters	350,000,000	
317 – District Health Services	0000	Headquarters	5,089,457,000	increase on account of construction of building
340 – Kenya Medical Training Centre	0000	Headquarters	101,450,000	
355 – Kenya Medical Supplies Agency	0000	Headquarters	20,000,000	
315 – Kenyatta National Hospital	0000	Headquarters	550,000,000	increase for installation of lifts in the Hospital.
623 – Moi Referral & Teaching Hospital	0000	Headquarters	70,000,000	

MINISTRY OF PUBLIC HEALTH AND SANITATION

RECURRENT EXPENDITURE: R:49

Head Code	Sub-Head	Title/Details	Gross Amount in Kshs	Comment / issue by Committee
114 – Headquarters & Administrative Services	0000	Headquarters	255,659,314	increased allocation to personnel costs
	0002	Information Communication Unit	4,612,000	
	0013	Finance Management	10,172,324	

		Services		
43 – Kenya Medical Research Institute	0000	Headquarters	1,025,000,000	Increasing the capacity ensure adequate research
23 – Environmental Health Services	0000	Headquarters	1,993,907,943	
25 – Communicable Disease Control	0000	Headquarters	57,184,157	
	0278	Non-communicable diseases	8,810,000	
26 – Port health Control	0000	Headquarters	60,633,048	
27 – Nutrition	0000	Headquarters	163,277,567	Increased for domestic travel and specialized materials and supplies.
28 – Family Planning Maternal and Child Health	0000	Headquarters	97,563,057	Increase will result to improved child health services
	0279	Child Health Services	7,930,000	
30 – Health Education	0000	Headquarters	40,592,135	Increase due to transfer of International Health Office
	0166	International Health Office	68,535,000	
31 – national Public Health Laboratory Services	0000	Headquarters	68,800,146	
47 – Health Informative System	0000	Headquarters	14,306,422	
10 – Kenya Expanded Programme Immunization	0000	Headquarters	125,037,600	Need for increasing the immunization coverage
18 – Food Control Administrative Services	0000	Headquarters	32,526,926	
22 – National Leprosy and tuberculosis control	0000	Headquarters	130,200,220	Need to finance the control of the Multi-Drug Resistant Tuberculosis.
78 – Special Global Fund	0000	Headquarters	7,423,797	need to renegotiate the Global Funding mechanisms
80 – Special Global Fund – malaria control	0000	Headquarters	7,106,000	be expanded to deal with the challenges posed by drug resistance

113 – Government Chemist	0000	Headquarters	113,898,344	<i>Deficit due to routine maintenance-other assets.</i>
312 – Provincial Administration	0000	Headquarters	205,216,752	
335 – Rural Health Centres & Dispensaries	0000	Headquarters	2,253,840,590	Lack of community health strategy
	0281	Community health Services	7,700,000	
	0282	Health Service fund Sector	10,000,000	
336 – Rural Health Training & Demonstration Centres	0000	Headquarters	106,650,209	Need for strengthening of health care services
334 – Radiation Protection Board	0000	Headquarters	51,357,441	

DEVELOPMENT EXPENDITURE: D:49

Head Code	Sub-Head	Title/Details	Gross Amount in Kshs	Comment / Issue by Committee
643 – Kenya Medical Research Institute	0000	Headquarters	75,000,000	
323 – Environmental Health Services	0000	Headquarters	648,970,000	Increase due to staff deployed
327 – Nutrition	0000	Headquarters	134,929,000	
328 – Family Planning Maternal and Child Health	0000	Headquarters	1,107,841,937	deficit on account of training expenses, domestic travel, and specialized materials
347 – Health Informative System	0000	Headquarters	80,000,000	
510 – Kenya Expanded Programme Immunization	0000	Headquarters	744,095,035	
778 – Special Global Fund	0000	Headquarters	36,230,640	doubled allocation
779 – Special Global Fund – TB	0000	Headquarters	97,000,000	need to step up research and deal with resistance problem
780 – Special Global Fund – malaria control	0000	Headquarters	651,418,595	
113 – Government Chemist	0000	Headquarters	15,300,000	had not been funded in the 2008/09

35 – Rural Health Centres & Dispensaries	0000	Headquarters	8,744,889,795	Need for absorption of all the funds and utilization for the intended purpose
34 – Radiation Protection Board	0000	Headquarters	164,970,935	project may not be a priority at this time

ANNEX: II

MINUTES OF THE COMMITTEE

MINUTES OF THE FIRST SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 2nd FLOOR, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS, ON TUESDAY, JUNE 23, 2009 AT 9.30 A.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Bonny Khalwale, M.P
The Hon. Nuh Nassir, MP
The Hon. Sheikh Dor, MP
The Hon. Robert Monda, M.P.
The Hon. Joseph Oyugi Magwanga, M.P
The Hon. Fredrick Outa, M.P
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Cyprian Omolo, MP
The Hon. Thomas Mwadeghu, MP

ABSENT WITH APOLOGY:

The Hon. Joseph Lekuton, MP

ABSENT

The Hon. Kioko Munyaka, MP

IN ATTENDANCE:

NATIONAL ASSEMBLY

Mr. Patrick G. Gichohi, CBS	-	Clerk of the National Assembly
Mrs. C.W. Munga	-	Assistant Deputy Clerk
Mrs. F. Atenyo Abonyo	-	First Clerk Assistant
Mr. S. J. Njoroge	-	Clerk Assistant.
Ms. Sylvia Ocharo	-	Parliamentary Intern.

MIN. NO. 01/2009-2012: INTRODUCTORY REMARKS BY THE CLERK

The Clerk of the National Assembly welcomed the Members present and congratulated them for being nominated into the Committee. He briefed them on the mandate, functions and the powers of the Committee citing Standing Orders 162 (chairing of select committees and quorum); 163 (conduct of elections), 164 (notice of meetings), 165 (sittings of select committees), 167 (adjournment for lack of quorum), 168 (frequency of meetings), 169 (failure of meetings), 175 (vote of no confidence in the chairperson or vice chairperson), 180 (public access to meetings of select committee).

He also briefed the Meeting on the responsibilities of the Chair and the Steering committee made up of the Chairperson, Vice-Chair and the Secretariat.

He emphasized that pursuant to Standing Order 180 (Public access to meetings of select committees) only three of four people from the public and three from the pres would be allowed in on a first-come-first-served basis.

He further asked the Committee to draw its budget estimates for consideration by the Liaison Committee, pursuant Standing Order 185.

MIN. NO. 02/2009-2012: ELECTION OF CHAIRPERSON AND VICE-CHAIRPERSON

Upon advising them on the parliamentary procedures and practice governing the Committee and the rules of elections, the Clerk, conducted the proceedings for the election as follows:-.

- (i) **Chairperson:** On calling for nominees, the Hon. Robert Monda, M.P was proposed by Hon. Joseph Oyugi Magwanga M.P and seconded Hon. Nuh Nassir, MP. In absence of any other proposal, the Hon. Robert Monda, MP was declared Chairman of the Committee. The Hon. Robert Monda, MP assumed the Chair;
- (ii) **Vice-Chairperson:** On calling for nominees Election of vice chair Eseli was proposed by Hon Fredrick Outa, M.P and seconded by Hon. Nuh Nassir, M.P. however, the Member declined.

On calling for further names, the Hon Nuh Nassir, M.P. was proposed by Hon. Sheikh Dor, M.P and seconded by Hon. Boni Khawale, MP. In absence of further proposals, the Hon. Nuh Nassir, MP was declared Vice- Chairperson.

MIN. NO. 03/2009-2012: REMARKS BY THE CHAIRMAN

Hon. Robert Monda, MP assumed the Chair and thanked the Members for expressing their faith and confidence in him by electing him the Chairman. He pledged to serve the Committee with dedication, impartiality and diligence. He called upon Members to serve the Committee with devotion and zeal so as to tackle the exigent task ahead of them. He retaliated that the Committee will work as a team and he urged the Members to be non-partisan in their work. The Chairman urged Members to not only be prompt in attending Sittings, but also contribute to the work of the Committee.

The Vice-Chair also thanked the Members for electing him and undertook to serve the Committee diligently.

MIN. NO. 04/2009-2012: PROGRAM OF BUSINESS

The Members deliberated on the matter at length and resolved;

- i. That, the *steering committee* drafts a programme for consideration by the Committee on Thursday, June 25, 2009; and;
- ii. That, the Committee commences with the Examination of Estimates (2009/2010).

MIN. NO. 05/2009-2012: ANY OTHER BUSINESS

Members observed that it would be prudent for the National Health Insurance Fund's membership contributions to be expanded. In this regard, it was agreed that the Fund's Management appears before the Committee at later date.

MIN. NO. 06/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 11:50 until a June 25, 2009 at 9.30 a.m.

Signed: HON. ROBERT MONDA, M.P.
 (CHAIRMAN)

Date: JULY 20, 2009

MINUTES OF THE SECOND SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 1ST FLOOR, KENYATTA
INTERNATIONAL CONFERENCE CENTER, ON THURSDAY, JUNE 25, 2009 AT 9.45
A.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P. - Chairperson
The Hon. Sheikh Dor, MP
The Hon. Fredrick Outa, M.P
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Thomas Mwachugu, MP
The Hon. Kioko Munyaka, MP

ABSENT WITH APOLOGY:

The Hon. Nuh Nassir, MP
The Hon. Cyprian Omolo, MP
The Hon. Joseph Oyugi Magwanga, M.P
The Hon. Bonny Khalwale, M.P

ABSENT

The Hon. Joseph Lekuton, MP

IN ATTENDANCE:

BUDGET OFFICE

Mrs. P. Makau - Principal Budget Officer
Mr. Odongo - Budget officer 1

NATIONAL ASSEMBLY

Mrs. F. Atenyo Abonyo - First Clerk Assistant
Mr. S. J. Njoroge - Clerk Assistant
Ms. Sylvia Ocharo - Parliamentary Intern.
Mr. Tuitoek Muktain - Parliamentary Intern.

MIN. NO. 07/2009-2012: MEETING WITH BUDGET OFFICE

The budget officers briefed the Committee on the issues contained in the 2009/2010 Estimates for the two Ministries in the Health Sector namely; Ministry of Public Health

and Sanitation and Ministry of Medical Services. The brief was based on the Estimates laid in the House for the Annual Estimates for 2009/2010 and the Medium Term Expenditure Framework for Ministries fo Medical Services and Public Health and Sanitation.

The Committee was informed that:-

- (i) The health sector allocation accounted for 5.43% of total government expenditure compared to the 15% recommended in Abuja declaration. Further, the allocation is characterized by heavy donor support through grants and that only about 45% of resources meant for lower level facilities actually get there. If well managed, these leakages can adequately be used to employ new personnel and equip health centres;
- (ii) The Health sector falls in the category of Human Resource Development sector which has been allocated an overall budget of 183.8 billion (21.23%) of the entire budget estimates.
- (iii) The Health sub-sector has been allocated 47.011 Billion(25.58%) of the Human Resource Development Sector and represents 5.43% of the entire national budget with most resources (58.58%) earmarked to Ministry of medical Services while (41.42 %) will be for Public health and Sanitation.
- (iv) The Ministry of Medical Services gross total (both recurrent and development) budget allocation is Kshs. 25.83 Billion. Recurrent budget estimate (Ksh 21.212 Billion) accounts for 77.03% and has reduced by Kshs.2.0 Billion compared to FY 2008/2009(Ksh 23.136).The \net development Budget has also slightly reduced from Ksh 2.7 billion in 2008/2009 to ksh 2.532 billion in 2009/2010 and accounts for 22.97%.The reductions in the medical Services budget are mainly due to transfers to the sister ministry of Public Health and Sanitation in relation to Personnel realignment in the two Ministries.
- (v) The Ministry of Public Health and Sanitations total budget allocation is 19.47 billion which is 2.25 % of the national budget. The recurrent budget for the Ministry constitutes 35.8% (6.971million) while the Development budget account for 64.2% (12,500.65 million). The Public Health and Sanitation allocation has significantly increased by 173.7% from 7.11 billion in 2008/2009 to 19.47 Billion in 2009/2010.
- (vi) The health Budget (curative) is much higher than that of Public Health (Preventive and promotive) and since most sicknesses are cause by preventable diseases, focus should move to prevention.

MIN. NO. 08/2009-2012:

MEMBERS OBSERVATIONS

The Committee resolved to raise these issues with the Ministers when they appear before it. The issues would include:

- (i) why the Global Funds were being tied to the Ministry of Finance;
- (ii) Moi Referral Hospital had been given huge allocation yet there had not accounted for what they had received. Other referral hospitals like in Coast and Kisumu had not been given any funds. Referral hospitals should be get funds to up grade their status;
- (iii) Plans and allocations for adequately equipping and staffing the health centres constructed under the Constituency Development .

MIN. NO. 09/2009-2012:

PROGRAM OF BUSINESS

The Members deliberated on the matter at length and resolved:

- i. The program was workable though a few adjustments had to be made owing to the clash of dates with other events.
- ii. A visit to the Coast on Monday and Tuesday 29th and 30th July 2009 in the areas affected with Cholera cases was agreed on and confirmed by the Members.
- iii. Expressed their concern on allegations on counterfeit drugs. It was resolved that the management of Kenya Bureau of Standards and other witnesses appears before the Committee at a later date.

MIN. NO. 10/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 11.40 am until a later date.

Signed: HON. ROBERT MONDA, M.P.
(CHAIRMAN)

Date: JULY 20, 2009

MINUTES OF THE THIRD SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 1ST FLOOR, KENYATTA
INTERNATIONAL CONFERENCE CENTER, ON MONDAY, JULY 06, 2009 AT 2.30 PM.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P. - Chairperson
The Hon. Fredrick Outa, M.P
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Joseph Oyugi Magwanga, M.P

ABSENT WITH APOLOGY:

The Hon. Joseph Lekuton, MP
The Hon. Nuh Nassir, MP
The Hon. Bonny Khalwale, M.P
The Hon. Sheikh Dor, MP
The Hon. Kioko Munyaka, MP
The Hon. Thomas Mwadeghu, MP

ABSENT

The Hon. Cyprian Omolo, MP

IN ATTENDANCE:

MINISTRY OF MEDICAL SERVICES

Hon. Anyang' Ny'ongo - Minister for Medical Services
Prof. Ole Kiyiapi - Permanent Secretary
Dr. Lillian Koncholla - Projects and Program Coordinator
Geoffrey Kimani - Planning
E. G. Nduru - Finance
A.A Nyanchogu - DD Human Resource
M. Mosiria - Finance
Fredrick Wanyonyi - CS KEMSA
Elkana Onguti - Planning
Dr Francis Kimani - Director of Medical Services
David Nyambok - Finance
Eunice Kigen -Ministry of Finance

NATIONAL ASSEMBLY

Mr. S. J. Njoroge - Clerk Assistant
Mr. Peter Kitheka - Parliamentary Intern
Ms. Sylvia Ocharo - Parliamentary Intern.

MIN. NO. 11/2009-2012: MEETING WITH MINISTER MEDICAL SERVICES

The Minister took the Committee through the presentation of the 2009/2010 printed estimates analysis. The Committee was informed that:-

- (i) The objectives of the Health sector are: increase equitable access to health services. Improve the quality and responsiveness of services in the sector, improve the efficiency and effectiveness of service delivery, promote partnerships, enhance the regulatory capacity and improve the financing of the health sector.
- (ii) The total resource requirements for the Ministry of Medical Services for 2009/10 is Ksh 36,470. The total GOK allocation totalled Ksh 23,381 resulting to a deficit of 13,089 million . The GOK budget allocation increased marginally by 1.6% from Ksh 2,135 million in the approved budget for 2008/2009 to Ksh 2,168.7 million in 2009/10 financial year;
- (iii) The allocation under the recurrent vote has been reduced from the approved Ksh 23,126 million in 2008/09 to Ksh 21,212 million in 2009/10 financial year mainly on account of: removal of additional funds granted to the ministry for payment of pending bills under drugs in the revised for 2008/09 and the transfer of personnel to the Ministry of Public Health and Sanitation;
- (iv) Implementation of the goals of the Strategic plan required Ksh 47 billion compared to the actual allocation of Ksh 27.5 billion for the year 2009/10;
- (v) The total requirements for the four state corporations for 2009/10 are Ksh 16 billion. A third of the budget requirements are not funded;
- (vi) A total of 2,339.8 million has been distributed to all public hospitals using a resource allocation criteria based on: poverty, bed utilization outpatient workload, accident-prone and fuel costs to meet their operations and maintenance costs;
- (vii) A total of Ksh 608 million has been distributed to the provincial general hospitals.

MIN. NO. 12/2009-2012:**MEMBERS OBSERVATIONS**

The Committee:

- (i) Sought to know whether the split of the Ministry had affected its administrative costs and/or improved service delivery in the sector. The

(viii)

Minister informed the Committee that the split of the health sector to two ministries was costly and that it is not possible to draw a line between curative and preventive services in operations. This makes it difficult for officers in the field to operate and offer services;

- (ii) On donor funds projects asked what are the channels are followed in the allocation of funds to constituencies. Members were informed that on allocation of resources first a survey was carried out to ascertain the facts on the ground. There has been uneven distribution of finance, inequality and inequities that must be addressed;
- (iii) Was informed that Nairobi has the poorest medical services owing to its large population. The Ministry was struggling to ensure equal distribution of finances; this is because the budget allocations to the health sector are inadequate;
- (iv) Noted that National Hospital Insurance Fund spends a lot of money (42%) in administration instead of their core business of provision of health care. The Ministry informed the Committee that it had asked for an audit on National Health Insurance Fund to ensure the administration does not go beyond the recommended 10% expenditure on administration;
- (v) Sought to know how much money referral hospitals collect and what the ministry is doing to ensure they account for what they collect. Members were told that, on cost sharing there is considerable pilferage on the money collected. There is need for putting in place an electronic monitoring system to reduce human error like in the case of Nairobi Hospital; and,
- (vi) Was informed of plans to have sub-district hospitals in all constituencies in order to ease the pressure on district hospitals. In this regard, additional finances should be allocated to the Ministry.

The Committee noted with concern that the estimates for the Ministry were not informed by the Ministry's Strategic Plan, the Medium Term Expenditure Framework (MTEF) nor the Vision 2030.

MIN. NO. 13/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 17.10 pm. The next meeting will be held on July 7th, Tuesday 2009 at 9.30am.

Signed: HON. ROBERT MONDA, M.P.
(CHAIRMAN)

Date: JULY 20, 2009

MINUTES OF THE FOURTH SITTING OF THE DEPARTMENTAL COMMITTEE G - ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 2nd FLOOR, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS, ON TUESDAY, JULY 7, 2009 AT 9.30 A.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P
The Hon. Joseph Oyugi Magwanga, M.P
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Sheikh Dor, MP
The Hon. Kioko Munyaka, MP
The Hon. Nuh Nassir, MP

ABSENT WITH APOLOGY:

The Hon. Joseph Lekuton, MP
The Hon. Bonny Khalwale, M.P
The Hon. Fredrick Outa, M.P
The Hon. Cyprian Omolo, MP
The Hon. Thomas Mwadeghu, MP

IN ATTENDANCE:

MINISTRY OF MEDICAL SERVICES

Hon. Anyang' Ny'ongo	-	Minister for Medical Services
Prof. Ole Kiyapi	-	Permanent Secretary
Dr. Lillian Koncholla	-	Projects and Program Coordinator
Geoffrey Kimani	-	Planning
E. G. Nduru	-	Finance
A.A Nyanchogu	-	DD Human Resource
M. Mosiria	-	Finance
Fredrick Wanyonyi	-	CS KEMSA
Elkana Onguti	-	Planning
Dr Francis Kimani	-	Director of Medical Services
David Nyambok	-	Finance
Eunice Kigen	-	Ministry of Finance

NATIONAL ASSEMBLY

Mr. S. J. Njoroge	-	Clerk Assistant
Mr. Peter Kitheka	-	Parliamentary Intern
Ms. Sylvia Ocharo	-	Parliamentary Intern.
Mr. Tuitoek Muktain	-	Parliamentary Intern

MIN. NO. 14/2009-2012: MEMBERS OBSERVATION/ ISSUES

The Committee:

- (i) Sought to know what would be the implications of reduction of funding to the radiology service to nil and without maintenance costs. The Committee was informed that it was envisaged that the radiology service will run without need for maintenance;
- (ii) Sought to know how the funds paid by Kenya Medical Training College students accounted for; The Committee was informed that the accounting is done annually vide and audited by the Controller and Auditor General;
- (iii) The Committee noted that the grant to KEMSA remained constant at Kshs. 344.1. million. This is despite the recommendations to restructure and capitalise KEMSA in order to enhance service delivery. Capitalization of KEMSA will enable it operate as a non-profit self sustain organization that will procure, warehouse, and distribute medical commodities to public health facilities in an efficient and responsive manner;
- (iv) The Committee noted that the Capitalization of the Agency which was due from July, 2009 needed about Ksh.800 million. It was to involve the transfer of all commodities procured by government and held in KEMSA warehouse by the end of 2009. In this regard, the government was required to provide additional funding of Ksh.800 million to cater for infrastructure development and supply chain system. The Committee was concerned that the government does not seem to be committed to the endeavour since the funds are not even in the projected estimates for the next three years;
- (v) The Committee was also concerned that the government does not seem to be committed to its undertaking of consolidation of all funds for purchase of drugs into one basket. This is also contained in a paper developed by the Ministry of Medical Services and a Hospital Service Fund (HSF) gazette notice which has been forwarded to the Ministry of Finance for gazette. The focus will be to streamline financing flow to medical services and transform hospitals into procurement units;
- (vi) The Committee was also concerned that the funds for monitoring and evaluation efforts at provincial and district hospital levels may not be sufficient;

- (vii) The Committee is also concerned that the Ministry does not have a comprehensive Master Plan for the hospitals in the country;
- (viii) The Committee was also concerned that the Ministry does not have ways of motivating staff to work in hardship areas and further that there may not be a need to create new hospitals while the ones in existence are barely rising to the standards;
- (ix) The Committee was informed that the Funding of the Ministry is not anchored to the Vision 2030, nor to the Economic Recovery Strategy, and not even the MDGs or the Ministry's Strategic Plan;
- (x) The Committee was also concerned that the disbursement of the Global Funds seems to be unclear. The Minister informed the Committee that the G.F conditions may need to be renegotiated to remove the bottlenecks in its disbursement;

MIN. NO. 15/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 1.25 pm until a later date.

Signed: _____
(CHAIRMAN)

Date: _____

MINUTES OF THE FIFTH SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 2nd FLOOR, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS, ON MONDAY, JULY 13, 2009 AT 2.30 P.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P. - Chairperson
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Joseph Oyugi Magwanga, M.P
The Hon. Cyprian Omolo, MP
The Hon. Nuh Nassir, MP
The Hon. Bonny Khalwale, M.P
The Hon. Sheikh Dor, MP
The Hon. Kioko Munyaka, MP
The Hon. Fredrick Outa, M.P

ABSENT WITH APOLOGY:

The Hon. Joseph Lekuton, MP

ABSENT

The Hon. Thomas Mwadeghu, MP

IN ATTENDANCE:

MINISTRY OF PUBLIC HEALTH AND SANITATION.

Hon. Beth Mugo - Minister
Prof. Mark Bor - Permanent Secretary
Dr. S. K Sharif - Ag Director of Public Health
Amb. Bruce M. Madete - Director of Administration
Dr. J. Sitienei - Head, Division of Leprosy, TB and lung diseases
Dr. John Odondi - Head, Dept of Primary Health Services
John G. Kariuki - Deputy Chief PHO
Dr. Josephine Kibaru - Head Dept of Family Health
Ayub Mwando - Head Centre Planning Unit
Dr Charles M. Nzioka - Head Division Disease
Dr. Wallis S. Akhwale - Head Dept of Disease Control and Prevention
Eunice Kigen - Chief Finance Officer
Rosalind L. M Murimi - Personal Assistant to Minister

NATIONAL ASSEMBLY

Mr. S. J. Njoroge - Clerk Assistant

Ms. Sylvia Ocharo - Parliamentary Intern.
Mr. Tuitoek Muktain - Parliamentary Intern

MIN. NO. 16/2009-2012: MEETING WITH MINISTER PUBLIC HEALTH AND SANITATION.

The Minister took the Committee through the presentation of the 2009/2010 printed estimates analysis. The Committee was informed that:-

- (i) The objectives of the Ministry are: formulation and advocacy for policies with positive impact on public health. To develop and disseminate national public health standards, oversee delivery of essential primary and secondary preventive services, create an enabling environment for provision of public health interventions, and to promote and protect all in Kenya from preventable causes of ill health.
- (ii) Budgetary recurrent allocations in the health sector show an increasing trend. However, the gross development budgetary allocations show marginal increases. Despite the rise Government's allocations to the health sector, the need for health services has escalated beyond the financing capacity of the health. This notwithstanding, effective and efficient use of the existing resources remains a major challenge;
- (iii) Kenya's spending on health care, falls short of the World Health Organisation recommendation. This is a clear indication of scarcity of resources to finance health care. The challenges is therefore to address the resource gap , continue to improve efficiency in resource allocation and use, and to maintain the relatively high level of domestic resources invested in the health sector;
- (iv) During the Financial year 2009/10 there is an increase of funding especially under development vote. It should be noted that this mainly for the economic stimulus package Ksh 5.7 billion which was ring fenced. Other preventive and promotive aspects of the Ministry including emergency and outbreak response, vaccines, and reproductive health and sanitation remains underfunded;
- (v) The 2009/2010 printed estimates under vote 49 reflect a budget of Ksh 19,471,965,261 of which Ksh 12,560,145,972 is for development vote and Ksh 6,971,819,289 is for recurrent vote;
- (vi) Out of Kshs 12,500,145,972, Kshs 5,420,145,972 is from Development partners while Kshs. 7,080,000,000 is from Government of Kenya. The recurrent vote increased from Kshs 4,563,343,777 in 2008/2009 to Kshs 6,971,819,287 in the

2009/2010. This is due to transfer of staff from the Ministry of Medical Services to Ministry of Public Health and Sanitation;

- (vii) Out of Kshs 6,971,819,289, personal emoluments has been provided Kshs 3,661,775,000 broken down as follows: Kshs 2,309,732,974 for compensation of existing staff, Ksh 81,600 for temporary staff, Ksh 1,283,196,130 for personal allowance paid as part of salary, Ksh 68,764,697 personal allowance as reimbursement and Ksh 1,025,000,000 for current grants to KEMRI to support personal emoluments;
- (viii) A total of Kshs 5 billion to cater for the Economic Stimulus programme. The board allocated a total of Kshs 164,970,970 to put up a laboratory for security of nuclear materials and equipments at Olouluo-Ngong;

MIN. NO. 17/2009-2012:

COMMITTEE OBSERVATIONS

The Committee:

- (i) Sought to know whether the split of the Ministry had affected its administrative costs and/or improved service delivery in the sector. The Minister informed the Committee that the split of the health sector to two ministries was worthwhile as service delivery had improved. While the Ministry was one the resources were targeted to curative sector. More emphasis should be placed on the Public Health as its better and cheaper to prevent than cure, in other countries Medical Services is a department and if need be of merger the Ministry should be called Public Health;
- (ii) On recruitment of nurses asked what are the channels are followed in the hiring. Members were informed that on the nurses to be employed the two ministries would sit together to and decide how many were going to each ministry. There was need to ensure those being employed are evenly distributed throughout the constituencies money was given under stimulus budget for special 20 nurses in every constituency. Several nurses are being trained but what worries the Ministry is the payment of the nurses as treasury had come up with payment deals of 13 thousand per month for a 3 years contract;
- (iii) On the 20 million allocated on module of service, wanted to know whether the money was meant for new structures or those in existence the Ministry informed the Members that that would be left to the Members of parliament to decide. The Ministry does not intend to expand the existing facilities but rather to construct new ones though this will depend on the situation on the ground;

- (iv) Was informed that the money allocated for motor vehicle was actually meant to buy bicycles and motor cycles no vehicle had been purchased to be used in various constituencies;
- (v) On transfers and subsidies this are grants to pay an international agency called Global Alliance for Vaccines and Immunization. Government did not fund the Measles campaign and as for Family Planning its important for reducing maternal mortality. On malaria control the budget gap is 445 million there is need for finances to be made available to avoid a challenge in the future;
- (vi) Sought to know what the Ministry was doing on prevention and control to ensure diseases are under control and on the state of the surveillance systems. The Members were informed of that on surveillance more funds were needed and on the diseases the ministry has ensured this is under control;
- (vii) On capacity of the Ministry to utilise the money allocated to them the Minister said the Ministry had the capacity to spend the money as allocated in the budget estimates. Most of the money on stimulus package is for the construction of health centers. The Ministry will ensure that in the Districts and Constituencies hospitals operate properly;
- (viii) Was informed that the Ministry targets to raise 20 million on Appropriation in Aid to be collected from the public service delivery points (dispensaries and health centers) and grants from development partners; and
- (ix) On projects to construct new health centers the Ministry informed the committee that money will not be disbursed to the ministry of works because apparently there has been embezzlement of funds but rather to the Permanent Secretary Ministry of health this is to ensure performance and the Members of Parliament will be involved as much as possible.

MIN. NO. 18/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 17.10 pm. The next meeting will be held on July 14th, Tuesday 2009 at 2.30pm.

Signed: HON. ROBERT MONDA, M.P.
(CHAIRMAN)

Date: JULY 20, 2009

MINUTES OF THE SIXTH SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 2nd FLOOR, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS, ON TUESDAY, JULY 14, 2009 AT 2.30 P.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P. - Chairperson
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Joseph Oyugi Magwanga, M.P
The Hon. Cyprian Omolo, MP
The Hon. Nuh Nassir, MP
The Hon. Bonny Khalwale, M.P
The Hon. Sheikh Dor, MP
The Hon. Kioko Munyaka, MP
The Hon. Fredrick Outa, M.P

ABSENT WITH APOLOGY:

The Hon. Joseph Lekuton, MP

ABSENT

The Hon. Thomas Mwadeghu, MP

IN ATTENDANCE:

MINISTRY OF PUBLIC HEALTH AND SANITATION.

Hon. Beth Mugo - Minister
Prof. Mark Bor - Permanent Secretary
Dr. S. K Sharif - Ag Director of Public Health
Amb. Bruce M. Madete - Director of Administration
Dr. J. Sitienei - Head, Division of Leprosy, TB and lung diseases
Dr. John Odoni - Head, Dept of Primary Health Services
John G. Kariuki - Deputy chief PHO
Dr. Josephine Kibaru - Head Dept of Family Health
Ayub Mwando - Head Centre Planning Unit
Dr Charles M. Nzioka - Head Division Disease
Dr. Wallis S. Akhwale - Head Dept of Disease Control and Prevention
Eunice Kigen - Chief Finance Officer
Rosalind L. M Murimi - Personal Assistant to Minister
Kepha Ombacho - CPHO
Kennedy Nyamao - Head of Finance
David K. Gitonga - Assistant Secretary

NATIONAL ASSEMBLY

Mr. S. J. Njoroge	-	Clerk Assistant
Ms. Sylvia Ocharo	-	Parliamentary Intern.
Mr. Tuitoek Muktain	-	Parliamentary Intern

MIN. NO. 19/2009-2012: MEETING WITH MINISTER PUBLIC HEALTH AND SANITATION.

Papers laid: The Permanent Secretary laid the following papers before the committee

- (i) Report On New Influenza 'A' H1N1 (Swine Flu) in the Country.*
- (ii) Multi- drug Resistant Tuberculosis in Kenya: Division of Leprosy, TB and Lung Diseases Ministry of Public Health and Sanitation 13th July, 2009*
- (iii) Multi drug Resistant Tuberculosis in Kenya*
- (iv) Immediate Budget Summary(required now)*
- (v) Pandemic (H1n1) 2009- update 58*
- (vi) Acute Watery Diarrhoea Outbreak Situation in Kenya*

The Permanent Secretary took the Committee through the papers laid. The Committee was informed that:-

(a) On Cholera

- (i) The country started experiencing outbreaks of diarrheal diseases since 2008. The outbreak was reported in many districts this year (2009). Cumulatively it has affected 32 districts with a total of 4161 cases and 90 deaths since January 2009. Out of these a total of 548 cases have had laboratory confirmation of Cholera;
- (ii) The outbreak as so far been contained in 21 districts. In the last month 1596 cases with 312 deaths have been reported. Five districts have been reporting new cases. Currently a total of 9 cases are admitted in health facilities across the country; —
- (iii) Interventions being undertaken in affected Districts are: case management in cholera treatment centres, health workers in the areas have put on high alert to look out for suspected cholera cases, closure of eating premises not meeting basic hygiene standards, banning food hawking, contact tracing and selective chemoprophylaxis, mass health education on basic hygiene practises, sensitization of the community on Cholera outbreak, distribution of chlorine tablets for water treatment at household level and treatment of water in storage tanks before distribution;
- (iv) The Ministry faces a number of challenges namely: lack of laboratory capacity to confirm causative agents of reported acute watery diarrhoea outbreaks,

some districts are new and are facing shortage of staff across all the cadre this slows disease outbreak response activities, lack of transport and other logistics, Eastern and North Eastern provinces have the most of districts reporting cholera outbreaks provision of clean water to this areas is a major challenge; and,

- (v) The ministry recommended eight satellite regional laboratories to be set up and equipped, it requires funds for disease surveillance and response strategy, 210 utility vehicles for efficient functioning of new districts and for provision of adequate water to all.

(b) On the Multi-Drug Resistant Tuberculosis (MRTB)

- (i) The first case in East and Central Africa was reported in Kenya the case was treated with MTRH. Medicines for single case costs more than 2.3 million all contacts of the patient are screened. There only 78 patients on treatment in Kenya;
- (ii) The reason for the increase of the disease include: poor housing, overcrowding, poor ventilations, malnutrition, poor nutrition, poor access to health care, poor quality of health care;
- (iii) Multi- drug resistant is created by patient related factors like inadequate and inconsistent drug intake, poor quality of drugs and over the counter sale of medications, wrong dosing and combinations, poor compliance with guidelines;
- (iv) Members of Parliament should ensure sustainable resource allocation and that proper laws exist have Tuberculosis declared an emergence and mobilize communities.

(c) On Swine Flu

That,

- (i) It is a contagious respiratory disease caused by one of the influenza 'A' viruses. The virus is generally mild and moderate disease spread from one person to another. At times it might cause severe respiratory complications leading to death. Is transmitted through sneezing, coughing and touching surfaces contaminated with the virus;

- (ii) The incubation period is from 2-7 days, with infectiousness starting a day before onset of symptoms. Symptoms and signs are similar to seasonal influenza and include; high fever, cough, sore throat, body aches, headaches and fatigue. It may be complicated y pneumonia and respiratory failure;
- (iii) There is currently no vaccine to protect against the flu but it is being developed and may be available soon. However there is an effective treatment called *Tamiflu*. The Ministry emphasizes observation of basic hygiene practises;
- (iv) The country had already put in place twenty six influenza sentinel surveillance sites across the country, with back up laboratories at the National Influenza Centre-KEMRI and CDC. In addition, scaled up training of health workers through Integrated Diseases Surveillance and Response Strategy;
- (v) The total number of influenza H1N1 cases that have been confirmed so far in Kenya are 22. However, 15 of these cases involved visiting British students, 13 of whom left the country on 5th and 6th July, 2009. The cases still managed in the country are 9, 7 of whom are Kenyan Nationals;
- (vi) Currently the country has a buffer stock of 49,825 doses of the drug Tamiflu. Government is on high alert and is working with stakeholders, notably the World Health Organization, the Centre for Disease Control, Water Reed Project, the Kenya Research Institute and Private Health Services;
- (vii) The Ministry has been running radio spots in leading media houses on influenza "A" H1N1. These are messages in Kiswahili. Have also dispatched teams to all the provinces to re-sensitize the health workers in the public and private hospitals on the current outbreak;
- (viii) In 1918 the influenza pandemic killed 40 million people worldwide started like the current one. A first wave which was mild lasted for about 1-2 months, and then seemed to die off. After about 2 months a second wave which was more severe occurred, lasting about 1-2 months. A third wave, which was more devastating, occurred for 2 months after the 2nd one, killing 40 million people.

The Minister also continued briefing the Committee on the estimates for the year 2009/2010 for her Ministry.

MIN. NO. 20/2009-2012:

MEMBERS OBSERVATIONS

The Committee:

- (i) Sought to know why the Ministry had not detected the British students with Swine Flu at the airports and only gives a press statement after this is exposed. The Ministry informed the Members that all the necessary measures had been put in place and they were prepared about screening at the airport this will give false sense of security as most diseases are not detected hence can not be relied on entirely. Also added that the disease can not be contained only control and treatment. Need for isolation and quarantine units;
- (ii) Sought to know what was being done to ensure doctors and nurses were secure from contagious diseases like H1N1 . For the time being the case of vitality is low the disease recovers on it is own. Health workers are told to ensure the usual basic hygiene procedures;
- (iii) On Swine Flu was the disease advancing in three phases and on the vaccine. The vaccine is under development and will take quite sometime as it has to be tested on human beings. On the three waves of the disease this was a precaution from the Ministry as the disease from the history occurred that way;
- (iv) On water shortages the Ministry said it was in touch with the Ministry of water on the same, promised to put up boreholes and supply clean water with tanks to people. Members asked why people in Nairobi are allowed to put up bore holes yet it was illegal in Mombasa the Minister responded that it depends on the water table in an area;
- (v) On Cholera droughts and poor hygiene contribute to outbreaks. Local authority had not taken its mandate seriously like in Homabay there are poor sewerage systems. The country needs a lot of sanitation and finances there are plans underway for improvement of sewerage in Mombasa;
- (vi) Sought to know what the Ministry was doing the poor quality drugs in the market who allows them into the country. Farmers and poisons board is responsible for drugs licensing and entry into the country. Tuberculosis medicine is particular and those advocated for are approved by World Health Organization though there are counterfeit being sold over the counter;
- (vii) On capacity of the Ministry to utilise the money allocated to them the Minister said the Ministry had the capacity to spend the money as allocated in the budget estimates. Most of the money on stimulus package is for the construction of health centers. The Ministry will ensure that in the Districts and Constituencies hospitals operate properly;

- (viii) On Tuberculosis patients how do they move from their homes to the dispensaries. The Ministry informed the committee that the patients are given funds for taxis from homes to the hospitals this is the much that can be done as isolation units for example in Kenyatta National Hospital is not complete and can only accommodate 15 patients. Members asked if this patients can be treated at home and were told that the medicine was critical and needed specialized doctors in the hospital;
- (ix) Sought to know how prepared the Ministry was to seal the loophole on donor funds that were being pilfered or diverted elsewhere. Was informed that the Ministry had put in place checks and balances and a board to ensure all there is no embezzlement. A Case has been given to Kenya Anti-Corruption the case might be charged in court and the money will be recovered;
- (x) On Kenya Medical Research Institute 75 million is supposed to complete the staff house.. The Ministry is looking at KEMRI to generate funds. The case on transfer of land from KEMRI to National Bank is being looked into by the board then will report the findings to the Committee;
- (xi) Was informed that the nurses on contract for example the Clinton nurses are absorbed by government at the end of their contracts 800 nurses have been absorbed presently. The number of required nurses is about 26,000 there is a big short fall of nurses as country wide there are 4,600 deployed nurses to the health centers;
- (xii) Was informed that the reason for so many drugs going to health centers is for the service of the people primary health care is majorly for prevention rather than curative.

The Chief Finance Officer from the Ministry of Finance noted the gaps in the budget and informed the Members that there were scarce resources hence priorities come first hence the gaps. The ministry recommended that the Government should give priority to health as it does for education.

MIN. NO. 21/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 18.00 pm. The next meeting will be held on July 20th, Monday 2009 at 2.30pm.

Signed: HON. ROBERT MONDA, M.P.
(CHAIRMAN)

Date: JULY 20, 2009

MINUTES OF THE SEVENTH SITTING OF THE DEPARTMENTAL COMMITTEE G – ON:
HEALTH HELD IN COMMITTEE ROOM ON THE 2nd FLOOR, CONTINENTAL HOUSE,
PARLIAMENT BUILDINGS, ON MONDAY, JULY 20, 2009 AT 2.30 P.M.

PRESENT:

The following Members of the Committee were present: -

The Hon. Robert Monda, M.P. - Chairperson
The Hon.(Dr.) Eseli Simiyu, MP
The Hon. Joseph Oyugi Magwanga, M.P
The Hon. Cyprian Omolo, MP
The Hon. Thomas Mwadeghu, MP
The Hon. Fredrick Outa, M.P
The Hon. Kioko Munyaka, MP

ABSENT WITH APOLOGY:

The Hon. Nuh Nassir, MP
The Hon. Bonny Khalwale, M.P
The Hon. Joseph Lekuton, MP

ABSENT

The Hon. Sheikh Dor, MP

IN ATTENDANCE:

NATIONAL ASSEMBLY

Mr. Samuel J. Njoroge - Clerk Assistant
Ms. Sylvia Ocharo - Parliamentary Intern.

MIN. NO. 22/2009-2012: CONFIRMATION OF MINUTES OF THE PREVIOUS
SITTINGS

Minutes of the previous Sittings were confirmed as follows:-

- (i) the Minutes of the First Sitting were read and confirmed as an accurate record of the proceedings. The proposal to confirm was made by the Hon. Thomas Mwadeghu, M.P., seconded by the Hon. Cyprian Omolo, M.P., and signed by the Chairman;
- (ii) the Minutes of the Second Sitting were read and confirmed as an accurate record of the proceedings. The proposal to confirm was made by the Hon. Fredrick Outa, M.P., seconded by the Hon., Thomas Mwadeghu M.P., and

signed by the Chairman;

- (iii) the Minutes of the Third Sitting were read and confirmed as an accurate record of the proceedings. The proposal to confirm was made by the Hon. Joseph Oyugi Magwanga, M.P., seconded by the Hon. Fredrick Outa, M.P., and signed by the Chairman;
- (iv) Confirmation of the Minutes of the Fourth Sittings was deferred to a later date;
- (v) the Minutes of the Fifth Sitting were read and confirmed as an accurate record of the proceedings. The proposal to confirm was made by the Hon. Joseph Oyugi Magwanga, M.P., seconded by the Hon. Cyprian Omolo, M.P., and signed by the Chairman; and,
- (vi) the Minutes of the Sixth Sitting were read and confirmed as an accurate record of the proceedings. The proposal to confirm was made by the Hon. (Dr.) Eseli Simiyu, seconded by the Hon. Cyprian Omolo, M.P., and signed by the Chairman.

Corrigenda:

Minutes of the Third sitting: the Minutes were corrected to read that: Hon. Thomas Mwachugu, MP was absent with apology.

MIN. NO. 23/2009-2012: ADOPTION OF THE REPORT ON ESTIMATES.

The Committee considered and adopted the *Draft Report on the Examination of the 2009/2010 Estimates for the Ministries of Medical Services and Public Health and Sanitation*, save for the following remarks:-

- (i) Item No. 48 on Ksh. 350 million allocated by development partners for construction of Embu District hospital the Committee sought to know if all the money would be used in the project. Members proposed a visit to the project area. It was agreed that the Hospital will be visited during the planned tour to Eastern province;
- (ii) It was noted that Projects with special funding should be put aside and visited during the tours;
- (iii) On the Ksh. 50 million allocate to Kenyatta National Hospital for lift installation, Members noted that there has not been any improvement in the lifts present in Kenyatta National Hospital for a long time. The Committee resolved to follow up the matter at a later date;

- (iv) Item R.49 the Committee was concerned about the revenues collected in the dispensaries and health Centers. The Ministry had poor accounting officers at all levels. This is a problem in both the Ministry of Medical Services and that of Public Health and Sanitation. There is a lack of accountability the issues will be taken up by the Members. There is need for cash control through computerised systems in the dispensaries and hospitals. The revenue collected is meant to improve infrastructure;
- (v) From the evidence adduced before it and the findings of the previous committee in its inspection visits, the Committee was of the view that the split of the Ministry of Health was doing more harm than good to the sector.

The Committee also consent to the request by the Chairperson to sign the Report for onward submission to the House, soonest.

MIN. NO. 24/2009/2012: MATTERS ARISING

Under the minutes of the fifth meeting, it was agreed that on the 20 million allocations to constituency to put up health centres and dispensaries the Ministry had assured to come back to the committee after consultations to inform them of the proceedings.

MIN. NO.25/2009/2012: ANY OTHER BUSINESS.

- i. The Hon. Fredick Outa ,MP presented a report on his visit to Tokyo- Japan (July 6 to 12, 2009) on Parliamentarians' Capacity Building Project On accountability and Aid Population and Development Issues. He also briefed the committee on the programme of the said visit and the outcomes of the meetings:
- ii. The Chairperson informed the Members that the Committee has been invited to nominate two Members to attend the September 23-26, 2009 Equinet Meeting on *Reclaiming the Resources for Health*, to be held in Kampala. In this regard, it was agreed that the Committee be represented by the Hon. (Dr.) Eseli Simiyu, and The Hon. Kioko Munyaka, MP

MIN. NO. 26/2009/2012: ADJOURNMENT

And there being no other business, the Chairman adjourned the Sitting at 18.00 pm until a later date.

Signed:
(CHAIRMAN)

Date:

ANNEX: III

CONSTITUENCIES WITHOUT DISTRICT HOSPITALS

[REDACTED]: Constituencies without District Hospital

PROVINCE	DISTRICT	CONSTITUENCY
CENTRAL	Lari	Lari
	Githunguri	Githunguri
	Kandara	Kandara
	Kigumo	Kigumo
	Mathioya	Mathioya
	Kirinyaga West	Ndia
	Kieni East	Kieni
	Tetu	Tetu
	Nyandarua North	Ndaragwa
	Kipipiri	Kipipiri
COAST	Mombasa	Mvita
	Magarini	Magarini
	Bura	Bura
EASTERN	Marsabit	North Horr
	Mbeere	Gachoka
	Yatta	Masinga
	Makueni	Kilome
	Marsabit	Laisamisi
	Igembe South	Igembe South
NAIROBI	Makadara	Makadara
	Kamukunji	Kamukunji
	Starehe	Starehe
	Langata	Langata
	Westlands	Westlands
NORTH EASTERN	Mandera	Mandera South
	Mandera West	Mandera West
NYANZA	Siaya	Alego
	Nyakach	Nyakach
RIFT VALLEY	Eldoret East	Eldoret East
	Turkana South	Turkana South
	Eldoret South	Eldoret South
	Trans Nzoia East	Cherangany
	Samburu East	Samburu East

[REDACTED]: Constituencies without District Hospital

PROVINCE	DISTRICT	CONSTITUENCY
	Marakwet East	Marakwet East
	Baringo North	Baringo North
	Mogotio	Mogotio
	Kuresoi	Kuresoi
	Rongai	Rongai
	Narok South	Narok South
	Sotik	Sotik
	Kericho	Ainamoi
WESTERN	Mumias	Mumias
	Kakamega East	Shinyalu
	Khwisero	Khwisero
	Emuhaya	Emuhaya
	Sabatia	Sabatia
	Hamisi	Hamisi
		Bumula
	Funyula	

SUMMARY

No. of Constituencies	210
No. of Hospitals	248
No. of Constituencies without a Hospital	49

ANNEX: IV

DISTRICT ALLOCATIONS (HEAD 317)

██████████: District Allocations 2009/10 – Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Central	Kabete	Nyathuna SDH	4,305,715
Central	Kiambaa	Kihara SDH	4,305,715
Central	Kiambu East	KiambuDH	47,198,268
Central	Kiambu West	Tigoni DH	7,366,161
Central	Kirinyaga	Kerugoya DH	35,351,197
Central	Kirinyaga	Kimbimbi SDH	6,972,759
Central	Kirinyaga East	Kianyaga SDH	4,530,189
Central	Muranga South(Maragua)	Maragua DH	15,298,212
Central	Muranga South	Maragwa SDH	4,582,752
Central	Muranga North	Murang'a DH	36,788,086
Central	Muranga North	Muriranjias SDH	8,054,478
Central	Muranga North	Kangema SDH	3,357,339
Central	Nyandaruanorth	Nyahururu DH	19,812,685
Central	Nyandarua north	Oi-Kalou SDh	13,878,950
Central	Nyandarua South	Engineer DH	7,342,090
Central	Nyeri central	Mt Kenya SDH	2,851,875
Central	Nyeri North	Karatina DH	24,079,161
Central	Nyeri South	Othaya DH	8,007,035
Central	Nyeri South	Mukurwe-ini SDH	7,041,497
Central	Thika	Thika DH	47,165,641
Central	Ruiru	Ruiru SDH	5,260,392
Central	Gatundu	Gatundu DH	13,859,667
Central	Gatundu North	Igegania SDH	

██████████: District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
			4,174,216
Central	Gatanga	Kirwara SDH	4,463,514
Coast	Mombasa	Tudor SDH	7,857,371
Coast	Kilindini	Port ReitzDH	32,637,598
Coast	Likoni	Likoni SDH	5,767,869
Coast	Kilifi	Kilifi DH	32,738,380
Coast	Kaloleni (Kilifi)	Mariakani DH	8,866,956
Coast	Kaloleni	Jibana SDH	4,824,916
Coast	Kwale	Kwale DH	10,570,618
Coast	Ganze Kwal	Bamba SDH	3,547,057
Coast	Kinango Kwal	Kinango D H	11,384,507
Coast	Msambweni	Msambweni DH	21,629,254
Coast	Lamu	Lamu DH	14,158,790
Coast	Lamu	TSS SDH	6,099,767
Coast	Lamu	Faza SDH	2,520,031
Coast	Lamu West	Mpeketoni SDH	2,958,414
Coast	Malindi	Malindi DH	30,417,689
Coast	Taita	Wesu DH	7,883,976
Coast	Taita	Mwatate SDH	3,636,423
Coast	Taita	Moi Voi SDH	12,782,655
Coast	Taveta	Taveta SDH	3,132,533
Coast	Taveta	Taita -Taveta DH	9,881,689
Coast	Tana Delta	Ngao DH	9,754,900

District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Coast	Tana River	Hola DH	18,260,754
Eastern	Embu East	Runyenjes SDH	6,093,417
Eastern	Embu West	Kianjokoma SDH	5,930,112
Eastern	Igembe North	Mutuati SDH	5,993,488
Eastern	Igembe South	Nyambene DH	9,159,562
Eastern	Igembe South	Muthara SDH	2,857,657
Eastern	Meru Central	Githongo SDH	5,622,645
Eastern	Meru Central	Kibirichia SDH	3,170,185
Eastern	Imenti North	Meru DH	42,171,237
Eastern	Imenti North	Giaki SDH	2,693,052
Eastern	Buuri (Imenti N)	Timau SDH	4,153,954
Eastern	Imenti South	Kanyakine DH	7,127,953
Eastern	Imenti South	Mikumbune SDH	4,107,153
Eastern	Imenti South	Kinoro SDH	3,801,677
Eastern	Tharaka South	Marimanti DH	5,038,187
Eastern	Tharaka South	Kibunga SDH	3,504,267
Eastern	Tigania West	Miathene DH	6,549,333
Eastern	Tigania East	Mikinduri DH	6,019,359
Eastern	Tigania West	Mbeu SDH	3,069,986
Eastern	Isiolo	Isiolo DH	15,399,778
Eastern	Garbatula	Garbatulla DH	3,853,408
Eastern	Kitui Central	Kitui DH	28,299,925
Eastern	Kitui Central	katulani SDH	2,800,396

(v)

District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Eastern	Mutitu(Mutumo)	Mutitu SDH	4,794,178
Eastern	Mutumo	Mutumo DH	6,423,517
Eastern	Mutumomo	Ikanga SDH	3,117,386
Eastern	Kitui West	Kanyangi SDH	6,554,208
Eastern	Kitui West	Kauwi SDH	2,985,322
Eastern	Machakos	Kathiani DH	16,014,520
Eastern	Mwala	Mwala SDH	7,052,500
Eastern	Yatta	Matuu DH	9,647,158
Eastern	Kangundo	Kangundo DH	17,103,154
Eastern	Makueni	Makueni DH	19,395,640
Eastern	Mbooni West	Mbooni DH	6,651,149
Eastern	Mbooni East	tawa SDH	6,161,707
Eastern	Kilungu (Makueni)	Nunguni SDH	4,379,708
Eastern	Kibwezi	MakinduDH	13,161,435
Eastern	Kibwezi	Kibwezi SDH	4,056,380
Eastern	Nzau	Sultan Hamud SDH	8,965,405
Eastern	Marsabit	Marsabit DH	13,225,612
Eastern	Mbeere North	Ishiera SDH	7,788,618
Eastern	Mbeere North	Siakango DH	4,720,744
Eastern	Mbeere South	Mbeere DH	11,165,723
Eastern	Maara	Magutuni SDH	4,654,019
Eastern	Meru South	Chuka DH	22,100,923
Eastern	Moyale	Moyale DH	10,902,113

(v)

██████: District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Eastern	Mwingi Central	Mwingi DH	16,559,220
Eastern	Mwingi West	Migwani SDH	4,838,351
Eastern	Mwingi East	Nuu SDH	3,083,672
Eastern	Kyuso	Tseeikuru SDH	5,115,123
Eastern	Kyuso	Kyuso DH	6,858,127
Nairobi	Nairobi	Mbagathi DH	19,355,436
Nairobi	Nairobi East	Kayole II DH	8,129,579
Nairobi	Nairobi North	Mathare North DH	8,129,579
Nairobi	Nairobi West	Langata DH	8,129,579
North Eastern	Garissa	Iftin SDH	4,238,965
North Eastern	Garissa	Mbalambala SDH	3,969,881
North Eastern	Ijara	Ijara(Masalani) DH	8,487,280
North Eastern	Ijara	Hulugho SDH	3,880,557
North Eastern	Lagdera	Modogashe DH	4,594,434
North Eastern	Lagdera	Dadaab SDH	3,544,681
North Eastern	Mandera East	Mandera DH	23,593,490
North Eastern	Mandera East	Lafey SDH	4,119,275
North Eastern	Mandera Central	Elwak SDH	4,677,676
North Eastern	Mandera West	Rhamu SDH	4,201,271
North Eastern	Wajir	Gabatula SDH	4,211,170
North Eastern	Wajir North	Wajir DH	29,779,220
North Eastern	Wajir North	Bute SDH	4,288,051
North Eastern	Wajir North	Buna SDH	4,288,051

██████████: District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
North Eastern	Wajir North	Khorof HARAR SDH	4,288,051
North Eastern	Wajir South	Habasweni DH	6,028,579
Nyanza	Bondo	Bondo DH	8,251,401
Nyanza	Bondo	MidianySDH	3,249,458
Nyanza	Nyamache	Nyamache SDH	7,508,962
Nyanza	South Gucha	Nduru SDH	4,826,137
Nyanza	Kenyenya	Kenyenya SDH	3,997,424
Nyanza	Nyamache	Nyacheki SDH	3,997,424
Nyanza	Gucha (S.kisii)	Ogembo DH	17,231,289
Nyanza	Homa bay	Homa Bay DH	25,124,808
Nyanza	Homa Bay	Ndiwa SDH	3,452,801
Nyanza	Homa Bay (Ndhiwa)	Rangwe SDH	3,653,899
Nyanza	Kisii central	Kisii Central DH	49,408,193
Nyanza	Kisii-Central	Gesusu SDH	4,048,338
Nyanza	Kisii-central	Keumbu SDH	4,898,522
Nyanza	Masaba (N.K)	KerokaDH	5,367,861
Nyanza	Masaba (N.K)	Masimba SDH	4,160,990
Nyanza	Masaba (N.K)	Esani SDH	3,365,510
Nyanza	Kisii South	Iyabe DH	6,177,288
Nyanza	Nyamira	Kisii N DH(Nyamira)	32,493,732
Nyanza	Nyamira (Manga)	Manga SDH	4,608,797
Nyanza	Kisumu East	Kisumu DH	25,151,604
Nyanza	Kisumu East	Victoria SDH	5,917,877

Annex 1: District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Nyanza	Kisumu East	Nyahera SDH	3,978,615
Nyanza	Kisumu West	Kombewa SDH	4,754,954
Nyanza	Kisumu West	Chulaimbo SDH	5,060,585
Nyanza	Kisumu West	Miranga SDH	3,882,036
Nyanza	Kuria east	Kuria DH (Kehancha)	8,625,331
Nyanza	Kuria east	Isebania SDH	4,382,970
Nyanza	Kuria West	NtimaruSDH	5,941,778
Nyanza	Migori	Migori DH	13,779,979
Nyanza	Migori	Macalder SDH	3,514,811
Nyanza	Migori (Nyatike)	Karungu SDH	3,514,811
Nyanza	Nyando	Pappondit (Nyando) Dh	9,343,687
Nyanza	Nyando	Masogo SDH	3,537,910
Nyanza	Nyando	MuhoroniSDH	3,914,764
Nyanza	Nyando	Ahero SDH	3,837,043
Nyanza	Rachuonyo North	Kendu Bay SDH	4,582,375
Nyanza	Rachuonyo North	Kandiege SDH	3,588,342
Nyanza	Rachuonyo South	Kabondo SDH	2,991,296
Nyanza	Rachuonyo South	Rachuonyo DH	11,985,762
Nyanza	Rongo	Rongo SDH	4,456,585
Nyanza	Rongo	Awendo SDH	5,011,230
Nyanza	Rongo (Uriri)	Othoro SDH	4,699,598
Nyanza	Siaya	Siaya DH	26,281,764
Nyanza	Siaya	Yala SDH	6,365,205

██████████: District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Nyanza	Siaya (Ugenya)	Ambira SDH	3,812,451
Nyanza	Suba	Kisegi SDH	3,423,514
Nyanza	Suba	Sindo DH (Suba)	5,835,405
Nyanza	Suba	MbitaSDH	3,489,845
Rift Valley	Baringo Central	Kabarnet DH	22,575,689
Rift Valley	Marigat (Baringo)	Marigat SDH	3,188,085
Rift Valley	East Pokot (Baringo)	Chemolingot DH	5,717,961
Rift Valley	Bomet	Longisa(Bomet) DH	11,814,905
Rift Valley	Bomet	Sigowet SDH	5,379,788
Rift Valley	Chepalungu	Sigor SDH	5,059,289
Rift Valley	Buret	BuretDH(Kapkatet)	15,048,168
Rift Valley	Konoin	Cheptelal SDH	3,786,955
Rift Valley	Konoin	Roret SDH	3,780,956
Rift Valley	Kajiado North	Ngong SDH	4,886,645
Rift Valley	Kajiado South	Kajiado DH	13,420,400
Rift Valley	Loitokitok	Loitokitok DH	12,612,811
Rift Valley	Keiyo	Iten DH	13,540,132
Rift Valley	Keiyo	Tambach SDH	3,466,803
Rift Valley	Keiyo	KaptarakwaSDH	3,168,352
Rift Valley	Keiyo	Kocholwo SDH	3,049,029
Rift Valley	Keiyo	Kamwosor SDH	2,378,529
Rift Valley	Kericho	Kericho DH	26,455,860
Rift Valley	Kipkelion	Fort-Ternan SDH	3,774,097

District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Rift Valley	Kipkelion	Kipkelion SDH	4,257,417
Rift Valley	Kipkelion	LondianiDH	9,492,658
Rift Valley	Koibatek	Eldama Ravine DH	9,506,702
Rift Valley	Laikipia East	Nanyuki DH	20,765,853
Rift Valley	Laikipiawest	Rumuruti DH	4,781,341
Rift Valley	Marakwet	Marakwet DH	13,157,986
Rift Valley	Molo	Elburgon SDH	5,643,138
Rift Valley	Molo	Molo DH	14,693,850
Rift Valley	Kuresoi	Olenguruone SDH	4,121,828
Rift Valley	Naivasha	Gilgil SDH	3,737,130
Rift Valley	Naivasha	Naivasha DH	17,527,153
Rift Valley	Nakuru	Annex hospital Nakuru	8,725,301
Rift Valley	Subukia	Bahati DH	7,536,818
Rift Valley	Nandi North	Cheptarwai SDH	5,913,480
Rift Valley	Nandi North	Kapsabet DH	23,871,670
Rift Valley	Nandi South	Nandi Hills DH	19,690,546
Rift Valley	Nandi South	Miteitei SDH	5,722,865
Rift Valley	Nandi South	Kaptumo SDH	3,426,692
Rift Valley	Narok North	Narok DH	12,839,456
Rift Valley	Narok South	Olululunga DH	5,315,262
Rift Valley	Samburu East	WambaDH	5,238,044
Rift Valley	Samburu West	Maralal DH	14,538,491
Rift Valley	Trans Nzoia East	Kapsara DH	7,040,181

District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
Rift Valley	Trans Nzoia East	Endebess SDH	6,076,286
Rift Valley	Trans Nzoia West	Saboti SDH	3,666,818
Rift Valley	Trans Nzoia West	Kitale DH	34,472,874
Rift Valley	Transmara	Transmara DH(Kilgoris)	6,894,887
Rift Valley	Trans Mara West	Lolgorian SDH	3,702,852
Rift Valley	Turkana North	Lokitaung DH	8,668,199
Rift Valley	Turkana North	Lopiding Lokichoggio SDH	9,611,771
Rift Valley	Turkana Central	Lodwar DH	29,245,468
Rift Valley	Uasin Gishu	Huruma SDH	5,729,237
Rift Valley	Uasin Gishu North	Ziwa SirikwaDH	6,499,226
Rift Valley	Uasin Gishu South	Burnt Forest DH	6,499,226
Rift Valley	Central Pokot	Sigor SDH	5,610,086
Rift Valley	North Pokot	Kacheliba DH	5,742,696
Rift Valley	West Pokot	Kapenguria DH	19,951,479
Rift Valley	West Pokot	chepareria SDH	2,992,961
Western	Bungoma East	Bokoli SDH	3,802,444
Western	Bungoma East	Webuye DH	13,524,477
Western	Bungoma North	Kimilili DH	7,798,353
Western	Bungoma South	Bungoma DH	27,979,253
Western	Bungoma West	Chwele DH	6,689,957
Western	Bungoma West	Sirisia SDH	3,547,065
Western	Busia	Busia DH	20,047,562
Western	Busia	Khunyangu SDH	4,588,124

District Allocations 2009/10 - Head 317

PROVINCE	DISTRICT	HOSPITAL	KSh 2009/10
		Port Victoria SDH	7,442,651
Western	Bunyala	Butere DH	8,107,971
Western	Butere	Manyala SDH	3,726,860
Western	Butere	Malava DH	8,613,435
Western	Kakamega North	Navakholo DH	7,011,064
Western	Kakamega Central	iguhu DH	9,880,461
Western	Kakamega South	Shibwe SDH	3,670,109
Western	Kakamega South	Lumakanda DH	5,178,056
Western	Lugari	Matunda SDH	6,388,570
Western	Lugari	Likuyani SDH	3,080,900
Western	Lugari	Mautuma SDH	2,874,168
Western	Lugari	Mt. Elgon DH	12,098,131
Western	Mt. Elgon	Matungu SDH	4,089,546
Western	Mumias	Mumias DH	6,484,504
Western	Mumias	Alupe SDH	12,768,849
Western	Teso	Teso DH(Amogoro)	8,647,72
Western	Teso	Vihiga DH	12,373,3
Western	Vihiga	Emuhaya DH	7,680,4
Western	Emuhaya	Total Allocation	2,339,778,

Annex 1: Resource Allocation Criteria - HEAD 317	
Variable	Weight
Poverty	0.2
Bed utilized	0.4
Out patient cases	0.2
Accident prone areas	0.05
Fuel costs	0.15
Hospital weights	1

Annex 2: Allocation to Provincial Hospitals – 2009/10	
Hospital	KSh
Nyeri PGH	69,301,383
Coast PGH	100,183,935
Embu PGH	65,289,198
Machakos PGH	66,505,012
Garissa PGH	66,505,012
Nyanza PGH (Kisumu)	76,657,056
Rift Valley PGH (Nakuru)	85,046,171
Western PGH (Kakamega)	78,419,986
TOTAL	607,907,753

(xii)