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Wednesday, 30th September 2026

(The House met at 9.30 a.m.)

*[The Temporary Speaker
(Hon. David Ochieng') in the Chair]*

PRAYERS

QUORUM

The Temporary Speaker (Hon. David Ochieng'): Serjeant-at-Arms, ring the Quorum Bell for 10 minutes.

(The Quorum Bell was rung)

The Temporary Speaker (Hon. David Ochieng'): Please ring the Quorum Bell for five more minutes.

(The Quorum Bell was rung)

You can now stop the Quorum Bell. I confirm that we are in good order as far as quorum is concerned.

(Several Members consulted along the aisles)

Order, Members. Take your seats.

(Several Members consulted along the aisles)

Take your seats. Order! The Members on the aisles, please, take your seats. I think we can start.

PAPERS

Hon. Naomi Waqo (Marsabit County, UDA): Hon. Temporary Speaker, I beg to lay the following Papers on the Table of the House:

1. Annual Status Report on the Implementation of the Equalisation Fund for the year 2025/2026.
2. Reports of the Auditor-General on the performance audit report on the provision of Elimu Scholarships by the State Department for Basic Education and Jomo Kenyatta Foundation for September 2026.
3. Reports of the Auditor-General on the performance audit report on the provision of Presidential Secondary School Bursary by the Ministry of Gender, Culture and Children's Services for September 2026.
4. Reports of the Auditor-General on the financial statements of Sangarau Girls' Secondary School for the year ended 30th June 2021, 30th June 2022, 30th June 2023, 30th June 2024 and 30th June 2025 and the certificates therein.

5. Reports of the Auditor-General on the financial statements of Ndiani Public Secondary School for the year ended 30th June 2021, 30th June 2022, 30th June 2023, 30th June 2024, 30th June 2025 and the certificates therein.
6. Reports of the Auditor-General on the financial statement for the year ended 30th June 2026 and the certificates therein in respect of the following.
 - (a) Alupe University.
 - (b) East Africa Skills for Transformation and Regional Integration Project (EASTRIP) under IDA Loan No. 6334KE, Meru National Technical Training Institute.
 - (c) Central Bank of Kenya (CBK).
 - (d) St. Augustine Teachers Training College, Iregi.
 - (e) Kitale National Polytechnic.
 - (f) Lugari Diploma Teachers Training College.
 - (g) Kongoni Technical and Vocational College.
7. Annual reports of the Office of the Director of Public Prosecutions (ODPP) for the Financial Year 2025/2026
8. 2026 Report on theft and illegal trade in donkey skin and related products in Kenya from the National Crime Research Centre.

Thank you, Hon. Temporary Speaker. I lay the Papers.

The Temporary Speaker (Hon. David Ochieng’): Well done. Next Order.

BILL

First Reading

THE LOCAL AUTHORITIES PROVIDENT FUND (AMENDMENT) BILL (National Assembly Bill No. 61 of 2026)

*(The Bill was read a First Time and
referred to the relevant Committee)*

MOTION

RECRUITMENT AND REMUNERATION OF COMMUNITY HEALTH PROMOTERS

THAT, aware that Community Health Promoters (CHPs) play an integral role in the delivery of primary health care at the community level by providing basic health services, including health promotion and education, disease prevention and early detection, support for maternal and child health interventions and community mobilisation; further aware that, community health promoters serve as the first point of contact between households and the formal health system; concerned that, despite their important contribution to the realisation of the universal health coverage and the attainment of the highest attainable standard of health under Article 43(1) of the Constitution, community health promoters continue to discharge these critical duties with inadequate facilitation and insufficient remuneration; acknowledging that, proper facilitation, motivation and fair remuneration of community health promoters would enhance service delivery, strengthen preventive health care and reduce pressure on health facilities; cognizant of the fact that health policy is a function

of the National Government, now therefore, this House resolves that the National Government formulate and implement a policy framework to guide on the recruitment and remuneration of the community health promoters across the country.

*(Moved by Hon. George Murugara
on 19.8.2026 – Morning Sitting)*

*(Resumption of debate interrupted
on 26.8.2026 – Morning Sitting)*

The Temporary Speaker (Hon. David Ochieng’): Hon. Members, the Motion on the Floor is Order No. 9. It has a balance of four hours. Hon. Member for Dagoretti North, do you want to contribute to this? Go ahead.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. I rise to support the Motion on Recruitment and Remuneration of Community Health Promoters (CHPs). You realise that for the many years that we have had CHPs within our constituencies and counties... Since counties started work after the promulgation of the new Constitution, we have had different counties working with their health promoters in a different way. Therefore, as a House if we want to resolve this, we have to start by appreciating that the CHPs we have today, have volunteered for many years. Some of them would do the work anyway. When you bring in remuneration, you find yourself starting to deal with levels of education. Many of them might find themselves with many challenges but they have done the work and they are experienced in the work. Therefore, as a House, even as we resolve to ensure that the national Government brings in a policy, we must make sure that we also safeguard what the CHPs have done for the many years that they have worked in the communities.

The CHP is the first person within a village who can tell you the patients who have diabetes, those who have not taken their children for immunisation, where there is a challenge of clinical diseases, or even show you a patient who has been in the house for some time. They are clustered in a way that each one of them handles hundred households within the village. They are, therefore, very critical and crucial in understanding. They have been taken for different trainings. They are able to stand in your house and become a triage. They will take your pressure, they will know your sugar levels, and they will assess. By the time they are taking you to the nearest health clinic, at least you understand what your challenge is.

I hope that when our chairperson, Hon. George, brings this Motion, he appreciates that it is not about education only; it is also about commitment. This is because this is work that you dedicate yourself to. You can imagine somebody being so dedicated that when there is a challenge even if it is at night, he or she is the first to arrive at the scene. This is not an easy thing. I will support by saying that, indeed, we should ensure that those who have always dedicated themselves must be given first priority. They are there. In Nairobi if it were not for the CHPs that we have today, I doubt whether we would manage what we are going through within the estates today. When there is any outbreak, they are always the first to get out there and stand with those who are affected.

We also need to go further and ask ourselves: How do we now support them? I know the President has supported them. The governors have also supported them. But, how do we go a bit further to support them and ensure that they are even covered by the Social Health Insurance Fund (SHIF)? You find many of them are doing this work yet they cannot even afford their own SHIF. I, however, thank the Governor of Nairobi, Hon. Sakaja because, at least, he has ensured that most of his CHPs are registered under SHIF. They can walk into any of the hospitals within Nairobi today and be treated.

However, that does not mean that we completely refuse to look at the levels of education. What should be happening is finding ways on how to promote those who have higher levels of education. They can also be requested to go for better training so that they can also move higher to open space for others. This will help the rest know that when you continue learning, you get promoted.

As I finalise, I plead that we try our best before we leave this House in this 13th Parliament, to ensure that we finalise this matter. This will enable the Government to bring in a better policy that can manage and help assess CHPs across the country who have been standing with the health sector and our dispensaries without anything.

With those few remarks, I beg to support. Thank you.

The Temporary Speaker (Hon. David Ochieng’): Member for Buuri, are you contributing on this?

(Loud consultations)

Order!

Hon. Mugambi Rindikiri (Buuri, UDA): Hon. Temporary Speaker, I spoke. I seconded the Motion.

The Temporary Speaker (Hon. David Ochieng’): Great. Member for Nyatike.

(Hon. Julius Rutto raised his hand)

Hon. Rutto, you know I follow a list here. So please relax till I get to you. I know you have a card yet you have not even asked to speak. Insert your card then we shall see you on the list. Go ahead Member for Nyatike.

Hon. Tom Odege (Nyatike, ODM): Thank you, Hon. Temporary Speaker. Allow me to join my colleagues in supporting this important Motion. As a country, we need to be very serious when it comes to health issues. We should work as much as possible to ensure that we avoid subjecting our citizens to reach a level where they need treatment. If we can get a way of stopping most of these diseases, like the lifestyle-related ones, we will get a cheaper way of managing health in this country. These people who have volunteered and are promoting health at the cheapest way possible should be encouraged. If possible, we need to motivate them by allowing them also to access some facilitation which can enable them to get some security as they go about their duties.

If we subject health to total hospital attendance, it will be very difficult for us because we know how ailing most of our facilities are. So, by getting people who are ready to help us identify conditions early and educate our people on how they can protect themselves, will help this country much. This is because most of those services will be obtained at the point when they are needed most. These CHPs are key in achieving health for all.

As a country, we need to put more emphasis on this. If possible, we should find a way, as Parliament, to get some facilitation for those who have volunteered to do this job. This will ensure that they can do it with ease, they are protected, and they are also motivated to do that job. The way we are as a country currently, health is a very major challenge and a very consuming activity in our budget. If we can get people who can help us control most of these diseases, get our people to know the conditions they are facing and even help to intervene, it will help us a great deal as a country.

I thank you.

The Temporary Speaker (Hon. David Ochieng’): Hon. Member for Kesses.

Hon. Julius Rutto (Kesses, UDA): Thank you very much, Hon. Temporary Speaker for taking note of my interest in this discussion. I stand to support this Motion in the sense that we always say that a healthy nation is a wealthy nation. The framers of our Constitution under

Article 43 in the Chapter on human rights, stated clearly that every Kenyan has a right to quality and affordable healthcare, but the aspect of affordability is a huge and broader discussion. The CHPs play a critical role in addressing the aspect of a wealthy nation. Much of our attention, our budgets or our investments, be it taxpayers' money or our individual disposable income, have been set aside because of the fear of diseases that we end up addressing, which are very expensive in nature: from investigation up to the curative processes. Scholars in this particular sector are telling us that prevention is better than cure.

When we speak about prevention, it is something we just say by the way, and we learn it in school. However, it has to come to a point where, as a responsible Government and nation, we must put the right investment in our minds on the aspect of prevention. Prevention emanates from education. Some of the diseases we acquire come from a lack of knowledge about what we eat, the way we live, our environment, and where we stay in our homes. I see schoolchildren here. How we live in school and the facilities that are required to ensure that we stay in a clean environment to avoid communicable diseases are very important.

All these things have been lacking for quite some time because our attention has been focused on how much we are putting into health to support equipment in hospitals or to pay for bills in hospitals. That has been our fear. Look at the insurance schemes that have been put in place, which take a lot of our money. If you go to county governments, the national government, or the Parliamentary Service Commission, a lot of resources have been invested in preparation for treatment and medical attention for beneficiaries, staff or anyone else in that particular aspect. However, we have been speaking little and putting less attention on the prevention aspect. Therefore, the establishment of Community Health Promoters is a game changer in our attention to matters of our health. It is time that this honourable House and the responsible Government put more investment into this. It is unfair and unfortunate that those Kenyans who have volunteered, taken their time and sacrificed their time so that they can go house to house, visit our population in the villages, teach them, educate them, test them, conduct some investigations and identify some problems when it is early enough to be addressed, are not adequately supported.

Cancer has ravaged our nation, especially the North Rift, where we come from. We are told by scholars that if cancer can be identified at an early stage, it can be cured and the problem can be addressed. However, we wait until symptoms have arisen, at which time the doctors tell us that it has advanced to a stage that cannot be addressed. It becomes expensive for the family. We have to sell all our possessions trying to save the lives of our loved ones, but in the long run, we end up losing our resources and our loved ones. We are told that if investigation could be undertaken early enough, proper advice would have been provided and, therefore, that problem would have been avoided. Therefore, I stand in this House and call upon us as leaders, both in the Executive and the Legislative arms of Government, to support these particular individuals. Let us give them a working environment. Let us facilitate them with tools and equipment. They are doing fairness and justice to our society.

Allow me to use this platform to speak to governors. Remember, health is a devolved function as per the Fourth Schedule. If you look at the way governors are treating these individuals, they are taking them for second-class people yet this is a role that is given to them by the Constitution. It is not only given to them. The Constitution again provides for the allocation of resources in accordance with the functions and responsibilities of the two levels of Government. If you look clearly at the process of preparing our Division of Revenue and developing the formula for the division of revenue, it is informed by the roles and responsibilities, including those relating to the elderly. Therefore, I want to use this moment to speak to our governors to take their positions and support these people because they are going to aid you advance your responsibility and your mandate.

Lastly, I hear my good friend, Hon. Elijah, saying, 'Before we go home.' I was like, are we going home soon? Why is he scaring us that it looks like we are going home anytime soon? I think this Parliament will still stay up to the last period of the next Budget. When we are looking at our Budget, let us put money where it is needed so that we support our CHPs. Let us make them strong. Let us motivate them. Let them be paid by county governments. Let us support them through the national government, as the two levels of Government have decided to coordinate and cooperate in supporting them. However, where the rubber meets the tarmac is at the devolved units. Let governors be serious on this one. Put money where it should be and ensure that our population is protected.

Thank you very much. I support this Motion.

The Temporary Speaker (Hon. David Ochieng'): Hon. Ikiara Dorothy.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. From the outset, I want to say that this is a very important Motion. I want to thank my brother, the Member of Parliament for Tharaka, Hon. Murugara, for coming up with this very progressive Motion.

Today, we want to talk about the recruitment and remuneration of CHPs. I want to assure CHPs, wherever they are, that this Motion is not aimed at disadvantaging them. It is aimed at strengthening this structure and this particular institution so that it can stand the test of time. Community Health Promoters are anchored today in our Constitution and the Health Act. Article 43(1)(a) of the Constitution of Kenya provides for the right of every person to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare.

I want to say that if there is anything that this Government of Dr William Samoei Ruto has done, among the many achievements that we can proudly talk about, it is ensuring that CHPs are in service and are taken care of in whichever small way. I want to say that for a long time, we have had our health structures overstretched because every single disease was being rushed to hospital. Today, we have our Community Health Promoters who move from house to house, ensuring that they take the necessary vital signs from our people. They educate them, tell them what to do and advise them on the next step to take in matters health.

It is important to note that developed countries that are doing very well in matters health, like Cuba, have community health promoters who move from house to house. This is what we are aiming to achieve, and this is what we should do so that service delivery in health matters can be streamlined.

It is also important for us to know that most of the diseases that kill our people do so because we realise that we are sick when the diseases are so advanced. The existence of CHPs is a clear indication that our people can live better lives. When diseases are detected early, they will be advised on where to go.

The reason we want these CHPs to be properly remunerated is that the work that they do on a day-to-day basis does not leave room for them to do anything else to earn a better living. We want to say that the Government has taken a bold step because, one, today they are having something that can enable them to move from one household to the other. The governors have also come in today to support this programme.

I want to say that for us to be able to resolve the health matters, for us to be able to champion a healthy nation, for us to be able to fit into the global world and become an international hub where we can also proudly say health is our priority as a country, it is important to have these health promoters, promote them and support them in the best way possible so that they can work in our communities.

When we start the recruitment process, let us not disadvantage those who first volunteered to come in and help in this area. Those who were working with us did not have any minimum qualifications. Even in the next process, those who are already working as CHPs

should continue. If they do not have the requisite training, they should go for refresher courses and attain more knowledge so that they can continue serving our communities as they have always done. Therefore, I strongly support this Motion. Remuneration for these CHPs is something that we should be able to do as a House to encourage and support them in the interest of universal health coverage (UHC).

Thank you, Hon. Temporary Speaker. I support.

The Temporary Speaker (Hon. David Ochieng’): As Hon. Justice Kemei prepares to contribute, join me in welcoming students from AIC Naivasha Technical Training Institute, Naivasha Constituency, Nakuru County, and students from Riokindo Boys High School, Bomachoge Borabu Constituency, Kisii County. They are all seated in the Public Gallery and are welcome to follow the proceedings this morning.

Hon. Justice Kemei, as you welcome the students, you can also contribute.

Hon. Justice Kemei (Sigowet/Soin, UDA): Thank you, Hon. Temporary Speaker, for the opportunity you have given me to contribute to this Motion and to join you in welcoming students from various schools and institutions who are in Parliament. I want to tell them that Parliament is a body of knowledge comprising various professionals. I encourage them to pursue their desired courses so that, one day, they can serve this country, even if not in Parliament but in other capacities.

Let me support the Motion on CHPs brought by my good friend, Hon. Murugara. This is a very critical cadre in the health sector in this country. If we are to attain universal healthcare, we cannot do so without the people who are serving us at the lowest level possible. The work being done by community health promoters is akin to that done by village elders in our country. These are people who dedicate themselves to the service of the nation, even though they do not have proper remuneration. I want to thank the Government and Parliament for making sure that, at least, village elders are given tokens to enable them to do their work.

We have talked about diseases such as diabetes, cancer and heart conditions that we could easily prevent if we detected them early. These are issues that CHPs can help us with through early detection so that they can be properly managed. I come from Kericho, a tea-growing zone. The latest major issue affecting us in those areas is cancer. We do not know whether cancer in our region is associated with the pesticides used in the tea estates or acaricides used in managing livestock diseases.

I want to encourage CHPs, as they move around our villages, to try to identify the causes of such diseases so that we can manage them as early as possible. I also want to join my colleagues in saying that, although some of them may not have the requisite knowledge to be considered professional health workers, they have volunteered. We need to make sure that training institutions such as the Kenya Medical Training College (KMTC) and other institutions in this country can give CHPs crash programmes so that they can keep abreast of developments in the health sector.

Finally, I want to encourage the county governments and the national government to work together so that we can realise universal healthcare in this country. I want to support and call upon the county governments to move as fast as possible to ensure that these people are brought on board in the service of this country. As we bring them into the employment of the public sector, let us also establish a scheme of service for them so that their career paths can be established as early as possible.

As I support, I want to thank my colleague once more for bringing this Motion to Parliament.

The Temporary Speaker (Hon. David Ochieng’): Thank you.

(Hon. Farah Maalim crossed the Floor without bowing)

This is the Member for Dadaab, right?

(Hon. Farah Maalim spoke off the record)

The Member for Dadaab, you have done something very unusual today. You must correct it. The Member for Nambale, go ahead and contribute to the Motion.

Hon. Geoffrey Mulanya (Nambale, Independent): Thank you, Hon. Temporary Speaker, for giving me the opportunity to support this Motion. As it has been said, CHPs play an integral role in delivering primary healthcare at the community level. This helps the country realise the provisions of Article 43(1) of the Constitution. We know that, for a long time, we have been harming these people in our communities who are trying to offer free services to our people. However, the Government has, in a way, tried to absorb them without a proper policy and system through which these people can be appreciated. Now, having this Motion, which will see these people recruited and remunerated, is very important because it will help motivate them to offer proper services. You can imagine that these people have been leaving their domestic chores to attend to fellow Kenyans on matters health, but nothing has been forthcoming from the Government.

We also did not have a proper database of who was a registered CHP because it has been on a volunteer basis where everybody wakes up and volunteers to help. We must now realise that to attain universal health coverage as provided under Article 43, this is the right time to have a proper policy so that we have these people who can help the Government carry out surveillance on health issues in rural areas. We know that the Government is not in a position to have clinics and medical service providers in every village. However, if we can encourage these people and ensure that they are well remunerated, issues such as disease outbreaks, immunisation of children and maternal health can be followed up.

These are the people to advise our communities on when to take children for immunisation and when there is a disease outbreak. They also communicate with the people. They can also advise our people on nutrition and help with disease surveillance and emerging health issues in rural areas. There are also issues such as hypertension and diabetes, which are very common now. Many people have high blood pressure or high blood sugar levels, but these conditions are not detected. If we have these people recruited and remunerated, they will be encouraged to move from house to house so that, at an early stage, these lifestyle diseases can be detected and our people are advised to seek proper treatment in our health facilities.

Therefore, I rise to support this Motion and encourage my colleagues to ensure that we have it passed for the betterment of our communities.

The Temporary Speaker (Hon. David Ochieng’): Hon. Raso.

Hon. Ali Raso (Saku, UDA): Thank you very much, Hon. Temporary Speaker.

At the outset, let me thank the father of this particular Motion. Indeed, we must think about our people. CHPs are the first line of health workers in this country. These promoters are typically young adults or mature community members recruited locally—individuals who intimately know their villages, including school children, large families, orphans, and other vulnerable groups.

Hon. Temporary Speaker, it is said that a healthy nation is a wealthy nation. That in itself is not an understatement. Looking at our budget, health is the second largest sector of expenditure after education." The Government introduced Universal Health Coverage (UHC) to ensure every Kenyan can access care at any level. However, despite the launch of the Social Health Authority (SHA), accessing affordable healthcare remains a major challenge for many Kenyans. Every single day, every Member sitting in this House receives a plea from a relative, a friend, or a constituent who has lost a loved one and needs financial help to retrieve the body

from a hospital. This tragic reality reminds us that healthcare access and medical debt remain a profound crisis particularly for those of us elected to represent the people.

Hon. Temporary Speaker, what has been lacking in our country is what you call disease and healthcare surveillance. This is a major gap in terms of uptake within our healthcare system. If we know what diseases are prevalent in each of our regions, then it simply means that it is easier to plan, even in terms of procurement of drugs and directing efforts from the centre at the national level to where they are most needed. A few years ago, Marsabit experienced an outbreak of Kala-azar, a disease previously uncommon in that region. Tragically, lives were lost. Although surveillance was conducted and laboratory tests were run, the initial survivors only received successful treatment in neighbouring Wajir County, where health facilities were already familiar with managing the disease. So, for that reason, it is important that we have the healthcare promoters who will give a very clear direction in terms of prevalence of diseases, outbreaks and possible prevention by doing continuous surveillance.

Hon. Temporary Speaker, when we look at the health of nations globally, many developed countries today enjoy a life expectancy of about 100 years. This is the case and yet, for us in Kenya—as Hon. (Dr) Nyikal will verify—our life expectancy stands at about 65 years, and even that 65-year mark might be an overestimation. All this is attributed to health and surveillance at an early age. Hon. Temporary Speaker, a colleague previously highlighted cancer as a major crisis in my region of Marsabit, and indeed across Northern Kenya. We are yet to establish the underlying causes of this surge, particularly why a schoolteacher, a local businessman, or a pastoralist herder—who has virtually no contact with urban environments—ultimately presents with cancer. We must ask ourselves: Is it a question of lifestyle? Is it related to substance abuse or dietary habits? The reality is that we have yet to uncover the root cause. We are seeing people from three completely different walks of life, yet when they are medically examined, all of them are found to be suffering from cancer.

Our changing lifestyles today—where we drive to work, sit for long hours, and consume excessive amounts of sugar—are directly contributing to the rise of diabetes, hypertension, and other non-communicable diseases. No matter the region, these are the critical health challenges confronting our nation, and our CHPs are the frontline defence. By identifying these conditions at their nascent stage, treatment becomes far simpler, more cost-effective, and vastly more efficient.

Hon. Temporary Speaker, if at the end of the month, they are able to receive a consistent salary or stipend, it will give them relief and shape their way of life, day in, day out, without having to belabour the small challenges that we face as human beings as we try to maintain our standard of living.

I, therefore, support this particular Motion believing that we can quickly transition it into a Bill so that many Kenyans can benefit from jobs while the rest from a healthy nation.

With those many remarks, thank you Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Hon. Naomi Waqo.

Hon. Naomi Waqo (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity...

Hon. Maisori Kemero (Kuria East, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Member for Kuria East, what is out of order?

Hon. Maisori Kemero (Kuria East, UDA): Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): What is it?

Hon. Maisori Kemero (Kuria East, UDA): I wanted to talk to this.

The Temporary Speaker (Hon. David Ochieng’): Okay, then sit down and wait for your turn.

Hon. Maisori Kemero (Kuria East, UDA): Which is exactly where the problem is...

The Temporary Speaker (Hon. David Ochieng’): Order.

(Hon. Maisori Kemero spoke off the record)

Yes, and that is the problem. You should not disturb those who have cards. Hon. Makali who is sitting next to you has a card and he is third on my list. So, just get a card too.

Hon. Waqo, proceed.

(Laughter)

Hon. Naomi Waqo (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to add my voice to this very important Motion on recruitment and remuneration of CHPs. CHPs play a very important role in our society; both for the Government and the community, and we must appreciate their efforts. We must also congratulate them for the work they have done in the past especially in the villages that are far from urban centres. CHPs do a lot of work and help people in villages who may not even afford transport to health centres, especially expectant mothers, people living with HIV/AIDS, and people living with disabilities. CHPs do a lot of work, providing vital assistance to villagers who cannot even afford transport to healthcare facilities. This is especially critical for expectant mothers, individuals living with HIV/AIDS, and persons living with disabilities.

Community health workers do a lot of work that helps to ease the challenges faced by our people. I support the proposal that the national Government should formulate and implement a policy framework to guide the recruitment and remuneration of community health promoters across the country. When we say “across the country”, many are the times when special attention is given to the big cities, towns and communities. It is my prayer that this will be implemented in every part of the country. Community health promoters must be appreciated and recognised. We should have a database in which each one of them is known by name and location.

I want to congratulate our government, especially the President, who has given a lot of attention to this matter. If we pass this Motion, we will help our people receive healthcare in their villages and homes. They will also receive maternal counselling and health education while they are in their villages. They will receive these services in their own languages and from their own people. That will help them understand the situation, the challenges or any contemporary issue affecting a particular area or village.

In doing this, the country can detect and treat diseases early enough, especially after the rains. Now that we are even expecting El Niño rains, diseases such as malaria in mosquito-prone areas can be detected and treated early enough thus helping reduce deaths. Other conditions such as tuberculosis, high blood pressure and diabetes affect many Kenyans and they will now receive special attention while they are at home. Patients can receive their medication on time, as well as proper health education to ensure that they take their medication regularly.

This will improve the provision of healthcare services. People who are sick can receive their medication at home, which will help reduce congestion in hospitals. We know that many hospitals do not have enough beds or doctors. If the home-care aspect is given a lot of attention, then people who are able to manage their conditions at home can receive care there. This will help reduce congestion in hospitals and cut expenses significantly. We will also address minor health issues and prevent some diseases in advance.

Many community health workers are volunteers, and we need to come up with a programme that will take care of them. We need to propose that they undergo training every six months. If training every six months is not possible, it should be provided at least once a

year so that they can effectively manage diseases that may arise. This will ensure that they remain relevant to any situation that may come their way. I also want to propose a counselling programme for them. Every three months, those who may have experienced trauma because of the challenges they go through and their exposure to sick people should undergo a counselling programme where they can be counselled and empowered.

We do not only need to remunerate them, but also take care of them, both psychologically and financially. If we provide a counselling programme, capacity building for each one of them and give them adequate financial support, they will be well supported. I know “enough” is relative, but we need something that can sustain them. In doing so, we will have healthy families and a healthy society. We will also improve our healthcare.

With those few remarks, I support the Motion.

The Temporary Speaker (Hon. David Ochieng’): The Member for Igembe Central, Hon. Karitho.

Hon. Daniel Karitho (Igembe Central, JP): Thank you, Hon. Temporary Speaker, for giving me this chance to participate in this important Motion.

First of all, I would like to thank Hon. Murugara, the mover of the Motion. Community health promoters play an important role in our societies. They work closely with vulnerable members of the community. They are always available to respond to calls from members of the community who need their services. These people deserve good remuneration. In my proposition, I would like health promoters to be assisted with mobility, including electric motorbikes that do not require fuel but can be charged. This will enable them to move from one corner of their regions of service to another.

We need to strengthen primary healthcare so that these health promoters can play a very important role. Most members of the community do not have the capacity to attend medical facilities even when they are within their reach. Now that we need to have preventive care and services, these health promoters are handy in providing the necessary assistance. We have some common diseases. For example, kidney failure can be caused by diabetes that is not attended to for a number of years. Most people do not even know whether they are diabetic or not. With properly equipped community health promoters, these illnesses can be identified and attended to in time before they become chronic and cause patients to lose their kidneys or develop kidney failure, which requires expensive treatment through dialysis.

Community health promoters are very important players in matters healthcare. We have cases of high blood pressure, which can end up causing patients to suffer cardiac arrest, while others may suffer stroke. If cases of high blood pressure are controlled in time, patients can live longer and remain healthy through preventive care. Therefore, these health promoters need proper remuneration and encouragement to continue providing these services. Treating kidney failure and other serious illnesses resulting from neglected health conditions is expensive. We can reduce these costs by assisting the health promoters so that they can address these illnesses in time.

Hon. Temporary Speaker, I also support providing these health promoters with regular training and capacity-building so that they can assist the medical fraternity in educating our people with proper medical knowledge. Therefore, I support this Motion and urge Members to support it so that it can become law.

Thank you.

The Temporary Speaker (Hon. David Ochieng’): As the Member for Kanduyi prepares to contribute, in the Speaker’s Gallery are students from Royal Brain School in Kiambaa Constituency, Kiambu County; Mathare Community Outreach in Mathare Constituency, Nairobi City County; and Kitengela International School in Kajiado Central, Kajiado County. They are welcome to follow our Proceedings this morning.

Hon. Member for Kanduyi, do the needful as you contribute.

Hon. John Makali (Kanduyi, FORD - K): Thank you, Hon. Temporary Speaker, for the opportunity to also weigh in on this Motion brought by my very good senior colleague, the Chairperson of the Departmental Committee on Justice and Legal Affairs. Before I do so, let me join you in welcoming all the students in the Gallery to the House of Parliament. I wish to tell them that this House makes laws for the entire Republic of Kenya. I also wish to tell them that each one of them has an equal chance to take any of the seats in this House in the future, including the Speaker's Chair, if and only if they work very hard. I wish to encourage them that hard work always yields. We often say that there is no gain without pain.

Work very hard in your respective schools, and you can be rest assured that in the future you will be able to occupy all these seats in this House. The people you see here were also in your position before. You too can also take up these positions and push this country forward. We wish you all the very best as you sit in this Assembly to observe how laws are made. Our clarion call is *For the Welfare of Society and the Just Government of the People*. Welcome to the National Assembly of the Republic of Kenya, and have a beautiful stay here.

Fast forward, I wish to now turn to the Motion before the House. At the outset, I wish to thank my Chairperson, Hon. George Gitonga Murugara, for bringing this Motion at this particular time. The 2010 Constitution of Kenya, which Kenyans bequeathed to themselves, granted basic social, economic, and political rights. Article 43 guarantees each and every Kenyan the right to the highest attainable standards of health, including reproductive healthcare and access to health services. This right would be *otiose* if we did not put structures to realise it.

In 2022, upon acceding to power, this Government made a deliberate effort to attain universal healthcare, a basic right guaranteed under Article 43 of our Constitution. Under that right, every person is entitled to the highest attainable standard of healthcare. When we talk about healthcare, we are not just thinking about nutrition or hospital attendance. We are also thinking about opportunities to attend to illnesses that crop up at the earliest possible stage.

In 2024, I was very delighted when this Government launched the CHP Programme in my constituency. Little did I know that this Programme would blossom and be very useful to the people of Kenya as it is now. These people who constitute CHPs are available in each and every village. They traverse places without roads using motorbikes. They visit mud-walled homes where they find people who are condemned to palliative care. They attend to them informing them about the need to visit hospitals and also mobilise them to register for social health programmes. When I was in the constituency a month ago launching the social health programme, I relied on these CHPs to mobilise and identify vulnerable people in our society, constituencies, and wards. They were available with their kits, identifying people who are very vulnerable in the respective wards and villages.

They were critical in helping us start up our social health protection programme in my constituency, where we enrolled about 1,200 people. They were also very critical in identifying early detection of illnesses. I remember moving around in the villages and they could refer some of the villagers to go and attend to treatment either at the dispensaries or health centres that were available. They are critical in the promotion of health education to their respective populace in the constituencies and villages.

CHPs are also critical in providing information on early child health and maternal healthcare. I was in the village and witnessed them trying to assist a child who was suffering from some illness get treatment. I also saw them assisting a mother to deliver. I could see them with their kits trying to check people for high blood pressure, malaria and even cancer. They are critical in the programmes of early detection and universal healthcare.

This programme was launched without an effective policy framework. This Motion, brought by the very good Member for Tharaka, seeks to have the Government introduce such a policy framework. After that, we need legislation to ensure that CHPs are legally recognised.

There may be need to amend the Public Health Act so that these people can be recognised as critical agents in assisting us achieve universal healthcare. These CHPs face challenges. One is training. We appreciate that the Government took the initial step of training them, but the training should be made continuous so that as we recruit more people to assist with community health promotion, we must ensure that training is continuous, because of the advances in healthcare.

Another challenge is mobility. In constituencies and places without roads, some of them have to walk on foot. If we could assist them with mobility, like by availing motorcycles, they would do great work for the people of this country and our communities at large.

There is also the issue of remuneration. We are cognisant that they are given a small stipend. However, if we recognised and remunerated them well, they would perform their work very well and be motivated. This could ease the congestion in our health centres and dispensaries, because many illnesses can be dealt with at their initial level. Another challenge we could think through is the need to provide them with more kits. While they already have basic kits and mobile phones, we need to empower them by providing additional equipment. This will enable them to carry out as many tests as they can and deal with many of the cases that crop up in the villages without needing to refer them to the dispensaries.

Otherwise, Hon. Temporary Speaker, this Motion is well-intentioned and timely. We need to pick it up and run with it and ensure that we have legislation governing CHPs that sets out their roles, duties, obligations, and responsibilities. This administration has done it before with village managers, and I think we can do the same with CHPs. They play a critical role in realising the provisions of Article 43 of our Constitution on the right to universal health and the highest attainable standard of health.

Thank you, Hon. Temporary Speaker, for the opportunity. I support.

The Temporary Speaker (Hon. David Ochieng'): Hon. (Dr) Mutunga. Hon. Kitayama, you will come immediately after Hon. Nyikal. So, after Hon. Mutunga, it will be the Hon. Member for Endebess, Member for Seme, then you. I have told you what will happen, so that you stop raising your hand. You can cool your heels until that time.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Thank you very much, Hon. Temporary Speaker, for exercising fairness in distributing speaking slots. I rise in support of this Motion brought by my friend and colleague, the Member for Tharaka, Hon. Murugara. CHPs are an important component of universal healthcare. When we talk about universal healthcare, we mean a national approach where we ensure everyone can access free medical care.

It also involves inclusivity, as we need to include as many people as possible in this process. We also need effective frameworks that encompass disease diagnosis, control and treatment. Without community health workers, we may not notice or identify the illnesses spreading and who could be sick, even if they do not know it. So, it has to do with having frameworks to identify people who are likely sick or who might be slipping into the brackets of what we call long-term illnesses without realising it.

It also connotes an inclusive approach and demands serious redress in terms of human resources. The apparent choice of having Community Health Volunteers (CHVs) is a call to address this problem. I want to thank the President of this country for considering giving them some minimal recognition, and this House for passing that provision to ensure these people receive something for the work they are doing.

The recruitment was done without a clear policy framework. Therefore, qualifications were not considered, and anyone could have qualified to be a CHV. When you look at those who were recruited, it means one of the considerations was locality specificity and knowledge and awareness of the geography of the locality, and probably the demographic data. Therefore, we did not give serious consideration to academic performance or professional orientation in

terms of what they had done in their schooling. Therefore, this gap has been recognised and articulated very well by the Hon. Murugara, which means we need a policy framework to identify who should fill these slots.

We also need to look at how we train those who already exist and how we plan for the future, ensuring this function is performed by people who understand what they need to do and do it well. Training and refresher training are important here. This training needs to be properly organised, planned, and detailed. We also need to simplify this training to make sure these people can understand it.

We often talk about it as if it is very simple and easy, and that they will do their diagnosis and then understand exactly what it is. However, we do not really look at the details. We do not examine the details, which require data focus. In this case, I have in mind cases where people living with disabilities are sometimes hidden. I do not know whether it is part of their deployment or the details that they are supposed to check, and that is one of the inclusions that needs to come out very strongly. We need to identify where these people living with disabilities are. Identifying them should become a priority. This is because they are often hidden, and their families do not want to show them. That is one thing that needs to be looked into because sometimes they suffer from illnesses without much attention. Sometimes they suffer to a great extent or even die.

The other issue is those who are already sick and bedridden. Sometimes we may not be able to reach them, so we need to assess how well they can identify household members and how they are doing. They should check not only on those who are healthy but also on those who are sick, and identify possible illnesses. I have in mind cases where people have been found sick to the extent that, when the discoveries are made too late, it is even difficult or not possible to treat those people. Therefore, some have to be carried to hospitals, and some even lose their lives. This dimension needs to be examined and included clearly in the regulations so they can manage this function.

Another important issue is remuneration. Although we call them volunteers and, indeed, they do volunteer, they are human beings with lives. They have families, and they devote their time to this function. Therefore, we have to look at remuneration again in a little bit greater detail. Protection against disease is important, especially for the community and the other workers. After reviewing remuneration levels in the context of the cost of living, we also need to consider how feasible it is to enrol them in the SHA so that their healthcare needs are met. We need to expose these people appropriately, and the best way to learn is through peer learning. We need to know who is doing extremely well in this continuum and how we can arrange exchange visits for benchmarking across the country, where some are doing extremely well and others probably face challenges.

Another challenge that comes to the fore is the distances travelled, vis-à-vis the populations. In most sparsely populated areas, this means community health volunteers have to travel long distances to reach these households. I especially have in mind the pastoral communities, where people keep moving. Therefore, we need to consider providing them with some means of transport. We are looking at basic, affordable transport options available today, such as motorbikes. This will ensure they can reach clients across the distances they cover.

Finally, I would like to consider future replacements. Once these community health volunteers retire, how do we want to manage this function? Do we want to keep recruiting people who probably will not be exposed to any learning, or do we want to recruit people with some basic exposure to education? Do we also want to introduce, for instance, some course within institutions of higher learning that will package these people for the impending or rather, imminent responsibility in the future? Do we want to consider this category and also ask our institutions, in terms of curriculum development, to develop an articulate curriculum that will prepare these people for the function?

This is an issue that we need to discuss as a House and as a country. We need to develop policies, and we need to engage actors within the education sector and academia to think through this group and develop a package that is relevant and articulate, enabling these people to discharge their functions in the best way possible.

With those few remarks, I wish to support. Thank you.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute to this very important Motion by the Hon. George Murugara the Member for Tharaka on the recruitment and remuneration of Community Health Promoters.

At the outset, I want to thank the Government of President Ruto because, for the first time, they can recognise the role played by CHPs and put them in a key and central role in our attainment of UHC. This Motion recognises the integral role CHPs play in delivering healthcare in our health services. We are asked to formulate and implement a policy framework to guide the recruitment and remuneration of CHPs across the country. Here, we are talking about fair remuneration, facilitation, and ensuring that they have a decent position within our society.

*[The Temporary Speaker
(Hon. David Ochieng') left the Chair]*

*[The Temporary Speaker
(Hon. Farah Maalim) in the Chair]*

We realise these are the first people who come into contact with the patient at the primary level. They follow up with these patients to ensure they comply with the instructions given by the health facility. What do we mean when we say they must be properly facilitated? Many of these CHPs work within their locality. At times, they do not even have gumboots to walk around in muddy areas or motorcycle or tricycle to help them reach their clients, or to take some clients to the health facility for care.

In Canada and other developed countries, CHPs play an integral role, and now, with technology, we have Artificial Intelligence (AI)... This AI is loaded with information that, once you enter it into the gadgets they have, you can make the correct diagnosis and refer the patient to the right facility. CHPs work at what we call Level One in our healthcare system. This means primary healthcare, promotive, and preventive care. So, with proper training and the right scheme of service, they can help the community identify the most prevalent diseases in that area.

More often, you will find that even Members here in the House present cases, saying: "In my region, we have high cases or high incidence of this type of cancer." The people who can help you determine the epidemiology of the most common cancer in that area are primary healthcare providers, including CHPs—so, fitting that into their system, for example, you find that in that locality you have many cases of throat cancer. By fitting into the AI system, it can say the most common cancer in this area is oesophageal cancer, with difficulty swallowing, wasting, and other symptoms, which they can fit into the AI system. This is the only Government that has equipped the CHPs. They have given them gadgets where they can even have some little medications, such as painkillers and analgesics. They can have maybe drugs for worms and that kind of thing. So, a proper service scheme means we can define the level of training these people should get, the minimum qualifications, how often they should access education and where they receive ongoing training so that they can be knowledgeable enough to handle even first aid at that level, or even applying and making sure that they can identify that this is a patient who needs this kind of emergency treatment.

Hon. Temporary Speaker, you will find that occasionally you hear that maybe somebody has just collapsed and died within a locality. This person might have died because

he was diabetic or hypoglycaemic, or could be hypertensive. So, by empowering the Community Health Promoters with at least a certain level of knowledge and giving them the right equipment with Artificial Intelligence, they can identify that this is a patient who is at risk of hypertension, at risk of diabetes, or maybe hyperglycaemia, and all those kinds of challenges, and know that this is a patient I will refer to this level of health facility. If a patient can be managed at a health centre level, then we refer to a health centre. If it is a patient to be managed at Level 2, we refer to Level 2. If a patient is to be managed at Level 3, Level 4 or Level 5, we refer to those levels and use that gadget to send the information to the right place and ensure proper referral care.

Occasionally, you find that even at that level, while they move from house to house, you will find that they identify a mother who is pregnant. This mother needs advice, and there are various indications for referral. This is a mother who should attend antenatal care, and this is a mother who may have a history of sickle cell or even hydrocephalus within that area, and many other things. Therefore, by empowering these CHPs, they can refer mothers to the right place.

So, what are we talking about here? We are saying that we must have guidelines on the recruitment and remuneration of CHPs across the country so that they can provide uniform care to all Kenyans, as stipulated under Article 43(1) of our Constitution, which provides that we must be able to give the highest attainable standard of healthcare to our people. This means uniformly, whether you are in Endebess, Garissa, Dadaab, or wherever you come from, Hon. Temporary Speaker, we must all receive equal care as citizens. Therefore, we must have guidelines; we have set standards, and we even have better remuneration.

As currently stated, these people are being given Ksh2,500 from the national Government and Ksh2,000 from the county government. Some of the county governments are not even paying them. They go for six months or a year without getting even that Ksh2,500, and these are people who have responsibilities. They have families, children at school; they have other responsibilities just like you and me. Therefore, it is high time we recognised the role CHPs play and, as responsible citizens and leaders of this country, give them what they deserve.

With those few remarks, I support the Motion.

The Temporary Speaker (Hon. Farah Maalim): Hon. Nyikal, since you are the Chair of the Departmental Committee on Health, would you like to hear from two other Hon. Members before you wrap it up?

Hon. (Dr) James Nyikal (Seme, ODM): I oblige.

The Temporary Speaker (Hon. Farah Maalim): Hon. Kitayama? Give him the microphone. Did I pronounce your name right?

Hon. Maisori Kemero (Kuria East, UDA): Yes, you did. I am Hon. Kitayama, the Member for Kuria East. Some things are good. Good is good, but making it better is even better. The current system of how CHPs are formed and operate is already a social support system. Nothing is better than these small interventions: bringing people together across the country and making the country even more united.

I support this Motion with full cognisance that in Kuria East Constituency, for instance, we have 680 CHPs. I hold no meeting in Kuria East without them. I include them because of the important position that they hold in the society. It is very easy for me to reach every corner through them. If I can benefit from them, it is only fair that our people can be reached with ease, as we have used and affirmed in the balozi system.

Hon. Temporary Speaker, people often refer to something as best practice. Our neighbour Tanzania has done this for generations since the first President, Mwalimu Julius Kambarage Nyerere, may God rest his soul in eternal peace, introduced this system. Tanzania

has a very organised health system, and I thank God that, as their neighbours, we emulate them. We want to pick up what is good and make it better.

Something else has also been cropping up lately. As we move along, it is being integrated into our social lives. Villages in my constituency do something. There is a book, allow me to use the Kiswahili term for it; called *kitabu cha matanga*. People socialise in many ways. If a problem arises, these CHPs are a part of that. They can understand what is going on. If it is a disease-related death, it is easier for them to work out how to prevent the next one. Anyone in their right mind needs to support this Motion.

Constituencies across the country have developed Kenya Medical Training Colleges. For instance, in Kuria East, we are building Kegonga KMTC. I will be very happy to have support from NG-CDF to train these community health workers. We can develop a curriculum to integrate them into the system so that we can certify what we call traditional knowledge. Some volunteered for this service because they have inborn knowledge. Certifying and affirming them will improve their morale. On a light note, in the past and I assume even into the future, many Members of Parliament of this august House may not have formal training but would be happy to get such certification. Knowing that, for the first time, the 680 community health workers in Kuria East will have a certificate showing that the Government recognises them makes me support this motion.

Hon. Temporary Speaker, authority is important. If we can give these people certification and remuneration, we affirm and give them authority, which is important in execution; they will have more confidence to do this work, therefore, helping this country. I do not want to belabour this point, but when we introduced *wazee wa nyumba kumi*, who we fondly refer to as *mabalozi*, and paid them Ksh3,000, happiness spread across this country. These are the lowest level of people who are engaging in our society, and they are a very happy lot. Now, you can imagine this if we made community health workers happy. But as we do it, let us not remove the joy by including counties in managing them. Another discussion is that counties are not paying these CHPs. We should execute this at the national level so that this House can appropriate enough funds. As we include *nyumba kumi* in the Exchequer, we should do the same for CHPs.

Hon. Temporary Speaker, with those very many remarks, I commend this Government for being bold and for making decisions. The President has become a disruptive President. He does things that appear simple and dismissive, but at the end of the day, they touch the nerve. They touch the real purpose of the Constitution: including everybody who needs to be included. That is the essence of being human. I support this Motion, and I thank Hon. Murugara for bringing it forward. I would call this idea the Toyota of this country. The Japanese know that if a Toyota is good, you do not do much. You continue to improve.

I thank you, Hon. Temporary Speaker, for this opportunity.

The Temporary Speaker (Hon. Farah Maalim): Hon. Mwashako.

Hon. Danson Mwashako (Wundanyi, WDM): Asante, Mhe Spika wa Muda. Mwenzangu hapa ananiambia niongee kwa Kiswahili.

The Temporary Speaker (Hon. Farah Maalim): Ongea kwa Kiswahili.

Hon. Danson Mwashako (Wundanyi, WDM): Namwambia kwamba lugha zote, iwe Kiswahili ama Kimombo, ni sawa kwangu. Lakini kwa sababu tunaongea kuhusu swala la CHPs ama wale wanao inua mambo ya afya nyanjani...

The Temporary Speaker (Hon. Farah Maalim): Ya jamii.

Hon. Danson Mwashako (Wundanyi, WDM): Kwa sababu tunaongea kuhusu swala la maafisa wa afya ya jamii, nimeona nitumie lugha ambayo itakuwa rahisi kwa wote Kenya nzima kuifhamu.

Nashukuru sana Mhe. Murugara kwa kuleta Hoja hii ambayo kwa kweli ni ya maana sana. Tulitilia Hoja hii maanani na Serikali kuu ikiitilia maanani, tutakuwa tumeboresha sana

miundo msingi katika jamii zetu mashinani. Hawa dada na ndugu zetu ambao tunawaita kwa Kimombo CHPs, ni watu wa maana sana. Wiki iliyopita, nilitumia nafasi yangu kutembelea CHPs wa Eneo Bunge la Mwatate. Nilikutana na CHPs wa Bura, Chawia, Mwatate, Rong'e na Wusi Kishamba. Nilifanya hivyo kwa nini? Nilitamani sana nianze mazungumzo na wao ili nielewe changamoto wanazopitia. Nilipotumia siku nzima kuwatembelea, nilijifunza mambo mengi. Sasa nina mpango wa kuwatembelea wengine wote walio katika Kaunti ya Taita Taveta.

Ninampongeza Mhe. Murugara kwa Hoja hii. Kwa kweli kuna afueni. Hapo mbeleni, hawa CHPs hawakuwa wanapata chochote. Lakini leo hii, Serikali kuu inatoa Ksh2,500 na serekali za kaunti zinatoa Ksh2,500, ambazo kwa jumla ni Ksh5,000.

Ningeomba tuboreshe suala hili kwa kuhakikisha kwamba pesa hizi zinatolewa kwa wakati mmoja, kwa sababu utapata kwamba Serikali kuu inalipa kwa wakati unaofaa, lakini serikali za kaunti zinalipa zinapopenda. Mara nyingi wanadaiwa kwa muda mrefu. Kwa mfano, kule Taita Taveta, wanadai kwamba hawajalipwa kwa muda wa miezi sita. Tunapozungumzia suala hili la kuboresha mambo yao, tujaribu sana kuhakikisha kwamba pesa hizi zinawafikia kwa wakati mmoja.

Ikiwa CHP anapata shilingi elfu tano kwa wakati mmoja, anaweza kumsomesha mtoto wake bila shida, kuliko anapopata fedha hizo kwa nyakati tofauti. Hii huwa changamoto kwao, kwa sababu pesa hizo hazitatumika vyema. Tukiweka mikakati ya kuhakikisha kwamba wanapata pesa hizi kwa wakati unaofaa, tutakuwa tumewasaidia kule nyumbani ili waweze kujenga familia zao.

Jambo lingine ni kwamba walipewa *glycometer*, ya kupima kisukari, lakini shida iliyopo ni kwamba *kit* hiyo haina vifaa vyote vinavyohitajika. Nitachanganya Kiswahili na Kiingereza kwa sababu kuna maneno mengine ambayo hayana tafsiri mwafaka ya Kiswahili. Hawana *prickers* kwenye hizo *glycometer*. Pia, hawana *strips*. Ni kweli kwamba wako na mashine hizo, lakini hawawezi kuzitumia kupima watu katika maeneo yao. Ningeomba hizo *kits* ambazo wamepewa ziwe na kila kitu kinachohitajika.

Pia, hata ile mashine ya kupimia *hypertension*, unapata kwamba mara nyingi betri zinaisha au zinakuwa hazifanyi kazi. Unapata wako na mashine hizo, lakini hazifanyi kazi kwa sababu hazina betri. Changamoto kama hizo zinafaa kuangaliwa ili tunapowapa uwezo na nguvu, waweze kufanya kazi yao bila kusumbuka. Vile ilivyo, inasikitisha wakati CHP anaenda kwa mgonjwa halafu ile mashine ya kupimia *pressure* haifanyi kazi kwa sababu haina betri, au ile ya kupima kisukari haina vifaa vinavyohitajika. Ningeomba tutilie mkazo kwamba vifaa hivyo vifanye kazi na kila kinachohitajika kiweze kuwepo.

Vilevile, wana changamoto kubwa sana. Wakati kama huu ambao tunangoja *El Niño*, sijui Serikali, Wizara ya Afya na serikali za kaunti zimejipanga vipi, kwa sababu kazi ya CHPs ni kutembea. Wengi wao hutembea umbali mrefu sana na hawana njia za usafiri. Najua kwamba *chiefs* wanapewa pikipiki; ingekuwa vyema ikiwa pia CHPs wangepewa pikipiki.

Tunapojadili suala hili, hawana hata *raincoat* ama *gumboots*. Wanatembea wakiwa wamevaa champali na mvua inanyesha. Unaona mtu anatembea na hana koti la kujikinga dhidi ya mvua. Hata hawana kile sisi WanaWiper tunaita “mwavuli ya Wiper”. Tunapofikiria jambo hili, ni vyema tufikirie kwamba chama cha Mhe. Kalonzo Musyoka kiwezeshwe ili kipeleke miavuli kila mahali, ili watu wa CHP waweze kupata miavuli, kwa sababu El Niño itatatiza kazi yao.

Hapo awali, kumekuwa na *non-governmental organisations (NGOs)* ambazo zilikuwa zinaendesha mafunzo. Kuna wakati United States Agency for International Development (USAID) ilikuwa inawapa mafunzo Community Health Volunteers (CHVs), kama vile CHPs walivyojulikana hapo awali. Sasa hivi hakuna *training* wala *capacity building*. Naomba wakati tunapitisha Hoja hii, tuhakikishe kwamba mafunzo ambayo CHPs wanahitaji yanafanywa. Tukiwainua kwa kuwafundisha, wataweza kusaidia watu wetu mitaani.

Ni vizuri tusingitize kwamba *county governments* ziwezeshe CHPs. Ziko katika nafasi nzuri ya kufanya hivyo, kwa sababu wale wanaosimamia CHPs ni wafanyakazi wao. Hata hivyo, *county governments* nyingi nchini zinafanya mchezo. Mara nyingi hawalipi wala kuwapa vifaa vinavyohitajika. Walipatiwa simu, lakini simu hizo zimejaa changamoto; huwa *zinahang*, na CHPs wakikosa kutuma *records* zao kwa ofisi, hawapati marupurupu.

As we think about all this, tufikirie kwa undani jinsi watu hawa wanavyoweza kuzuia magonjwa nyanjani. Pia, unapata kwamba kina mama wakijifungua kwa ghafla, hakuna wale wakunga wa zamani; hao wakunga wa zamani ni hawa CHPs. Sisi kama Wabunge, tukirudi nyanjani, tuweze kuketi na CHPs ili tuweze kuwaelewa. Pia, ikiwa magavana ambao wamechaguliwa watakosa kuwafanyia CHPs yale yanayohitajika, hawatakuwa na sababu ya kuendelea kuwa uongozini.

Naunga mkono Hoja hii. Mimi kama Mwashako nasema tutatetea CHPs ili tuwape nguvu.

Mhe. Spika wa Muda, asante.

The Temporary Speaker (Hon. Farah Maalim): Kabla Mheshimiwa wa Manyatta hajaongea, naomba niwakaribishe wanafunzi wa Muslim Academy, kutoka eneo Bunge la Starehe, Nairobi. Wamekuja kutazama na kujua jinsi Wabunge wanavyotunga sheria.

(Applause)

Naona Mheshimiwa wa Starehe yupo. Naomba uwakaribishe wanafunzi hawa. Wape mawaidha mengi sana. Chagua kama utatumia lugha ya Kiswahili ama Kiingereza. Endelea.

Hon. Amos Maina (Starehe, JP): Thank you, Hon. Temporary Speaker. Nairobi is an urban city, and most people are literate. They understand the Queen's language very well. I am honoured to welcome the students from Starehe and other schools to Parliament to witness how the proceedings go.

I also want to encourage them. They should know that most of us found ourselves here through education, and they should work hard in their studies. We were brought up in humble backgrounds, but through education, an equaliser in this country that bridges the gap between the poor and the rich, they can become whatever they dream of. I encourage them to be proactive in engaging in matters in our political space because this is the House that makes laws. This House guides the country on the direction it should take. It also shapes governance issues in this country, and they need to be conscious of the political processes so that they can actively participate in them in future.

If they are lucky enough to find themselves here, they can do better than us in securing our future in matters governance and addressing areas where we may have fallen short. Gen Z and Gen Alpha should always speak out so that they can make laws that will change this country for the better.

I am honoured by this opportunity. Thank you.

The Temporary Speaker (Hon. Farah Maalim): Karibu. Naona kuna wanafunzi wa kike. Naomba Mhe. Udgoon aweze kuwakaribisha wasichana, kwani naona wako na hijab kama yeye. Naomba uwaongeshe ili waweze kuiga mfano kutoka kwako na wajitayarishe kwa siku za usoni. Ukishamaliza, nitampa dada yetu Mhe. Fatuma azungumze pia.

Mhe. Udgoon.

Hon. Amina Siyad (Garissa County, JP): Asante, Mhe. Spika. Huko kwa ngamia, hatuzungumzi Kiswahili kingi, lakini nitajaribu. Nawakaribisha wanafunzi ambao wako katika *Gallery*. Naona ni wenzangu kwa sababu wamevaa hijab kama mimi. *In future, I know you will be sitting in...*

The Temporary Speaker (Hon. Farah Maalim): Nidhamu! Usichanganye lugha.

Order, haukubaliwi kuchanganya lugha.

Hon. Amina Siyad (Garissa County, JP): Mheshimiwa Spika wa Muda, pole. Si unajua Kiswahili ni kigumu kwa sisi tunaotoka *North Eastern*. Karibuni Bungeni. Natarajia pia nyinyi mtakuja hapa na mtuwakilishe haswa sisi tunaovaa *hijab* na tunatoka katika kaunti ambazo wanawake hawatiliwi maanani na kuwezesha. Leo tunazungumzia masuala ya wanawake hapa Bungeni. Ni tumaini langu kuwa mtasikiza.

(Laughter)

Mheshimiwa Spika wa Muda, unajua Kiswahili changu sio kizuri. Ulitaka tu watu wanicheke na wanacheke. *I hope* watoto hawa watakuwa hapa ili wasikize Mswada tutakaoleta hapa *in 30 minutes*. Tutakuwa tunazungumzia masuala ya wanawake hapa. Karibuni Bungeni na ahsante sana Mheshimiwa Spika wa Muda. Umeniaibisha ya kutosha kwa kuniambia nizingumze Kiswahili.

The Temporary Speaker (Hon. Farah Maalim): Mheshimiwa wa Kaunti ya Migori.

Hon. Fatuma Mohammed (Migori County, Independent): Ahsante sana Bwana Spika wa Muda. Nami natoka ujaluoni. Kule tunakula samaki na Kiswahili “sio mdomo chetu” lakini nitajaribu. Kwa wanafunzi walio hapa, tunawakaribisha sana, wanaume kwa wake. Karibuni sana. Hili ndilo Bunge la Kitaifa na hapa tunatengeneza sheria na Bajeti ya nchi hii. Jumba hili ni jumba muhimu sana. Ni vile tu Wabunge wengi wako kwenye mikutano tofauti tofauti lakini kuna wajumbe wengine sana wa kike kama mimi. Nawahimiza sana haswa walio na *hijab* ni wa dini yangu... Na hata msiovaa *hijab* mnamwabudu Mungu. Tieni maanani masomo lakini kilicho muhimu kuliko yote ni kumwabudu Mwenyezi Mungu. Ikifuatwa na nidhamu na elimu. Ukiwa na elimu bila hayo mawili hautasaidika. Wekeni Mungu mbele na atawasaidia. Atawaelekeza kwa njia bora.

Nasifu wasichana walio katika dini yetu maana wamejichunga vizuri. Hata Wakristo wamejichunga vizuri. Tufundishane mema. Kwa wazazi wa wanafunzi hawa, katika dini yetu, wanaume kwa wasichana, sote tuko sawa. Dini yetu haibagui mtoto wa kike au wa kiume. Tungependa dunia ijue kuwa Uislamu ni dini ya amani. Wanafunzi wetu wametoka mahali kuna amani na sote tunaishi kwa amani hapa Kenya.

Karibuni sana. Hata wanafunzi wengine mliotoka shule zingine zisizo za kiislamu, tunawakaribisha sana na mjitahidi. Sio lazima muwe wanasiasa. Mnaweza kuwa viongozi katika boma zenu na maofisi tofauti. Mungu awajalie. Muombe nchi yenu na sisi tunawaombea kila la heri.

The Temporary Speaker (Hon. Farah Maalim): Order! I will give a moment. I also want to welcome students from Brookhurst International, Kiserian, Kajiado North Constituency in Kajiado County; Kyuluni Girls in Kitui East Constituency in Kitui County; Wema Education Centre in Embakasi North Constituency in Nairobi County; and Zawadi School, Kamukunji Constituency in Nairobi County.

I will start with Hon. Wamuchomba. Welcome the students who are up here; the Muslims or non-Muslims, all are Kenyans. Welcome the students.

Hon. Gathoni Wamuchomba (Githunguri, UDA): Thank you, Hon. Temporary Speaker, I take this opportunity to welcome all the learners from all the schools of Kenya that have visited us today. Nachukua nafasi hii...

The Temporary Speaker (Hon. Farah Maalim): Order! You either begin in English and end in English...

Hon. Gathoni Wamuchomba (Githunguri, UDA): The fact that I started in English allows me to speak in English, even though I come from a county where English is our third language. So, you will also understand. I appreciate the learners who are here to see what we

do in Parliament, to listen to us as we debate, to follow our Motions and our deliberations, so that they can aspire to become future leaders.

I am so, so excited about this 13th Parliament. This Parliament has always accommodated learners, allowing them to come in even on the first day or second day of our Session opening, so that they can appreciate what we do and what they aspire to be when they grow up. But unfortunately, when these learners come to Parliament, our roads are not fair to them. Our roads are not very forgiving to our learners. I sympathise with the way we drive our buses when they are coming here. I sympathise with how we treat those school buses when they arrive. When you go to other countries, the school buses, the yellow buses, are treated like saint buses. They carry saints and are given priority on public roads. But whenever I see how we treat our school buses on our roads, I sympathise even with the learners who are inside.

I want to apologise to them if they were harassed when they were coming here, especially by the public transport operators. I apologise to them and tell them they are the people who are going to change this country. They are the individuals who will manage those roads in future. They are the ones who will also bring order. They are the ones who will ensure that children in school buses are respected and given the right of way every time they are travelling. As a mother, I am very proud to see beautiful, wonderful, handsomely dressed young boys and young girls in the Gallery today.

The Temporary Speaker (Hon. Farah Maalim): The Member from Meru. I am a little bit short-sighted. Who is that right at the end there? Is it Hon. Muthoni? Proceed, Hon. Muthoni. But I thought Muthoni was from Meru. Am I right? So, why do you doubt me when I say the gracious lady is from Meru? Anyway, can you give the microphone to Hon. Muthoni?

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. I am a little bit disturbed when Hon. Rahim Dawood says he can speak on behalf of Meru. I think he does not have more entitlement than I do.

The Temporary Speaker (Hon. Farah Maalim): He is from Meru.

Hon. Dorothy Muthoni (Nominated, UDA): Hon. Temporary Speaker, we both come from Meru. I acknowledge that, and I am equally Meru by birth, by growth, and even by death I will be Meru. I take this opportunity...

Hon. Rahim Dawood (North Imenti, Independent): Point of order Hon. Temporary Speaker.

The Temporary Speaker (Hon. Farah Maalim): What is your point of order, Hon. Dawood? I know you were born in Meru as well. So, what is your point of order?

(Technical hitch)

What is happening to the microphones today?

Hon. Rahim Dawood (North Imenti, Independent): The Member from Meru has cast aspersions by saying she was born and bred in Meru. For the record, my parents and I were born in Meru as well and studied there. But you know, when she says she will die in Meru, nobody knows where anybody will die. We are not sure. In the Muslim tradition, one is buried anywhere they die. Thank you.

The Temporary Speaker (Hon. Farah Maalim): Hon. Muthoni, proceed. Go ahead and address the students.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you. For sure, I am a Christian, and wherever I die, my body will be taken to Meru.

I take this opportunity to also join my colleagues in welcoming the learners to this august House. It is a great opportunity for the learners because they can come and see what happens in this House. I encourage them and tell them that they are here today. Please embrace education. Everything has been said. Let your character shape your future. At the same time,

please know what you want to be in life so that tomorrow, if you aspire to be a Member of Parliament, this is where you start. I welcome them to the august House and I wish them well as they travel back to their destinations.

The Temporary Speaker (Hon. Farah Maalim): let us have Hon. Dawood then Hon. Mwenje. Just take one minute.

Hon. Rahim Dawood (North Imenti, Independent): Ninakushukuru, Mhe. Spika wa Muda. Ninawakaribisha hawa wanafunzi pamoja na walimu wao. Leo nimeona kuna Waislamu wengi ambao wamefika hapa na vijana. Ninawapatia motisha kwamba wanaweza kuja hapa Bungeni hata wakiwa wa rangi yoyote, kabila lolote ama dini yoyote. Wanaweza kufika hapa wakifanya kazi yao kwa nidhamu. Changamoto watakazozipata ni kidogo sana. Wakifika hapa wataweza kupata suluhu ya mambo ya wananchi wa Kenya.

Ninawakaribisha. Mimi ni Mkenya na Mmeru hata ingawa niko na rangi tofauti. Ninaitwa Mumeeru Mutune na Ntomarete.

The Temporary Speaker (Hon. Farah Maalim): Let us have Hon. Mwenje followed by Hon. Rindikiri. Proceed.

Hon. Mark Mwenje (Embakasi West, JP): Hon. Temporary Speaker, my request is that we go back to the Motion because it is very important.

The Temporary Speaker (Hon. Farah Maalim): Listen, Hon. Member. I understand that we have substantive business, but you also understand that children are the future of this country and sometimes it takes ages for them to come here. Probably, this is the first time they have been here and they waited for four years to come here. It is important that, as role models, you encourage them I will have no problem with that.

Proceed, Hon. Mwenje. Do you not want to contribute?

Hon. Mark Mwenje (Embakasi West, JP): Hon. Temporary Speaker, because they are children from Nairobi, let me also take this opportunity to welcome them to this House. More importantly, I notify them that this is the only place where we have people from all walks of life. We have people from different backgrounds and people from different religions. We have lawyers, mama mboga, mechanics and farmers. It does not matter where one comes from. The education they are getting is very important because they are the future leaders of the world.

The Temporary Speaker (Hon. Farah Maalim): This is where the unity of Kenya is expressed more than anything else. Is that what you mean?

Hon. Mark Mwenje (Embakasi West, JP): Yes.

The Temporary Speaker (Hon. Farah Maalim): Hon. Rindikiri, take exactly one minute.

Hon. Mugambi Rindikiri (Buuri, UDA): Thank you, Hon. Temporary Speaker.

I welcome our students and tell them that they are very lucky.

The Temporary Speaker (Hon. Farah Maalim): Just before you do that, I also recognise the presence of students from Kitungati School, Kitui Rural Constituency, Kitui County, in the Public Gallery. Proceed.

Hon. Mugambi Rindikiri (Buuri, UDA): Thank you. Students from Kitungati School, Kitui County, are most welcome. I want to tell them that the truth is that you are very lucky to be born during this time when very many good things are happening in this country. I remind the students that whatever the Government is doing, particularly, in the youth sector, is something that they need to acquaint themselves to. All such things are done in this Parliament. They have been born at a time when Talanta Stadium has been put up. Many of them did not see when the Kenya International Convention Centre (KICC) was newly built; they have the privilege of seeing the new Bomas of Kenya. Many of them were not born when Kasarani Stadium was being built.

Today, there is Talanta Stadium that is being built. Many of them were not born yet to see the dual carriageways and the express highways. Those from Nairobi County were born in

areas where people stay in slums and dirty places, but today, there is housing in Gikomba and Mukuru. There are good things happening during your time. This House is here because of the student. They are most welcome. I ask them to count themselves very lucky by coming to this Parliament. Majority of other students have never been here. Please, let them take it very positively. This is a House where everything that happens in this country takes place.

I thank the students and ask them to continue being good girls and boys. Let them forget sideshows and focus on their education. That is what their future is all about.

The Temporary Speaker (Hon. Farah Maalim): Fair enough. I give one last minute to the Member for Kitui West because there are a number of students from schools in Kitui. Proceed and take exactly one minute. There are students from Kitungati and Kyuluni. Give him the microphone.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Speaker. I would like to inform you that I am from Mwingi West. Kitui and Mwingi are one county.

Let me take this opportunity to welcome these students to this Parliament. I would like to inform them to work extra hard because right now, there is climate change and many other things. Before we used to rely on farming and other local agricultural activities. Education is the best weapon to take them to places. Let me welcome the students from Kitui County. I have heard of Kyuluni, which is in Kitui East, for Hon. Nimrod Mbai, and also Kitui Rural for Mboni Mwalika. Let them feel welcomed and learn how we legislate here because, tomorrow, they will be here representing other Kenyans.

Thank you.

Hon. Gitonga Mukunji (Manyatta, UDA): Thank you. I also want to welcome the students.

On a very serious business, let me first congratulate Hon. George Murugara, my very good friend. At one point, I had his salary in my account courtesy of us sharing the name Gitonga. I enjoyed his salary thoroughly.

When we talk about CHPs, I become very passionate. My mother is one of the CHPs. I speak passionately about this because she is among the people who have been serving communities at that lower level since the time I was born. I remember one time a person fell down and appeared to have died. Everybody ran to my mother to tell her to come and see whether the person had died or not. When the person rose, everybody ran away. They thought my mother had performed a miracle. I have remembered that since the time I was young.

We should have talked about remuneration, recruitment and training of CHPs in the first place. We have to equip them with knowledge and equipment. We also need to remunerate them in a way that they are able to do that extra job. But that is not the case today. These are people that respond when there is an emergency in the village. But the resources that we give them are too meagre to even pay for airtime or transport. It even gets worse because of the sharing of costs between the county and national Government. The national Government has done well and pays CHPs quite on time. But in constituencies and counties today they are not paid on time. For instance, Embu County, has not paid CHPs for the last six months. And it is just normal to them. As we debate this, we should consider a framework that will take up the whole remuneration of CHPs to the national Government. We want to hear the Cabinet Secretary for Health, Hon. Aden Duale, being very keen on the status of healthcare at the village level; the primary healthcare coverage. When he speaks, it is about how to steal elections or how to hate a certain community. We feel bad because healthcare should be considered seriously.

I would like to raise another issue. A few months ago, in this House, we debated and passed resolutions on UHC staff whose contracts had expired. We passed a resolution and agreed that they would be confirmed on permanent and pensionable terms. We considered their pay in the Budget and then we allocated the money to county governments. However, the

information we get from UHC staff is that when the money is allocated to the counties, some of it is deducted. Nurses, who are supposed to earn Ksh33,000, are subjected to Ksh5,000 deduction from their basic salary without any explanation of where the money goes to. The argument from the county is that they cannot earn more than their colleagues in the counties. I got this information from the County Government of Embu. I ask them to do what the law says. They should pay UHC staff their September salaries in full, without deductions. They should not say where this money goes to and how it is used. It is illegal to make such deductions. It is against the welfare of these employees who work for our people when they are sick.

Hon. Temporary Speaker, we are talking about making our healthcare better. One of the areas that we can put keen interest in is to ensure that the Community Health Promoters do better. We need their remuneration not to be less than Ksh20,000, so that they can work from their hearts. Many of them do it out of passion. I will quote my mother because she does not require that remuneration. She does the work out of passion. She helps the whole village by attending to women giving birth, especially those who get emergencies at home. This is something we need to appreciate as a country.

I believe this Motion from my good friend, Hon. Murugara, conjures up a debate that will ensure that we look keenly in this matter which is part of our Constitution. I support the Motion. Thank you very much.

The Temporary Speaker (Hon. Farah Maalim): I know many of you would like to bring this Motion to a closure, but the rules are very clear. As long as somebody is interested in contributing, I cannot do that, unless a Member moves that the Mover be called upon to reply, and then we vote.

(A Member consulted loudly)

Hon. Mwenje, proceed.

Hon. Mark Mwenje (Embakasi West, JP): Thank you, Hon. Temporary Speaker. First of all, let me congratulate Hon. Murugara for his very timely Motion on Community Health Promoters and their remuneration. We have them in 290 constituencies. As Members of Parliament, we interact with them. One of the issues they always raise is their remuneration.

It is important to note that this team first started as volunteers. They went out to the community and worked in the health sector. They are the first line of defence in the health of this nation. It is not even about SHA or hospitals. These are the people who ensure that people living with Human Immunodeficiency Virus (HIV) and other lifestyle diseases live longer, have access to medicine and receive counselling. They do all those things. Therefore, they are key to the health of this country.

I believe an error occurred. We allowed Community Health Promoters to get a stipend...

The Temporary Speaker (Hon. Farah Maalim): Hon. Members, as per the rules of this particular debate, the Mover will be called upon to reply at exactly 12.09 p.m. If you take a lot of time, then you will eliminate your colleagues in the debate. I suggest that you take as little time as possible. If you contribute for two minutes each in the next 15 minutes, you will accommodate as many Members as possible. Hon. Mwenje, continue but be cautious of time.

Hon. Mark Mwenje (Embakasi West, JP): Thank you, Hon. Temporary Speaker. Definitely, I will not take all the time. We made a mistake by allowing county governments to be in charge of Community Health Promoters. Health is still a national government function, despite there being hospitals that are under county governments.

As we formulate this policy, it is important that we insulate it from the systemic shocks that happen within county governments. I had a meeting with Community Health Promoters in Nairobi recently. They told me that some of them had not received their stipend. We need to budget for it in this House so that we allocate money and ensure that they are paid in a timely

manner. These are the people who will ensure that SHA and our health facilities are not overcrowded because their work is preventive.

Finally, there is the issue of recruitment that has been raised in this Motion. This is where there will be a lot of contention. Hon. Murugara must realise that these Community Health Promoters know each other. They are the best people to recruit others. Let us not have a recruitment exercise at State House or somewhere else. If it will happen, let us all know about it. We know what happens in the Teachers Service Commission and other institutions. If Community Health Promoters are in Embakasi West, let them be in charge because they know the right people who will come and help the community. This is good but let us ensure our Community Health Promoters are paid a decent salary.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Farah Maalim): Hon. Nyikal, proceed and be cautious of time for the sake of your colleagues who would like to contribute.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, you stood me and in respect, I obliged.

The Temporary Speaker (Hon. Farah Maalim): There was no much interest in this Motion but many Members came in later. Proceed.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, the Community Health Promoters are the base of healthcare. The social determinants of health operate on the ground. People do not get sick in hospitals, but at home. It is how you live, eat and work, and what you do at home that makes one sick. The community worker is on the ground where all these things happen. So, prevention is at that level.

The other issue is that when a person gets a disease, early detection and treatment are key and cost-effective. Again, this can be done at the community level. The concept of the community health worker has been there. The earliest work was done by people from this country like Professor Miriam Were. She conducted the first community health research in Kakamega a long time ago and then we tried it. We have had many names from community health volunteers, community health workers and community health promoters. Basically, we have been avoiding a structured way of handling them. We do not want to call them workers, but we want to call them promoters or volunteers. This Motion tells us that we must come around and have a proper structure.

In terms of policy, this idea of Community Health Promoters came as a Community Health Strategy in 2005. That policy exists and it gives a structure of how Community Health Promoters work. Ten community health workers form one Community Health Unit which serves about 1,000 households. This translates to about 5,000 people who are taken care of. It is then linked to Community Health Extension Workers who are now called Community Health Assistants. When they encounter problems, they have a referral system at Level 2 Hospitals. This gives you a serious promotion and referral system. The working conditions are also structured. They are given kits and then they are trained. They are supervised by the Community Health Assistants. So, a structure exists but the issue is the governance structure.

This House passed a Community Health Workers Bill, which is currently in the Senate. We must now look at the scheme of service to determine how community health promoters are recruited, trained and remunerated. We must put in place a governance system. The current structure, which applies to both county governments and the national Government, is not working well.

(Hon. Mark Mwenje crossed the aisle)

The Temporary Speaker (Hon. Farah Maalim): Order, Hon. Mwenje! The rules are very clear. You cannot keep crossing the aisle back and forth. You have to go to the end and

come back if you want to consult Hon. Dawood. Go to the end and then come back because you are on this side of the aisle.

Hon (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, as I conclude, we should get rid of the dual management by the county governments and the national Government and get one governance structure.

With those few remarks, I support the Motion.

The Temporary Speaker (Hon. Farah Maalim): Let us have Hon. CNN. I will give an opportunity to two more Members. Proceed, Hon. CNN.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Speaker. I will only take two minutes as you have directed. From the outset, I appreciate my brother, Hon. Murugara. I pray that the people of Tharaka re-elect him because he is a superb legislator. Community Health Promoters play a very critical role in delivery of primary healthcare. They assist in early detection and prevention of disease. They play a primary role in health promotion and education. They also support maternal and child healthcare.

I support this Motion because most community health workers navigate many challenges in their work, especially in places with transportation challenges and adverse weather conditions. That is why we need to improve their mobility. Community Health Promoters also get sick. The Government should provide them with free healthcare as they carry out their duties. They are exposed to contagious diseases during their work and can sometimes get infected. Free healthcare will incentivise them. We can offer them many incentives to improve their service delivery, but chief among them is providing them with gadgets to enable them to navigate through rough terrain and adverse weather conditions.

I have a lot to say. I encourage Hon. Murugara to ensure that this Motion becomes a Bill, so that we can allocate a budget for Community Health Promoters and incentivise them.

With those few remarks, I support the Motion.

The Temporary Speaker (Hon. Farah Maalim): The Member for Narok North, followed by Hon. Dawood. Please take as little time as possible to enable other Members to also weigh in on this matter.

Hon. Agnes Mantaine (Narok North, JP): Thank you, Hon. Temporary Speaker, for giving me this opportunity to support this important Motion by Hon. Murugara. Community Health Promoters move from village to village promoting healthcare. Whenever we visit our villages for meetings, we see them working. It is time that we recognised them and established structures to support them to do their work better.

We have health issues that we think are small like blood pressure, diabetes but they are really affecting our people. Our communities do not really understand these diseases. So, it is the health promoters that will make sure our communities are aware that there is blood pressure, diabetes and therefore give them early advice on what to do and where to go. It is time we made sure that we also look into their problems by making sure that we support our promoters because they walk very long distances out of the passion they have. For this reason, I support the Motion as it is and I support the structures that will be put in place to make sure that these people earn a living because the small amount of money they get is not enough to support them. It should not look like one is at liberty to pay what you want to pay. It should be within the law and it should be understood that they are doing very important work and they need to be supported.

Thank you.

The Temporary Speaker (Hon. Farah Maalim): Hon. Dawood.

Hon. Rahim Dawood (North Imenti, Independent): Thank you, Hon. Temporary Speaker. I join my colleagues in supporting this Motion. It is only this Government that has introduced free medical insurance for CHPs. It is the first time CHPs are being paid a token; they have never been paid. So, this Government has recognised CHPs. We even need to move

the health function from the county governments to the national Government so that we can take care of everybody.

With those few remarks, thank you.

The Temporary Speaker (Hon. Farah Maalim): The Member for Turkana Central, proceed.

Hon. Joseph Emathe (Turkana Central, UDA): Thank you, Hon. Temporary Speaker. First, allow me to thank Hon. Murugara for this. Hon. Murugara happened to be with me in the same high school. Thank you for the good work that you are doing. Such Motions are very important. For example, those of us who come from the marginalised areas of this country, the Arid and Semi-Arid Lands (ASALs) are able to get stipends from such engagements, and we thank this Government. Where I come from, we have the National Police Reservists (NPRs) who receive stipends for engaging in security matters together with the village elders.

Hon. Temporary Speaker, we can consolidate all these Bills into one and include the mobile schools, the nomadic schools and the adult learner schools. We can extend it to education and the Green Rangers because of our environment and sustainability. It is important so that these people are not under the mercy of anyone or any government. It must be sustainably included in our legal frameworks and in our Exchequer so that money is remitted to them at the right time and sustainably.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Farah Maalim): The Hon. Murugara. Should I understand that you have donated two minutes each to the County Women Representative for Baringo?

Hon. George Murugara (Tharaka, UDA): Then I will have only six minutes.

The Temporary Speaker (Hon. Farah Maalim): Hon. Toto, Yeah Hon. Toto. Fair enough. Proceed. She is a Woman Rep from? Bomet Woman Rep and then Baringo Woman Rep.

Hon. Lilian Chepkorir (Bomet, UDA): Thank you, Hon. Temporary Speaker for giving me this opportunity to add my voice to this Motion. Also, allow me to congratulate my friend Hon. Murugara for this important Motion. I support it. Whenever I go to my village, attend churches and social events, I cannot fail to find CHPs attending to our people. The Ksh5,000 shillings given to them per month is not enough. It is a very small token. I support that they be given enough money because they are the first line of defence in attending to our people. Going village to village is not easy and they also have families. So, I support.

Thank you.

The Temporary Speaker (Hon. Farah Maalim): Hon. Member for Baringo Constituency, proceed.

Hon. Jematiah Sergon (Baringo County, UDA): Thank you, Hon. Temporary Speaker. I also take this opportunity...

The Temporary Speaker (Hon. Farah Maalim): I do know how much the rules have changed, but the tradition was that the Mover could donate a few minutes to other Members. Anyway, let us move.

Hon. Jematiah Sergon (Baringo County, UDA): Thank you. I also join my colleagues in congratulating the Hon. Member who brought this Motion. CHPs are very important members of society. Enhancing their remuneration is going to motivate them further so that they can deliver their services in good time. They have first-hand interaction with patients and are often the first point of contact for many people seeking healthcare.

This approach has given Kenyans the opportunity to receive essential services, particularly in health. Because of our lifestyles, we have seen an increase in lifestyle-related diseases such as diabetes, high blood pressure and many other ailments that need to be addressed. These are conditions that can be managed before a patient even interacts with a

doctor at a hospital. In this way, we can manage them through exercise and best practices that can help us maintain good health.

I also want to tell Hon. Murugara that these CHPs should be placed on permanent and pensionable terms. As they continue to serve, they are able to interact closely with the community, and these are people who can help us greatly by providing reliable data on the wellbeing of our society.

Thank you.

The Temporary Speaker (Hon Farah Maalim): The Mover can reply. Proceed.

Hon George Murugara (Tharaka, UDA): Thank you very much, Hon. Temporary Speaker. Allow me to thank each and every Member who has contributed in support of this Motion. I am very proud to see that it has been supported overwhelmingly by every contributor because what we are doing here is very important as far as CHPs are concerned. Today, they will possibly go to bed as happy people, knowing that they have a House of Parliament that cares for them, and that is very important.

We have always talked about the Bottom-Up Economic Transformation Agenda (BETA) of our government, and this House must spearhead it. Recently, we had the area managers who are now receiving a stipend, and I began this in 2019 when I was a first-time Member of Parliament. We now have the CHPs, and we are soon moving to the bodaboda because of the exploitation they face when they take loans to buy motorbikes.

We will be dealing with the in Duplum Rule that is coming to the House soon. I know it will also receive overwhelming support. Today, we have very good Bills coming up after this, including the one by the Hon. Gitonga Mukunji, the Member for Manyatta Constituency, on SMEs. SMEs are an example of what bottom-up means. We must live by that principle.

We also have another Bill by the Hon. Lady from Garissa on how we are going to protect women, because most of them are vulnerable. We must speak for them. It is the work of this House to defend them and ensure that those at the bottom are empowered to come up.

As a House, we will now work on a Bill so that these policy frameworks are put in place and CHPs can become employees of the Government.

I beg to reply.

(Question put and agreed to)

BILL

Second Reading

THE SEXUAL OFFENCES (AMENDMENT) BILL (National Assembly Bill No. 50 of 2025)

Hon. Udgoon, move your Bill.

Hon. Amina Siyad (Garissa County, JP): Thank you, Hon. Temporary Speaker. I beg to move that the Sexual Offences (Amendment) Bill (National Assembly Bill No.50 of 2025) be now read a Second Time.

The Bill seeks to amend the Sexual Offences Act (Cap. 63A) to strengthen the legal framework governing the prosecution of sexual offences in Kenya. Sexual offences remain among the most traumatic crimes in our society, causing physical, emotional and psychological harm to victims, many of whom are women and children. Despite the existence of clear laws criminalising sexual offences, we continue to witness instances where such offences are subjected to informal settlement, including through traditional or community dispute resolution mechanisms. In some cases, families or communities negotiate compensation or settlement

outside the judicial system, effectively denying victims justice and allowing perpetrators to escape accountability.

The Bill introduces a new Section 40A to expressly provide that offences under the Sexual Offences Act shall be prosecuted exclusively through the formal judicial system. It further declares void any agreement or settlement purporting to dispose of sexual offences outside the court process. This proposal is firmly grounded in Article 159(3) of the Constitution, which prohibits the use of traditional dispute resolution mechanisms in matters that are repugnant to justice and morality or inconsistent with the Constitution.

Sexual offences are grave criminal matters affecting not only individuals but society as a whole. Therefore, they cannot be privately negotiated. The Bill does not limit any constitutional rights or freedoms. It rather strengthens access to justice and protects victims from coercion, stigma and pressure to accept settlement in place of lawful prosecution.

This Bill is important and timely because one, sexual offences are crimes against the State, not private wrongs. Sexual offences are public crimes prosecuted in the name of the Republic, not private dispute between individuals or families. Allowing out-of-court settlement undermines the criminal justice system and defeats the State's constitutional duty to protect its citizens and maintain public order. Criminal liability cannot lawfully be negotiated away through private arrangements.

Two, it has a constitutional basis under Article 159(3). Article 159(3) of the Constitution expressly limits the use of traditional dispute resolution mechanisms where such mechanisms are repugnant to justice and morality or inconsistent with the Constitution. Settling sexual offences through compensation or community arrangements often silences victims and prioritises community harmony over justice, thus falling squarely within what Article 159(3) prohibits.

Three, victims, particularly women and children, are frequently pressured by families or communities to accept compensation or informal settlement to avoid stigma. Such settlements are rarely voluntary and often deny victims access to justice, protection and rehabilitation. The amendment Bill will shield victims from coercion and ensures their cases are handled within formal legal safeguards.

Four, permitting informal settlements weakens deterrence because offenders avoid prosecution and punishment. A clear legal requirement that sexual offences being handled only by courts reinforces accountability and enhances public confidence in the justice system.

Five, Kenya is a party to international and regional instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) that protects women against gender-based violence, exploitation and sexual offences that are considered a form of gender violence. CEDAW obligates Kenya to protect women and girls from sexual violence, ensure effective investigation and prosecution of sexual offences and prevent practises that deny victims access to justice, including informal settlement that shields perpetrators.

The Maputo Protocol seeks to protect and promote the rights of women in Africa, including elimination of discrimination against women. The African Charter on Human and People's Rights also known as the "Banjul Charter" is an international human rights instrument designed to promote, protect human rights and basic freedom across African continents. All these requires the State to protect women and children from sexual violence and ensures effective prosecution of offenders. Informal settlements undermine these obligations. It aligns with the purpose of the Sexual Offences Act. The Sexual Offences Act was enacted to combat sexual violence and protect vulnerable persons. Allowing disputes to be settled out of court defeats the purpose of the Act. The amendment Bill clarifies legislative intent and prevents misuse of alternative mechanisms.

Sexual offences have broader societal consequences, including public safety concerns and long-term trauma to the victims. Public interest, therefore, requires prosecution irrespective of private agreements. Currently, ambiguity allows some cases to be informally settled. The amendment Bill will remove uncertainty and ensure uniform enforcement of the law across the country. Informal settlements allow offenders to remain in communities within accountability, increasing the risk of repeat offences. Judicial prosecution creates official records and enables proper monitoring and sentencing. The amendment Bill will ensure that justice is not dependent on wealth or community influence. Poor or vulnerable victims should not receive compensation when wealthy offenders escape prosecution.

Criminal law is a function of the national Government under the Fourth Schedule of the Constitution. Therefore, the Bill does not concern county governments. Additionally, the Bill does not occasion additional public expenditure and is, therefore, not a Money Bill within the meaning of Article 114 of the Constitution.

This amendment Bill will enforce the principle that sexual offences are criminal crimes against society and must be handled transparently and lawfully within our judicial system. Sexual offences cannot be treated as a negotiable private transaction. I urge this House to stand with the victims, uphold the rule of the law and pass this Bill. We are not fighting culture. We just want justice for the sexual offences victims so that they can get their right to justice in the court system. I beg to move and request my sister Hon. Suleka Harun to second the Bill.

The Temporary Speaker (Hon. Farah Maalim): Hon. Harun, proceed to second the Bill.

Hon. Suleka Harun (Nominated, UDM): Thank you, Hon. Temporary Speaker. From the outset, I want to congratulate my sister for bringing the amendment Bill on time. This is the right time and I believe that the National Assembly will make possible the dream of all girls who suffer sexual offences to get justice. A sexual offence is a crime committed against the State. It cannot be simply just a family affair or an affair that can be discussed under a tree. I support the Bill. If passed, the Bill will protect the girl child from stigma and dropping out from school. It will give the girl child the right to education and it will protect her to continue being in class even after defilement. My sister has proposed that we do not discuss the issue of sexual offences under a tree. Girls will have an opportunity to continue with their education even after defilement has happened.

The Bill does not abolish the *Maslaha* system and many other matters, but it solely deals with the issue of sexual offences. The alternative justice system is a good way of solving many other issues, but we say no on sexual offences matters.

As I conclude, justice must be served in courts. Justice cannot be for sale. Justice cannot be discussed under a tree. Justice must be done in our courts as per the Constitution of this country. We all have a right to get justice. Also, the body of a little girl or a young woman who has been defiled or raped is not a commodity to be discussed or negotiated under a tree. So, we support this Bill and I want to implore the rest of the Members in this House to make this history and help the women of this country achieve what we want.

Thank you very much. I beg to second.

(Question proposed)

The Temporary Speaker (Hon. Farah Maalim): Hon. Donya.

Hon. Dorice Donya (Kisii County, WDM): Thank you, Hon. Temporary Speaker. I congratulate and thank Hon. Udhun (or is it Udun?). I come from a place where W and D are a problem. I think it is Hon. Udgoon.

I come from a community where we practice FGM and it is very rampant. We all know that FGM has no health benefits. It is a violation. I do not understand how in 2026 we are

discussing FGM while other countries are discussing AI and how they can use perplex. Today, the President is in Lamu. People are discussing development.

How bad and retrogressive it is that we are talking about arbitration. A girl has been defiled yet the people bargain that they will give the family a camel or cattle so that we deny this victim justice. Above all, there is that thing of feeling inferior. Nowadays, we have ablution blocks in boarding schools. Minors will always discuss where you come from. When you say, 'I come from Kisii or Migori,' they will ask, 'have you been circumcised?' Then without knowledge they are excited. Then later when they have grown into adults, it is when the truth comes knocking at their door.

I do not know how you can talk about it, but FGM has no justification. There is no answer you can give on taking a girl for circumcision because it is not food that people are going to eat. It is not money that you will pay for NG-CDF or pay for hospital bills. Why are we interfering with a girl's growth? What is this thing with FGM? I have never understood it. Why should parents even discuss FGM? There are even people who have gone to school but they will still take their girls for FGM. I am just crying and I am worried for our girls because I know a number of them are going to undergo FGM this December. That is for sure in Kisii, Migori, Somali and even some parts of Central Kenya. I do not know why this thing excites people. During FGM is when they say now make mandazi and tea. Are you denying a girl her rights because of mandazi or chapati? I support this Bill. I support that there should never be any arbitration. Let the cases end in our courts.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Farah Maalim): Hon. Rahim Dawood, do you want to contribute on this Bill? I can see your name on top of the list.

Hon. Rahim Dawood (North Imenti, Independent): Yes, Hon. Temporary Speaker. First of all, let me congratulate Hon. Udgoon on this timely Bill. The Sexual Offences Act was first brought to this House during the 10th Parliament by Hon. Justice Njoki Ndung'u. Since then, there have been a few amendments, but I think this amendment is very important in this time and age. This is because many a time you hear about this practice, not just in North-Eastern Kenya, where they call it *maslaha*; it happens all over the country. In my constituency, I remember a case where a girl was defiled but because the parents were poor, there was an out-of-court settlement. The case even went up to court, but then it was withdrawn.

I do not know how we can amend the Act, in the sense that there should be no *nolle prosequi* by the DPP at any time. If an offence has been committed and there is enough proof for it, then there should be no out-of-court settlement. This is because this is not a civil matter; it is a criminal offence. What has been done will stay in the mind of the minor. It will stay there forever; the defilement does not go away. You cannot clean it up. So, it will be such a tragedy to let somebody who has done it to one child to be back into society so that they can do that same offence to another child. We need to condemn whatever happens, and it is not just to females. Even young male minors are sexually abused. We should get to the bottom of this matter. I agree with the Member for Garissa County that such a case should not be left to elders to sit down and work on an out-of-court settlement.

With those few comments, I support.

The Temporary Speaker (Hon. Farah Maalim): Next is Hon. Murugara, who will be followed by Hon. Nyenze.

Hon. George Murugara (Tharaka, UDA): Thank you very much, Hon. Temporary Speaker. I do support this Bill because it just recasts what the position in law is—which is that criminal cases can hardly be compromised out of court. This is because in criminal cases, we only have a complainant but the person prosecuting is actually the Republic of Kenya. As I support it, I am aware of the provisions of Article 159 of the Constitution, which encourages that when we dispense justice we must also think about Alternative Dispute Resolution (ADR)

mechanisms. What this means is that in civil matters, whenever there is an opportunity for ADR mechanism, we must embrace it. However, there is debate as to whether this extends to criminal cases.

We know very well that for some minor criminal cases, we do encourage settlements out of court purely because their magnitude is not big. But there are cases in this country which you cannot negotiate out of court, including what we call capital offences. Capital offences cannot be discussed out of court because they carry heavy penalties. However, we saw an attempt the other day, we hope it is not getting into this. We know very well that we are working on the law so that we can comply with the decisions of the court, so that even in capital offences, the courts must have discretion on sentencing. Sentencing would include suspended sentences and community service orders—all these are forms of sentences which must be looked at.

In this particular instance, and which has brought the Member for Garissa County, Hon. Udgoon, here is the fact that in sexual offences—and most if not all sexual offences relate to women—there should be no room for mediation or any form of out-of-court settlement, because these are very serious offences touching on the dignity, the very person, the very core of a human being known as woman. There is no way as men we can go out there, assault women sexually and then after that we go to our fellow men to tell them to negotiate for us to get off the hook and provide them with some form of retribution or some form of restorative justice, which justice does not go to that particular victim. Members of Parliament from Northern Kenya will actually agree with me that even when they do that settlement themselves, that compensation does not go to the victim; it goes either to the parents or to the elders of the clan and everybody else.

As far as sexual offences are concerned, this is a special legislation that seeks to protect the dignity of women. Therefore, this is a good Bill that we should embrace to make sure that we protect our children. The pain I would feel if you assaulted my daughter is the same pain the lady from North Eastern Kenya or the lady from Luo Nyanza and wherever else in the country feels when you assault or mistreat their daughter sexually. Therefore, I fully support the Bill.

We are preparing a report as the Departmental Committee on Justice and Legal Affairs. It will be presented to the House to enrich the debate as we proceed with the Bill, as we are unlikely to exhaust it today. We should make this one of the best laws in the country to protect the girl child, women and every other vulnerable person. As I said, it is a bottom-up approach. We must protect vulnerable persons from unscrupulous persons who would seek to negotiate away their rights when they are not due.

I beg to support.

The Temporary Speaker (Hon. Farah Maalim): Hon. Nyenze.

Hon. Edith Nyenze (Kitui West, WDM): Thank you, Hon. Temporary Speaker, for giving me this opportunity. Let me start by congratulating the Woman Representative for Garissa County, Hon. Amina Udgoon, for bringing the Sexual Offences (Amendment) Bill. Sexual offence cases must be heard in formal courts. Any agreements, settlements or family compensations should be excluded as such arrangements would encourage further cases of sexual offences.

If an offender can simply pay a small fee and get off the hook, that would encourage sexual offences against women and young men. If such cases are settled out of court, more girls may become pregnant, contract diseases, suffer indignity, including the loss of their virginity, and drop out of school. Their lives and plans will be disrupted without anyone being held responsible. Critics say this would interfere with the Constitution because Article 159 recognises traditional dispute resolution as one of the methods of resolving disputes.

We should consider amending Article 159 of the Constitution, which recognises traditional dispute resolution. In some remote areas, courts are located far away. We may,

therefore, need to establish more courts so that cases can be resolved expeditiously. Some cases take too long to conclude. We should ensure that they are resolved within a reasonable time. This would help discourage the out-of-court resolution of sexual offences.

I support the Bill.

The Temporary Speaker (Hon. Farah Maalim): Hon. (Prof) Jaldesa, if you take as little time as possible, you will allow a few of your colleagues to also have a bite before we adjourn.

Proceed.

Hon. (Prof.) Guyo Jaldesa (Moyale, UPIA): Thank you, Hon. Temporary Speaker. This is a very important Bill. We know that sexual offences can happen against boys and girls, men and women although the majority of victims are female. The law, as it stands, may not have any major defects. The problem is the level of evidence collection. Sexual offences are used to intimidate women and as a weapon of war. When clans are fighting, sexual offences may be committed against women to offend the men of the rival community. This can lead to further revenge and retaliation. In the end, conflicts between clans may continue. Sexual offences can, therefore, become a means of conflict.

The major problem, as I see it, is the level of evidence collection. For anybody to be convicted, there must be an evidential threshold. This is particularly difficult for people in rural areas because of the shame and embarrassment associated with sexual offences, rape and defilement. We also need the Mover to clarify whether she is referring to defilement of minors or to sexual offences generally, including rape against women and girls. Victims may report these matters late or may not report them at all because of the shame and embarrassment involved. If they report very late, the chances of presenting sufficient evidence in court and securing a conviction become very slim.

That is why alternative dispute resolution may play a role. The *maslaha* system in the Northern Kenya Region, for instance, may provide evidence. Otherwise, the offenders may be set free.

With those observations, I support the Bill although it requires some adjustment.

The Temporary Speaker (Hon. Farah Maalim): Proceed, Hon. Adow.

Hon. Mohammed Adow (Wajir South, ODM): Thank you very much, Hon. Temporary Speaker. I rise to support the Sexual Offences (Amendment) Bill. Sexual offences are public crimes prosecuted in the name of the Republic. They are not private disputes between individuals and families.

Across Kenya, and in many societies, cases arise where victims of sexual abuse have absolutely no say in the determination of cases concerning the trauma they have suffered. In many instances, while the victims are still in pain, elders and community leaders meet quickly to find a solution without involving them. This is becoming widespread and undermining the gravity of sexual offences, particularly against women and children. It is high time we stopped this practice and ensured that anyone accused of a sexual offence, regardless of their standing in society, has their day in court, and only in court.

(Applause)

Across Kenya, young women who have suffered the trauma of sexual violence, had no recourse to justice and received no closure. They are broken and, in turn, are raising broken children and families. It is time to stop this practice. This Bill shields victims from coercion and ensures that their cases are handled within the formal legal safeguards. It should, therefore, be supported to its logical conclusion. It is high time we started protecting our girls and women.

With those remarks, I support.

The Temporary Speaker (Hon. Farah Maalim): Hon. Fatuma, Member for Migori.

Hon. Fatuma Mohammed (Migori County, Independent): Thank you, Hon. Temporary Speaker, for giving me this opportunity. I want to congratulate my sister for having gathered the courage to defend the women and girls of this country. Congratulations to the Garissa Women Member of Parliament. May Allah guide you all the way.

Sexual assault and harassment are not ordinary family disputes or disagreements in a community or within the family. These are serious offences. In fact, these offences are as good as killing someone because, emotionally, the defiled girl or woman has been killed inside. Forthwith, she will live like an empty shell. If a person who is alleged to have assaulted or harassed a victim is not taken to court and prosecuted, this menace will continue within our communities, and the perpetrators will take advantage of the situation.

In most cases, these devilish acts happen to victims who come from poor families, persons with disabilities, those who did not go to school and who live in rural areas. Informal settlements do undermine accountability. If this issue is not addressed, it will deter victims from coming forward. When collecting data on how many girls or women are assaulted in a year, the cases do not go to court and instead are solved within the village, we would not get data as government so that we know the seriousness of this matter.

Hon. Temporary Speaker, when a woman or a girl is assaulted, believe me, the trauma goes to the next generation. If that woman gives birth to a boy, she will look at him thinking: “When you become a man, remember what a man like you did to me.” This is a terrible thing that cannot be settled with cows or money. It is not a minor dispute over a stolen chicken, where families can simply sit down and agree on compensation. This is about someone’s life. This is a serious matter that we should not even discuss here. I believe every Member of Parliament who is here to pass laws will pass the toughest law to deal with people who commit such acts.

I have seen a girl with disability in my village, at a place called Sori Karungu. She has a severe disability. The girl was defiled and gave birth to a child. She could not even breastfeed the child. It was reported to me. The family refused to identify the person yet they knew the person. The girl has a severe disability. She cannot even hold a child. I took the child to a Catholic institution and they are raising it. Unfortunately, the same offender has impregnated the same girl for the second time. She was assaulted when she was 12 years. It happened again at 14 years old. It seems like the family collects money from the perpetrator. They will tell you that they do not have a choice. The saddest part is that the girl even got infected with HIV/AIDs. The family knows the alleged offender. They went, as a family, and talked to the other family. They were given a thin ugly cow as compensation.

This time round, I hear the father was given a motorbike as compensation. I have pleaded with that family. They have refused to tell me who did it. Unfortunately, by the time we got to know the girl was defiled, she was already pregnant. So, we do not even have evidence of anything other than the pregnancy. The family and the local community have refused to cooperate with the Government to help this child. If we encourage such acts, there are girls with disabilities who have been defiled as adults when they are over 18 years. They are neither children nor minors but grown-ups. However, they are not able to talk for themselves. It seems like the family is making money out of this devilish act.

Hon. Temporary Speaker, by every sacred text and constitutional principle, such culprits deserve no leniency or debate. There should be no mercy shown to them. In fact, they should be hanged because they have left this child or woman living but dead. It is such a sad situation that I request all of us in this House to take up this matter. We are parents, daughters and also sons. Kindly, even our sons are being subjected to this devilish act. Some men do these things to our small boys. If compensation is given, what society are we bringing up? This society will soon be boy-to-boy and girl-to-girl only relationships because we are allowing small issues like money to buy the dignity of a human being.

I support this Bill with all my heart. I beg you all to support it. May God help us to fight this menace as a community and as the Parliament of Kenya.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Farah Maalim): Next is the Member for Buuri.

Hon. Mugambi Rindikiri (UDA, Buuri): Thank you very much, Hon. Temporary. Today is a very important day. I also thank Hon. Kuno for what he has done. I stand here because I have a relative, a young lady, whom I have been educating, who was assaulted.

I am the patron of People with Disabilities (PWDs) in Meru County. I have come across cases where people with special needs have been sexually assaulted. Statistics of sexual assault for the last two years which have been reported to the police amount to 14,518. Last year, we had 5,332 defilement cases and 884 cases of rape. There is no alternative dispute resolution mechanism that can restore the dignity of someone who has been sexually assaulted.

When we talk about sexual assault, we mean penetration, touch and whatever else that is indignifies our young women, mothers, boys and even grown-ups. It also affects grown-ups, particularly, with increase in alcohol and drug consumption. We need to do away with the clause that provides for alternative dispute resolution mechanisms of cases touching on sexual abuse.

What kind of society are we developing? Lawyers themselves know the law is an ass. They should not give us that ass; they should give dignity to our girls, boys and anybody who is sexually assaulted. If we go that route, it means 14,518 men who have assaulted our girls will be set free. That means 14,518 criminals will be walking in towns and villages free of charge. It must be done and it has to be done. There are things that we can compromise on and there are those we should not.

I state here that some of these things are more associated with certain communities. The communities should revisit this. If they are truly followers of the Bible and the Quran, they should feel ashamed of trying to entrench their traditions in religion. Time has come to separate the two. If the Bible encourages immorality, we must separate the two. If the Quran encourages immorality, we should separate the two. If a community encourages immorality and assault of our children, we must call out that community as it is.

I thank women of faith who are in this room today. We support the women of faith because they feel pain when others are just there. That is why we thank His Excellency because he is trying to create opportunities for everyone. Some of the victims are children from poor families and children of poverty. I wish we would look forward to supporting this Government because it is bringing development across the board and trying to encourage our young people to work, and not to depend on other people who take advantage of them. This is quite emotional, but it must be done. We must approve this amendment immediately. It must also be implemented. I challenge our lawyers and the JLAC, to please confront. I feel pity for any lawyer standing up to defend a criminal who has raped a young child. Please revisit your professional morality.

Thank you.

The Temporary Speaker (Hon. Farah Maalim): Member for Trans Nzoia.

Hon. Lillian Siyoi (Trans Nzoia County, UDA): Thank you, Hon. Temporary Speaker. I also rise to congratulate my sister, Hon. Udgoon from Garissa for bringing this Amendment Bill, which has come in handy. Our women, and our young boys who are being sodomised, have suffered in the hands of people who feel like they can sit down and decide on their behalf. The issue of them agreeing on behalf of the victims has really affected the emotions of the victims, and spoiled the reputation of the community. The continuity of what is happening at the moment is because of the prevailing situation where a few individuals sit down and think that they can agree on behalf of the victim. Besides that, we need to put in place some policies

to ensure that those people who are doing such things are arrested, arraigned in court and even jailed for such behaviour. This is because in our communities at the moment, if you look at...

The Temporary Speaker (Hon Farah Maalim): Order Member for Trans Nzoia County. When this debate resumes, you will have eight more minutes to contribute.

ADJOURNMENT

Hon. Temporary Speaker (Hon Farah Maalim): Hon. Members, the time being 1.00 p.m., the House stands adjourned until this afternoon at 2.30 p.m.

(The House rose at 1.00 p.m.)

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