

Does Decentralization Deliver Health Services to Vulnerable Groups in Kenya? A Case Study of Busia and Kakamega Counties -Kenya

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Abstract

Background: Decentralization has become an increasingly important concept in development theory and practice in the world since the 1970s. Decentralization is generally understood to be referring to policies and processes that shift the locus of decision-making and management to the local level, Hellington [1]. According to Elamon, decentralization is particularly attractive because some forms of it promise direct accountability of public institutions; improved management of resources; more reliable information for planning and a more effective interagency collaboration and coordination [2]. Furthermore, it is argued that local officials and community leaders have better knowledge and information about the local context and are therefore more aware of what can work best within the resource constraints while contributing to the achievement of the broader social, economic and development goals of central government.

In the health sector, the impetus for decentralization has its roots in the Alma-Ata declaration of Primary Health Care, WHO [3]. This was enhanced by the World Health Organization's advocacy for strengthening the health system at district level as the most appropriate level for planning and providing health services. Bankausaikaitte argues that decentralization therefore appeals to the health sector largely because it is seen as a means to achieving the Primary Health Care (PHC) goals and for its potential to achieve multiple objectives [4]. Furthermore, decentralization continues to be a subject of intense discussions in the health sector reform processes and is seen as a key strategy for achieving poverty reduction objectives and for attaining the global Millennium Development Goals (MDGs).

Klouda argues that in the context of Sub-Saharan Africa, a region that has the majority of poor countries in the world, poor health indices and high burden of preventable diseases including a devastating impact of HIV/AIDS, decentralization is perceived as offering a key development strategy in addressing these complex problems [5]. In the specific case of HIV/AIDS, decentralization is perceived as suited to stimulate far-reaching changes that can respond to the complex factors that lead to its transmission and the multiple services necessary to adequately support affected communities through multisectoral actions.

Furthermore, Ribot has said that development is often argued as a motive for decentralization [6]. It is argued that decentralization facilitates integrated local development, a necessary factor in the control of HIV/AIDS. The United Nations Development Program, UNDP has actively promoted decentralization in local government and points out that one of the earliest efforts in using decentralization to address the HIV/AIDS pandemic in sub-Saharan Africa has been through the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa [7]. These efforts have been supported by donor agencies such as USAID, UNDP, World Bank and Private Foundations. According to Schneider the Ford Foundation in Southern Africa (South Africa, Zimbabwe, Namibia, and Mozambique) for example, focused its grant making on strengthening local government and civic responses to HIV/AIDS at district and community levels [8].

In Kenya, the government adopted a deconcentrated form of decentralization at independence in 1963.

However, since the presidential and local elections of 2002, the government has tended to shift towards a more devolutionary form of decentralization by enacting policies and Acts of parliament that enable it to transfer funds to decentralized levels. According to NCKK these funds include the Constituency HIV/AIDS Fund of 2003, established by legal notice 170 of the Corporations Act 1999 [9]. According to Orege this fund is primarily expected to support prevention, care and mitigation of the impact of HIV/AIDS within the communities [10]. Managed by the National AIDS Control Council (NACC), it provides grants to civil society organization at constituency and district levels. According to NACC the Constituency AIDS Control Committees (CACCs) are responsible for the implementation, coordination and management of funded projects at the local level [11].

The overall aim of the study is to assess how the decentralized AIDS Funds are used to respond to the social problems among children affected by HIV/AIDS in Amagoro constituency in Busia County and Mumias and Matungu constituencies in Kakamega County.

Methods

Study Design: A case study design was chosen for this study because of the complexity of the issues to be investigated and depth and accuracy was required.

Study Setting: The study was conducted in Amagoro Constituency in Busia County; Mumias and Matungu constituencies In Kakamega County. The choice of the sites was informed by a number of factors; the highest prevalence of HIV/AIDS (14.9%) compared to the national average of (7.1); convenience and accessibility of key actors in government and beneficiary communities.

Study Population: A purposive sample of key actors directly involved in implementing and managing the decentralised HIV/AIDS programme at the national, regional county and constituency levels were included in the study. At the Community level, interviewees included key informants drawn from CBOs, management committees; members of associations of people living with AIDS. A total of ninety eight (98) individuals were interviewed across the three sites.

Data collection: Document analysis, key informant interviews and semi-structured interviews were the main methods used in this study. A full listing of documents collected at the national and local levels are provided in the Appendix.

Data Analysis: Thematic analysis was primarily used to analyse the data according to the pre-determined topics identified in the conceptual framework, namely authority, accountability, management, technical capacity and information flows.

At an analytic level, a comparative analysis of findings across the study sites was done to identify county and constituency level factors that affected the implementation of the Constituency AIDS control programme.

At the conceptual level, findings and lessons emerging from descriptive and analytical levels prompted reflection on the theories and assumptions underlying the promotion of decentralization as a development approach.

Results: The study found that the AIDS committees delivered services to about 11% of children estimated to be affected by the pandemic. Factors affecting the delivery of services to vulnerable children identified in the study include weakness in accountability due to patronage, corruption and non-enforcement of sanctions. Others include conflict of interest among members of the committees; diversion of funds to pay sitting, lunch and facilitation allowances to the officials, complacency and inaction by national officials and outright abuse of office through technical manipulation of civil society proposals by consultants.

Conclusion: This study has analysed data collected from interviews with both policy and implementing level key informants at district and community levels across the three constituencies. The information collected has been triangulated with information from secondary sources and with information collected through informal conversations with a range of stakeholders in the three constituencies. The study identifies a range of factors embedded within the project cycle that have affected the implementation and outcomes of the CACC program. Manipulation of CBOs projects at various stages of development and at various levels of the decentralized NACC structures was the greatest problem encountered by implementing agencies. The study concludes that problems affecting decentralisation are deep-seated as these are influenced by broader socio-political contextual factors.

Keywords: Decentralization; Health; Vulnerable Children; Governance; Corruption

Introduction

The main focus of the development sector debates over the years has been on whether or not there is adequate funding for development programs. However, following the adoption of the Millennium Development Goals (MDGs) by the United Nations Assembly in September 2000 by the international community to fight poverty in the developing countries, especially Africa, coupled by a substantial increased funding, for example, Dalberg has argued that from the Overseas Development Assistance (ODA) alone contributes an estimated US\$100 billion a year while according to Nandini funding for HIV/AIDS increased from US\$ 300 million in 1996 to US\$ 8.9 billion in 2006 [12, 13].

The international focus on poverty reduction and the increased funding for development assistance have shifted the focus of international development dialogue from adequate funding to issues of the effectiveness and efficiency of these large resources in delivering services to the poor and vulnerable populations. The international donor community and the recipient governments are now raising important and practical questions about the types of interventions; the best strategies that can be used to deliver services and which actors are best placed to implement these interventions.

Decentralization has been promoted by the international community as one development approach for delivering services and programs to the vulnerable populations in order to achieve the millennium development goals. Most governments in Sub-Saharan Africa have adopted decentralization as an approach to social and economic development.

Background

Decentralization has become an increasingly important concept in development theory and practice in the world since the 70s. According to Hellington decentralization is a general term referring to policies and processes that shift the locus of decision making and management to the local level [1]. Elamon argues that [2]. It is particularly attractive because some forms of it such as local government and autonomous hospital boards promise direct accountability of public health care institutions; improved management of resources; more reliable information for planning; and a more effective inter-agency collaboration and coordination. Some proponents of decentralization argue that local officials and community leaders have better knowledge and information about the local context and are therefore more aware of what can work best within the resource constraints while contributing to the achievement of the broader social, economic and developmental goals of central government.

In the health sector, the impetus for decentralization has its roots in the Alma-Ata declaration of Primary Health Care, WHO [3]. This was enhanced by the World Health Organization's advocacy for strengthening the health system at district level as the most appropriate level for planning and providing health services. Bankausaikaite argues that decentralization therefore appeals to the health

sector largely because it is seen as a means to achieving the Primary Health Care (PHC) goals and for its potential to achieve multiple objectives [4]. Furthermore, decentralization continues to be a subject of intense discussions in the health sector reform processes and is seen as a key strategy for achieving poverty reduction objectives and for attaining the global Millennium Development Goals (MDGs).

Klouta argues that in the context of Sub-Saharan Africa, a region that has the majority of poor countries in the world, poor health indices and high burden of preventable diseases including a devastating impact of HIV/AIDS, decentralization is perceived as offering a key development strategy in addressing these complex problems [5]. In the specific case of HIV/AIDS, decentralization is perceived as suited to stimulate far-reaching changes that can respond to the complex factors that lead to its transmission and the multiple services necessary to adequately support affected communities through multi-sectoral actions.

Furthermore, Ribot has said that development is often argued as a motive for decentralization. It is argued that decentralization facilitates integrated local development, a necessary factor in the control of HIV/AIDS [6]. The United Nations Development Program, UNDP has actively promoted decentralization in local government and points out that one of the earliest efforts in using decentralization to address the HIV/AIDS pandemic in sub-Saharan Africa has been through the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa [7]. These efforts have been supported by donor agencies such as USAID, UNDP, World Bank and Private Foundations. According to Schneider the Ford Foundation in Southern Africa (South Africa, Zimbabwe, Namibia, and Mozambique) for example, focused its grant making on strengthening local government and civic responses to HIV/AIDS at district and community levels [8].

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The Constituency Development Fund, GOK aims at supporting broad priority development activities at community level includ-

ing in education where up to 10% of the allocated funds can be dedicated for bursaries [14]. However, the fund cannot be used to support religious and political activities.

The Constituency Bursary Fund (2003) aims at cushioning poor households from impacts of poverty, unstable economy and the devastating impacts of the HIV/AIDS pandemic. The fund targets children from poor households, from arid and semi-arid areas and children affected by HIV/AIDS including orphans. 5% of the allocation is set aside for the girl-child and other children under special circumstances such as the disabled.

The Local Authorities Transfer Fund (LATF) is expected to improve service delivery and governance in local authorities. According to DFID and Schuler Participatory Local Authorities Service Delivery Plans (LASDAP) involving beneficiary communities are a pre-requisite for full funding of the LATF [15, 16].

The Poverty Eradication Fund was established in 1999 as a follow-up to an official commitment to the UN summit on Social Development held in Copenhagen in 1995. The Fund aims at providing basic social services, enhancing economic growth and placing emphasis on urban livelihoods. It targets individual members of self-help groups and provides access to affordable credits to enable them to implement income generating projects that improve their livelihoods.

It is significant that for the first time in the history of independent Kenya that legislation at least in theory transfers financial and decision making powers to the local levels. This type of decentralization would perhaps give the people a sense of ownership of their development programs, allow them to allocate resources according to their preferences, and mobilizes them to use their skills and knowledge to improve their conditions. However, as Nduva, Nyamu and Kimenyi argue, there are already indications of ambiguity, lack of implementation and accountability frameworks, which threaten the success of this decentralization effort [17-19].

This study is primarily concerned with the constituency AIDS Control Fund which was established to support priority HIV/AIDS interventions including addressing social problems among affected children. This decentralized fund has been chosen for study because not only is it addressing the greatest social, economic and political challenge affecting Kenya and the rest of the continent, but also because according to Klouda HIV/AIDS is a marker of critically weak areas in approaches to development [5]. The study will examine the operational and developmental relationships between this fund and other decentralized community development oriented funds. These include the Constituency Development Fund (CDF) the Constituency Bursary Fund (CBF) and Local Authorities Transfer Fund (LATF), which also aims at responding to the communities priority needs at the local level. These funds are of relative importance to the prevention, treatment, mitigation, care and support of vulnerable children and families affected by HIV/

AIDS because each of them contributes to addressing one or several of the multiple impacts of the pandemic.

Despite the political and technical rhetoric about decentralization as a key development strategy, implementation of decentralization policies has consistently been problematic. Most researchers Khalegian; Smoke; Elamon; Saltman and Bankauskaite have pointed out the major disconnect between policy pronouncements, health outcomes and the limited empirical data on implementation of decentralization. Gilson; Smoke; Bankauskaite and Victoria have argued that this lack of empirical data has contributed to the inadequate understanding of the decentralization process [2, 4, 20-23]. There are therefore many unanswered questions about how decentralization works, for whom, in what circumstances and with what outcomes.

Campbell (2003) has argued that although worldwide, there has been emphasis and strong focus on local, coordinated and comprehensive responses to the HIV/AIDS pandemic as a development approach to addressing the root causes of the pandemic, there has been very little research done in understanding the challenges at the local level. The Kaiser Network (2003) observes that despite large amounts of funds flowing to Africa for fighting the escalating deaths, not adequate resources are reaching the community.

A review of the African literature on decentralization reveals two important sets of factors affecting development and implementation of decentralization policy. These factors relate to power, the actors who hold it and governance.

The way power is distributed and how it is exercised at various levels of the decentralized process; how roles, responsibilities and authority are assigned, to whom and with what resources; have been shown to have a great influence on the policy implementation process. These power related factors are exercised in different contexts and by a wider range of actors that include government officials; international organizations and donors; policy communities and intended beneficiaries of the decentralization process.

The second set of factors includes governance and the management capacity of the actors to design, implement, monitor and evaluate decentralized policy interventions. The literature shows that understanding the behaviors and attitudes of actors; communication systems; program design and accountability mechanisms and reporting procedures; allocation and flow of financial resources; inter-sectoral collaboration and coordination; community participation; strengthening the capacity of all management and implementation structures; and clarifying responsibility for management of human resources are critical factors for its successful implementation.

Underlying both these factors is the process and context within which the policy is developed and implemented. The nature of the policy process; the key actors; the level of commitment and interest of the actors; the contextual factors especially situational,

economic, political and cultural have been shown to substantially influence the policy process.

Problem Statement

This study attempts to address some of these concerns by trying to understand how these complex factors affected the provision of care and support to children affected by HIV/AIDS through the implementation of the policy (Constituency AIDS Control Fund) in three constituencies. No such study has been conducted in the research sites.

Justification and Significance

This study is justified because:

1. HIV/AIDS is a leading cause of morbidity and mortality and is a marker of critically weak areas in development
2. Orphans and vulnerable children are the visible faces of the HIV/AIDS pandemic as they mirror the suffering and impacts of the AIDS pandemic in society.
3. There has been a large amount of money from donors going to address the AIDS pandemic
4. Most governments agree that those affected by AIDS need social services and protection

This study is significant because the study findings are expected to contribute to a better understanding of critical factors affecting implementation of decentralization policy at local level. From an academic perspective, the study will contribute to narrowing gaps in knowledge which has been identified in the literature by providing empirical evidence on the implementation of decentralization policy at grass-roots level.

Aims and Objectives

The overall aim of the study is to assess how the decentralized AIDS Funds are used to respond to the social problems among children affected by HIV/AIDS in Amagoro, Mumias and Matungu constituencies.

Objectives

1. To describe and identify factors affecting the implementation of the Constituency AIDS Control program in responding to the social problems among children affected by the HIV/AIDS pandemic.
2. To assess and compare how the constituency AIDS Committees in the three study constituencies had responded to the specific needs of vulnerable children affected by HIV/AIDS and to identify the factors affecting their performance.

Research Questions

1. How were decentralized AIDS funds used to provide services to children affected by AIDS
2. What factors affected the performance of key actors in the delivery of these services?
3. What lessons can be drawn from this case study about the challenges of decentralization of health services in Kenya and their implication for Africa?

Conceptual Framework

A framework initially developed by Hutchison and Lamont (2004) to evaluate the entire decentralization system was adopted and modified to analyze the factors influencing the implementation of the Constituency AIDS Control Programme and its outcomes on vulnerable children.

Research Methodology

Study Design

A case study design was chosen for this study because of the complexity of the issues to be investigated and depth and accuracy was required.

Study Setting

The study was conducted in Amagoro Constituency in Busia County; Mumias and Matungu constituencies In Kakamega County. The choice of the sites was informed by a number of factors; the highest prevalence of HIV/AIDS (14.9%) compared to the national average of (7.1); convenience and accessibility of key actors in government and beneficiary communities.

Study Population

A purposive sample of key actors directly involved in implementing and managing the decentralised HIV/AIDS programme at the national, regional county and constituency levels were included in the study. At the Community level, interviewees included key informants drawn from CBOs, management committees; members of associations of people living with AIDS. A total of ninety eight (98) individuals were interviewed across the three sites.

Data collection

Document analysis, key informant interviews and semi-structured interviews were the main methods used in this study. A full listing of documents collected at the national and local levels are provided in the Appendix.

Data Analysis

Thematic analysis was primarily used to analyze the data according to the pre-determined topics identified in the conceptual framework, namely authority, accountability, management, technical capacity and information flows.

At an analytic level, a comparative analysis of findings across the study sites was done to identify county and constituency level factors that affected the implementation of the Constituency AIDS control programme.

At the conceptual level, findings and lessons emerging from descriptive and analytical levels prompted reflection on the theories and assumptions underlying the promotion of decentralization as a development approach.

Results and Discussion

Context of the Study Sites

This section presents a brief description of the three case study sites

in order to provide an understanding of the local context within which the CACC program was implemented. It presents an overview of the administration and history of the areas; the socio-economic characteristics of the in terms of population, adult literacy, main economic activities, access to health services, the situation of vulnerable children including the nutritional status of the <5s; and a listing by constituency and focus area of the international organizations working on HIV/AIDS in the three constituencies.

The study was conducted in Mumias and Matungu constituencies in Mumias district and in Amagoro constituency in Teso district of Western Province. Due to the government's decentralization policy to bring decision-making and services closer to the people, several administrative districts have been created across the country over the past two decades raising the number of districts from 68 in the 1990s (World Bank 2000) to the current 209 (Juma 2009). For example Teso district was carved out of Busia district in 1995 and has further been sub-divided into Teso South and Teso North districts in 2008. Similarly, Mumias district was carved out of Butere - Mumias district in 2007. A similar trend is observed in the creation of new constituencies which are currently 210 and are set to increase. Matungu constituency was carved out of the former Mumias constituency in 1997. The pace at which new constituencies are created is however lower compared to the administrative districts due to the constitutional constraints on creation of new constituencies.

Socio-economic characteristics (see table 1)

The total population of the three study areas varies by source; for example, according to the Teso district strategic development plan

(MoPND 2005) the population in 2002 was 197,395; the district development plan (MoPND 2002) projects the population in 2007 to be 227,062, the same year the KBS (2007) indicates that the population of the district is 252,687. Because the Kenya Integrated Household Budget Survey, KBS (2007) is a more robust government document that guides its national planning and development activities; is based on empirical research as opposed to estimates; and is the most up to date available source of statistics in the country, the author adopts the data and information provided by this source for further analysis and discussions in this thesis.

According to the KIHBS survey, KBS (2007) the total population of the three constituencies is 838,654 of whom 585,967 reside in Mumias and Matungu constituencies while 252,687 are resident in Amagoro constituency. Understanding the distribution of the population by sex of the household head was important for this study to determine the number of female headed households in each constituency and to compare across the sites, this would serve to identify vulnerable individuals in the study areas that require to be targeted by decentralized interventions such as the CACC program. According to the KIHBS survey, KBS (2007) the number of male and female headed households were almost equal in the two study districts with Mumias and Matungu constituencies (Mumias district) having 67.6% male and 32.4% female compared to 66.5% male and 33.5% female headed households in Amagoro constituency (Teso district). The mean household size was slightly higher in Amagoro at 5.9 as opposed to 5.2 for Mumias and Matungu constituencies. Adult literacy was relatively higher in Mumias and Matungu constituencies at 80.2% compared to 76% in Amagoro constituency.

Table 1: Characteristics of the study sites: Mumias, Matungu and Amagoro constituencies.

Constituency And/or District	Population 0-14yrs	Mean Hhsizes	Adult literacy	Main economic activity	Age dependency ratio	Proportion of malnourished <5 yrs children	Perceived level of corruption over past 5 yrs	Vulnerable Children 0-14 yrs
Mumias includes Matungu	46.6% of 585,967 (total population) 273,060	5.2	1. Read and write 80.2% (250,951) 2. Not read and write 18.6% (58,200)	Agriculture 90.8% (284,120)	1:107	Under-weight, stunting and wasting = 79,560	1. Better – 34% (92,938) 2. Same or worsening – 66% (180,410)	107,150
Amagoro	47.5% of 252,687 (total Population) 120,026	5.9	1. Read and write 76.0% (100,822) 2. Not read and write 19.7% (26134)	Agriculture 86.3% (114,486)	1:104	Under-weight, stunting and wasting = 33,826	1. Better – 31.6% (37,920) 2. same or worse – 68.4% (82,080)	35,400

Source: Kenya Integrated Household Budget Survey (KIHBS)2005/06 revised 2007

The main economic activity of the population was of interest because it provides insights into the ability of the population to engage in planning and responding to its development challenges such as meeting the basic needs of vulnerable children especially those affected by HIV/AIDS. According to the KIHBS survey, KBS (2007) the main economic activity across the study areas was agriculture with 90.8% and 86.3% of the population in Mumias and Teso districts are involved in agriculture related activities. The Butere – Mumias district development plan (MoPND 2002) states that the main cash crop in the district is sugarcane taking 54% of the arable land. The main food crops include maize, beans and cassava. The Teso district Development plan (MoPND 2002), states that the main cash crops in the district include tobacco, cotton and to a less extent sugarcane while the main food crops include maize, cassava and beans. In terms of industrial development, only Mumias constituency has a sugar company and small agro-based industries.

Vulnerable Children

Vulnerable children have been defined in different ways by several authors but all seem to converge on the same conclusion. Skinner and Tshoko et al. (2006) in a study of orphaned and vulnerable children in six project sites in Botswana, South Africa and Zimbabwe; Action for child protection (2003), and NACC (2007) in its guidelines to CACCs to undertake an inventory of orphaned and vulnerable children and the Kenya National Children’s Act (2001) define vulnerable children in terms of the child’s ability for self-protection.

One of the main objectives of this study is to assess how the constituency AIDS control committees in the three constituencies responded to some of the social problems of Orphans and vulnerable children (OVCs). UNICEF and UNAIDS (2004) defines social problems among OVCs as including inability to attend school; inadequate food; shelter; materials needs; access to health services; exposure to discrimination; sexual abuse; exploitation of child

labour; and life on the street among vulnerable children. In separate studies in western Kenya, several authors including Othather (2000), Csete (2001) and Johnson, Ferguson et al (2002) have found that most vulnerable children in this region are exposed to these problems.

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The KIHBS survey, KBS (2007) presents the distribution of children aged 0-14 years by living arrangements and survival status of parents by region and district in percentages. According to the report 70.6% (84,720) of the children in Amagoro and 58.4% (159,635) in Mumias and Matungu are living with both parents. Table 2 below indicates the number of vulnerable children in the various living arrangements in each of the constituencies as computed by the author using data from the KBS (2007).

The figures in table 2. Suggests that orphan hood due to various causes including AIDS in the study constituencies is a problem. Indeed according to NACC estimates (NACC 2005) there are 3,568 HIV/AIDS related orphans in Mumias, 3,219 in Matungu and 9,475 in Amagoro constituencies. Overall, 64% of children nationally live with both parents compared to 70.6 % in Amagoro constituency and 58.4% in Mumias and Matungu constituencies.

Table 2: Vulnerable children 0-14 yrs. in Amagoro, Mumias and Matungu by living arrangements

Living arrangements	Amagoro Constituency	Mumias and Matungu constituencies
1. Living with mother only, father alive	10% of (n120,026) 12,000	17.8% of (n273060) (48,605)
2. Living with mother alone, father dead	8.5% (10,202)	5.9% (16,110)
3. Living with father only, mother alive	2.8% (3,361)	5.0% (13,653)
4. Living with father only, mother dead	0.9% (1080)	0.8% (2,184)
5. Living with neither (suggesting living with guardian)	7.3% (8,761)	9.7% (26487)
Totals	29.5% (35,407)	39.2% (107039)

Source: Authors computation using data from the KIHBS (2007), Table 3.11 Page 26.

Organizations Working on Vulnerable children affected by HIV/AIDS in the study constituencies

This study looked at service provision to the vulnerable children within the study communities. It was therefore important to identify the organizations working on HIV/AIDS and development related matters in the study areas.

In table 4 below, I present a listing by constituency of the international and national organizations that were working in the HIV/AIDS field by program area of focus and show the specific activities implemented.

Table 3: Organizations working in the study areas 2003 - 2005

Organization	Focus Area	Activities	Constituencies in which they worked		
			Mumias	Matungu	Amagoro
1. Family Health International (FHI)	HIV/AIDS prevention, and care (Impact Project)	Peer education - VCT - HBC - ART Infrastructure development	√	√	√
2. AMKENI	-Family Planning -Rep/ Health -Child Survival -HIV/AIDS services	- VCT - PMTCT	√	√	-
3. Academic Model Providing Access to Health Care (AM-PATH)	HIV/AIDS Prevention, Care and mitigation	-HIV/AIDS treatment & care -PMTCT -Food and economic security f PLWHAs	-	-	√
4. World Vision	Development and Relief	-Food, and security - Water and sanitation - Health and nutrition - Gender and development - Education - HIV/AIDS -Relief services -Microfinance	√	√	√
5. MILD MAY INTERNATIONAL	HIV/AIDS education, care and training	-Home Based Care (HBC)	-	-	√
6. Catholic Secretariat Kakamega Diocese	HIV/AIDS prevention, treatment, care and mitigation of impact	-VCT - PMTCT -Care of PLWHAs -Support OVC - HBC	√	√	-
7. African Medical and Research Foundation (AMREF)	Poverty, Health and HIV/AIDS interventions and Advocacy	-Provides funding to scale up community based HIV/AIDS interventions - Capacity strengthening of CBOs/ FBOs	√	√	√
8. Kenya AIDS NGO Consortium (KANCO)	Advocacy and Building capacity of Civil society organizations	- Networking -capacity strengthening of CBOs and FBOs -HIV/AIDS Policy development and advocacy	√	√	√

Source: Western Province HIV/AIDS Stakeholders Forum report 2005.

The Mumias, Matungu and Amagoro - CACCS

This section focuses on the Constituency AIDS control Committees in the three study areas. It presents the results of the developments in the CACCs over time in relation to the program goals; structure and functions; selection of members; financing of the secretariat operations and implementing agencies; capacity of key actors; monitoring and supervision; and the mechanisms for the flow of information to key actors and stakeholders in the program.

The goals of the program as articulated in the 2000 and 2006 guidelines are consistent. However, there is a noticeable shift in the framing and focus of these goals. The stated goal of CACC in the 2000 guidelines (NACC 2000) is much broader “to develop people-centered activities and responses to HIV/AIDS and related development issues” whereas in the 2006 guidelines (NACC 2006), it states that “the main goal of the constituency focus in addressing the HIV/AIDS prevention and control is to mobilize

all communities in each constituency in Kenya to be actively involved in the prevention of new infections as well as in providing care and support for people infected and affected by HIV/AIDS”.

It would seem that the broad developmental approach that was emphasized in the 2000 guidelines is progressively being eroded as more emphasis seems to be placed on the diseases specific medical interventions as can further be seen in the list of main activities to be implemented to achieve program goals ((NACC 2006).

Factors Affecting Delivery of Services to Vulnerable Children

Conflict of interest among CACC Members

Although NACC’s guidance to the CACCs requires that members should be conscious of the conflict of interest and should follow NACC guidelines to resolve conflicts, this study found that:

- In Matungu constituency 7 out of 11 interviewed policy level key informants within the CACC said that they run, have control over or had assisted to establish an implementing CBO in the constituency.
- In Amagoro constituency all the 8 policy level key informants within the CACC stated that one policy level actor had established a consultancy firm outside the district and that a senior civil servant from the district had established an NGO (CACC 2003); while a third policy level actor run a CBO and was linked to several other CBOs in the district where he had substantial control and influence over decision making.
- In Mumias constituency, all the 13 policy level key informants said that there was only policy level actor who had established a consulting firm in town. The number of CBOs under the control of the CACC members was relatively larger in Matungu constituency compared to the other two constituencies for reasons that were not clearly explained by both policy and implementing level key informants in the constituency.

The conflict of interest by those in the governance positions of the CACC program raised many ethical and accountability questions which did not seem obvious to most policy and implementing level key informants. Slightly more than half of these respondents saw no conflict of interest while the rest were certain of a conflict of interest. When asked if their positions as CACC members and as chairpersons or patrons of the CBOs were tantamount to a conflict of interest, most of the policy level informants especially in Matungu constituency argued that there was no conflict of interest, the quote below captures the perception of most of the members who saw no conflict of interest:

“ Not at all, some people may think because I belong to CACC that is why my group got the money but its just perception. We are told when we approve proposals at CACC level in Nairobi there is random sampling of these proposals. Councillors in CACC have wondered why proposals in their wards are not funded yet other wards are funded”.

They argued that it was perfectly legitimate that as community

members, they provide leadership to their communities and these included formation of development entities such as CBOs. Furthermore, one key informant, who was also the chairman of the association of PLWHAS in one of constituencies, argued that it would be immoral to deny his group funding because he sits in the CACC.

For those policy level key informants who saw a conflict of interest, the arguments touched on two key issues, firstly, promotion of lack of transparency and corruption. To this extent, one well connected and positioned key informant narrated the experiences of the CACC in one of the constituencies, where the chairperson was closely associated with one of the CBOs. Throughout his tenure as chair and the life of the project.

The second point made by the policy level key informants was that running or control of CBOs perpetuated inequities in the allocation of resources within the CACC and dependency on officials by the CBOs. They pointed out several examples of how members associated with implementing CBOs or consultancy firms had canvassed their counterparts to approve proposals submitted by the CBOs these members were associated with. The quote below from one policy level key informants sums up the thinking of those who spoke on this matter. *“It was the elite members of the community who came up with groups, went for funding which they could easily get away with it since CACC office had no funding to monitor their activities”*

In separate follow-up in-depth interviews with three well placed informants who had a deep insight into the operations of the CACCs in the three constituencies, policy level key informants confirmed the corruption allegations being levelled against some of the officials by implementing agencies and community leaders. Asked why the officials had resorted to such corrupt behaviors, the responses although expressed in different ways pointed to three main reasons.

Firstly, the un-funded mandate of monitoring and supervision of CBOs; the policy level key informants argued that the officials were forced to solicit funds from CBOs to enable them to travel and meet subsistence expenses since NACC expected its local officials to certify that they had witnessed the execution of the activities reported by implementing organizations. Said one policy level key informant: *“CACC members go to attend functions of CBOs in their area. The CBOs motivate the members by giving them transport of about Ksh.200, we do not leave these meetings of CBOs to the program officials only”*

Secondly, the key informants argued that corruption was the prevailing culture within government ministries and that even if the officials in question desisted from it, others were doing it anyway. Finally, key informants stated that among the community based members of the CACC technical committees, the main reasons for their involvement in corrupt deals within their own commu-

nities were attributed to poverty. The informants argued that with a NACC approved allowance of only Ksh.200, it was difficult for these members to meet their travel and subsistence expenses during field work as well as meet their family needs.

Another approach commonly used by officials to divert resources as stated by some policy and a majority of implementing level key informants in the study sites with apparent collusion of their superiors was issuing of directives which were enforced by threats to the local implementing organizations. For example, some key actors in two of the three study constituencies directed all the implementing agencies that only MOH appointed consultants were to provide technical and management services to the funded projects. This directive which was implemented with little resistance served to transfer power to appoint consultants and facilitators from the implementing CBOs and the beneficiary communities to the local officials.

Those who resisted the directive were threatened that their expenditure returns and further funding which had to be approved by the concerned actors would not be sanctioned. Indeed the few implementing organizations in Mumias and in Amagoro constituencies that challenged this directive reported consistently experiencing negative relations with these key actors during project implement-

tation as expressed in the following key informant from one of these CBOs:

“Our relationships with CACC were not good; characterized by suspicion and negative follow-up simply because we declined to give 10% kick-back as demanded. Relationships improved only with the coming in of other international NGOs such as World vision and the coming of a new District Development Officer-D.D.O”

The study found that contrary to the NACC guidelines to program staff to provide free technical and management support to CBOS/ FBOs and NGOs in their areas, expenditure documents of CBOs in Matungu and Mumias constituencies made available to the author, contained names, national identification card numbers and signatures of program staff and consultants most whom were government officials that were paid by CBOs.

Directives to pay allowances

The implementing CBOs in Mumias and Matungu constituencies were further directed to pay government officials lunch and sitting allowances whenever they participated in any functions related to project implementation. Table 2 below provides a snapshot of the situation in the two constituencies.

Table 4: A sample of reported payments made by CBOs by category of payee, purpose of payment, and amounts paid in Mumias and Matungu constituencies in Western Province 2003-2004.

Category of Payee	Purpose of payment	Petty Cash Voucher No.	Amount in Ksh.
Program officials - Mumias division	Officiating at Group launching	-	500.00
Official- Mumias	Sitting allowance	002	1000.00
1. Program staff	Lunch allowance	004	1500.00
2. Government officials	Lunch allowance	004	900.00
3. government official	Lunch allowance	-	300.00
4. government official	As above	-	300.00
5. government official	“	-	300.00
6. program staff	Opening Leaders seminar 2	-	1000.00
7. Recommended Facilitators (3) -	Lunch allowance opening	005	1500.00
8. Government official	Officiating opening seminar	-	1000.00
1. Government officer - Matungu	Facilitation fees	-	2000.00
2. Program staff	As above	-	1000.00
2. Program staff	“	-	1000.00
3. Recommended facilitator	“	-	1000.00
4. Government officer	“	-	500.00
5. Government officer	“	-	300.00

Source: Author’s construction from CBOs expenditure records, 2007.

The finding that program staff and officials were being by CBOs for technical assistance was contrary to NACC guidelines to CACCs that such technical assistance should be provided free (NACC, 2006).

Payments of lunch and sitting allowances to the local officials by implementing organizations were not reported in Amagoro constituency. According to the policy level informants and project records, the only allowance that was paid to CACC members was ksh.200 later increased nationally to Ksh. 500 by NACC being members travel and subsistence allowance during regular program meetings.

The misuse of power and diversion of resources was not confined to the CACCs alone, this study found collusions between some NACC officials at the national level, CACCs officials, some senior civil servants; and some staff of the implementing CBOs. Several major concerns were raised by policy and implementing level key informants across the three constituencies. Three examples are provided to illuminate the main issues:

Complacency and Inaction by the National AIDS Control Council -NACC

Inaction by NACC towards influential outside actors who used their strategic positions in collusion with officials in the governance structures of the program to get large grants in the name of local communities but turned the funds to their personal use; An example of this mechanism of diverting funds by local officials was reported in Amagoro constituency where a senior official in the provincial administration headquarters, in collusion with a senior district level actor, with strong connections with NACC officials at national level, received a grant of Ksh. 2.1 million to implement an orphan support project in the district but which was never implemented. When the proposed beneficiary community under the leadership of their chief got information about the project, they reported the matter to the CACC office since they had not been consulted or seen any activities being implemented on the ground.

The CACC technical committee investigated the matter and were satisfied that it was indeed fraud. In their letter (CACC 2003), addressed to the Director of NACC and copied to provincial and District AIDS Control Committees, the CACC Technical Committee explained their findings in great detail and called on NACC to take appropriate action against the concerned NGO. They also registered a complaint about the collusion of some NACC officials from National level with the officials of the CBO under investigation. They pointed out that they had been reliably informed by the manager of the CBO that 5 senior NACC officials had visited the CBO under investigation in November 2003 without informing the CACC members. To date however, no action has been taken against the CBO and the concerned individual, now retired and actively involved in local politics.

Abuse of office

This study found abuse of position and technical power by officials. These manifested in a number of ways according to both policy and implementing level key informants across the three constituencies. For example in Mumias constituency, a key informant narrated how a CACC member established a business in town where he developed a typical proposals for HIV/AIDS prevention, duplicated it and sold copies to several CBOs at a fee of between Ksh.3,000 and 6,000 each. He also promised the CBOs that he will ensure their proposals are positively reviewed and funded. Several key informants said that the Chair of the CACC at the time, a highly respected individual in the community was informed about the malpractice and tabled it in the CACC meeting where a resolution to dismiss the affected individual. Accordingly to several policy level key informants within CACC, the decision to dismiss the individual was based on breach of the conflict of interest guidance from NACC (2006). The quote below from a key informant in the same constituency is illustrative:

“We had a CACC man in town who had proposals duplicated for all the groups, he insisted on all the proposals that he wrote must be passed, the person was in CACC and we sent him away, the church where he used to be active also kicked him out of its projects.”

The policy level key informant quoted above explained that the activities of the ex-CACC member were detrimental to the funded CBOs because even though the CBOs were funded, these organizations were unable to implement the activities stated in the proposals. Such organizations also found it difficult to write and submit narrative progress and financial reports to NACC as required and were forced to hire other persons to do this for the organization.

Manipulation of CBOs & NGOs project proposals

The misuse of power and diversion of resources was not confined to the CACCs alone, this study found collusions between some NACC officials at the national level, CACCs officials, some senior civil servants; and some staff of the implementing CBOs. Several major concerns were raised by policy and implementing level key informants across the three constituencies. Two examples are provided to illuminate the main issues:

1. Inaction by NACC towards influential outside actors who used their strategic positions in collusion with officials in the governance structures of the program to get large grants in the name of local communities but turned the funds to their personal use; An example of this mechanism of diverting funds by local officials was reported in Amagoro constituency where a senior official in the provincial administration headquarters, in collusion with a senior district level actor, with strong connections with NACC officials at national level, received a grant of Ksh 2.1 million to implement an orphan support project in the district but which was never implemented. When the proposed beneficiary community under

the leadership of their chief got information about the project, they reported the matter to the CACC office since they had not been consulted or seen any activities being implemented on the ground.

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2. Unethical practices by Consultants and Officials

According to the implementing key informants, the proposal writing and development phase was the critical stage at which all their projects were deflected. They argued that it was at this stage that priority activities identified by the CBOs and budgeted were manipulated by the officials and consultants. Their priorities were removed and instead training activities and payment of facilitation fees were introduced into the proposals leaving very little funds for direct project beneficiaries contrary to the situation envisioned by the CBOs.

Perception of the Use of decentralized NACC funds

Both policy and implementing key informants across the three constituencies were divided in their perceptions on whether funds were used for the benefits of the targeted groups in the community. Some argued that the funds directed at implementing agencies especially CBOs and FBOs were utilized to support the targeted beneficiaries, examples of these CBOs are Central Teso Youth association and Umoja Roman Catholic Counsellors Group in Amagoro constituency, Grace Communities in Matungu constituency and SAIPE and Mtaa Men and Tradition groups in Mumias constituency.

Most policy and implementing level key informants however said that the funds were largely mismanaged and misappropriated at all three levels, NACC, CACC and CBOs. One very well positioned key informant who had the insights of the CACC program in one of the constituencies, argued that:

“In the district, the problems of financial accountability emanated from the department of Social Services and Community development, where, conditions for registration of CBOs were not complied with due to improper incentives given to the concerned officials by prospective CBOs. Secondly, the agreement between NACC and the CBOs required certification from commercial banks

that the CBOs should have held accounts with the respective bank for at least 6 months preceding the certification, but this too was flouted by the banks. Lastly, when it came to financial matters, NACC dealt directly with the CBOs and only involved CACCs when there were problems”.

Program Outcomes for Vulnerable Children Affected by AIDS

The general findings of the CACC program shows a shared perception among all key informants interviewed across the three constituencies that the 16,262 orphaned and vulnerable children targeted by NACC (2005) benefited materially and through access to education and health care.

These findings raised more questions that required to be answered.

- First how many of these children were actually reached by the services or received material benefits?
- Secondly, what financial resources were allocated to CBOs to provide services to these children? How much of the funds were actually received by the CBOs and reasons for the shortfall if any and
- Thirdly, on what activities was the money received by CBOs spent to meet the social needs of the Vulnerable children

To answer the above questions across the three constituencies was extremely difficult for a number of reasons. First, insufficient detailed, disaggregated and itemized expenditure records, secondly, some of the CBOs were not willing to divulge the details of their financial records and thirdly, the CACC offices in the three constituencies did not have such detailed expenditure records of CBOs in their areas.

In order to answer the three questions raised above and to illuminate how the resources made available through the CACC program addressed the social problems among these children, an in-depth analysis of the Matungu CACC was conducted.

Matungu constituency with 3,219 vulnerable children affected by AIDS was chosen for the in-depth analysis for three main reasons. Firstly, compared to the other two constituencies, it has the largest number of CBOs working on mitigating the impact of AIDS on vulnerable children (18 out of 23 implementing agencies covered in this study), secondly, the CBOs in this constituency had detailed and disaggregated project income and expenditure records which were not available in the other constituencies and in the CACC offices. Finally, all the CBOs interviewed were open and willing to share the financial records with the researcher.

Financial data for the approved grants and the amounts received was collected from the implementing CBOs and verified with the records held in the CACC office; this is presented in table 13 below. The table also presents the numbers of orphaned children under the care of each of the CBOs in the constituency; investments made by the CBOs as long-term measures to sustaining orphan support and direct material benefits that the orphans actually received.

Table 5: Benefits to OVCs in Matungu constituency

Name of Group	No. OVCs Being cared	Grant amount in Ksh.	Amount received	Investments made by CBOs	Direct benefits to OVCs.
Grace community Self Help Group	40	350,000	200,000	Hired an acre of cane	Beans, Maize, blankets, bed-nets, uniforms, s/bags
Namukonyi Group	-	350,000	200,000	-	Beans, maize, uniforms
Lubanga Orphans	50	350,000	200,000	A revolving fund among members	-food, uniforms, books and pens
Abemwalo Group	20	350,000	200,000	IGAs for individual members	-Regular visits, -Food, -uniform -blankets
Kimwoma Self Help Group	25	350,000	200,000	-	-Blankets -food -uniform
Makutano Women Group	5	350,000	200,000	-	Books, uniforms, blankets, clothing
Tusaidiane Tusaidiwe Group	-	350,000	350,000	Revolving Fund for members	Uniform, school bags, planting seeds
Ookoa Matungu Group	30	350,000	200,000	Poultry keeping, brick making	-Uniform -Food
Matungu divisional Youth	30	350,000	200,000	-	-Uniform and Blankets -Food
Shalom Women Group	15	350,000	200,000	5 sewing machines	-Training tailoring -Placement -self employment
Muongano women Group	20	350,000	200,000	- dairy cow	-Food -uniforms -Bed nets -Blankets
Mulembe Self Help Group	38	350,000	200,000.	-maize and Beans buying -2cows + heifers	- Uniforms -clothing -Food
Opunya Women Group	29	350,000	200,000	Revolving Fund for members	-blankets -food -uniforms
Kasaya Senior Women Group Indangalasia	-	350,000	299,500	-Vegetable farming -petty shop	Chairman withdrew all funds and disappeared.
Mungu'ngu Handicapped Self Help Group	5	350,000	200,000	-Tailoring, -typing, -knitting machines -sought donors to pay fees	- food -clothes -blankets
Tujisaidie ili Tusaidiwe Umoja Youth Group	20	350,000	350,000	-Brick moulding -Spare-parts shop -members revolving fund	- food -blankets -soaps
Lubanga HBC	29	350,000	200,000	-3 beehives -6 pigs	- Food -Uniforms and soaps
Abeyingo Self-Help Group	20	350,000	200,000	-maize and beans buying and selling.	- Food -Sugar _Clothing _Blankets
Totals	374	6,300,000.00	3,999,500.00	-	-

As shown in table 14 above, only three hundred seventy four (374 or 11.6%) children out of three thousand two hundred nineteen (3,219) children affected by AIDS in the constituency received services from the program.

The table also shows that of the Ksh.6.3 million allocated to the CBOs in the constituency, only about Ksh 4 million or 63.5% was actually received by the CBOs. It is also evident from the above table that NACC did not disburse about 2.3 million or 36.5% of the approved grants to the CBOs. Reasons for the shortfall were investigated but both the implementing and policy level key informants stated that their efforts to get an explanation from NACC headquarters were fruitless.

Having established the number of children that were reached by the CACC program and also the amount of money that reached the CBOs, one question remained un-answered, what activities were funded by the Ksh.4 million received by the CBOs?

In an effort to answer this question, the author was guided by a set of principles and assumptions derived from NACC (2006) guidance to the CACCs; community practices related to community participation in organized events; and by rates for lunch allowance set by CBOs while working in their respective areas which were expected to guide the implementation of the CACC program in Matungu constituency.

The first of these principles was that the CACCs are mandated by NACC (2006) to provide free technical and management assistance to the CBOs, FBOs and NGOs working in their areas and to be guided by the ethics in the performance of their duties.

Secondly, that strategies adopted in the implementation of program activities should be guided by context specific practices within the study areas. According to key informant interviews with formal and informal community based leaders in Matungu, Koyonzo and Indangalasia locations in the constituency, the practice within Matungu constituency related to community participation is as follows:

- During community meetings usually organized through the provincial administration, and typically lasting on average between 2-3 hours, community members attend freely.
- During government supported events such as Independence Day celebrations, soft drinks are offered to officials, community leaders and traditional dancers and other artists in attendance.
- During other community based cultural functions such as circumcision, weddings and funeral ceremonies, food and drinks are usually prepared and served to the invited guests.

Thirdly, expenditure records of some of the CBOs complimented by key informant interviews with implementing agency staff indicated that while working in their own communities CBO staff claimed a lunch allowance of between Ksh.50 – Ksh.80

The fourth assumption made is that the funds invested in income generating ventures by the CBOs are assumed to be benefits accruing to the orphans and vulnerable children because accordingly to all implementing level key informants and informal conversations with community leaders across the constituency, the profits from these investments are used to sustain support for social needs of the orphans.

Analysis of funds for CBOs projects

Guided by the above principles, assumptions and with the expenditure information provided by CBOs in Matungu constituency, it was possible to estimate the amount of money that each of the 18 CBOs used in the implementation of three common activities across the constituency. These activities included:

- launching of the CBOs
- Community sensitization seminars lasting on average 4 days, range 3-5 days
- Presentation of material benefits to orphans

The costs to the program would be:

1. Lunch allowances for community members and CBO officials @ Ksh. 80 each average of 60 members per site for 4 days(-sensitization seminars) = 19200
2. Refreshments for 60 members plus average 3 facilitators per site @ Ksh 40 per person per day for 2 days (presentation of materials and launching of CBOs) = Ksh 5040

Based on the NACC guidelines, contextual practices on community participation and the lunch rates used by the CBOs, the estimated cost of implementing the three activities for each CBO would be Ksh.24, 240 and a total of Ksh.436,320 for the 18 CBOs working with vulnerable children.

However, the CACC and officials at local level had issued instructions to the CBOs on the entitlements and payments as follows:

- Facilitation allowance to officials per person Ksh. 1000.00
- Facilitators per seminar – average of 3
- Transport allowance per facilitator – Ksh.500
- Lunch allowance for each CBO official per day, average 10 members – Ksh. 300
- Lunch allowance for each community member per day, average 60 members – Ksh. 200
- Allowances to each administration and other officials per day, average of 3 officials, - Ksh. 716 per day on average (varying by rank)

Based on these guidelines and assuming full attendance for comparison purposes, the estimated total cost is Ksh. 90. 512 per CBO. The estimated total cost for the 18 CBOs would be Ksh.1, 629, 216 Based on the above calculations, about Ksh. 1.2 million or 30% of funds received by CBOs in the constituency were used in activities that did not directly benefit the vulnerable children affected by AIDS.

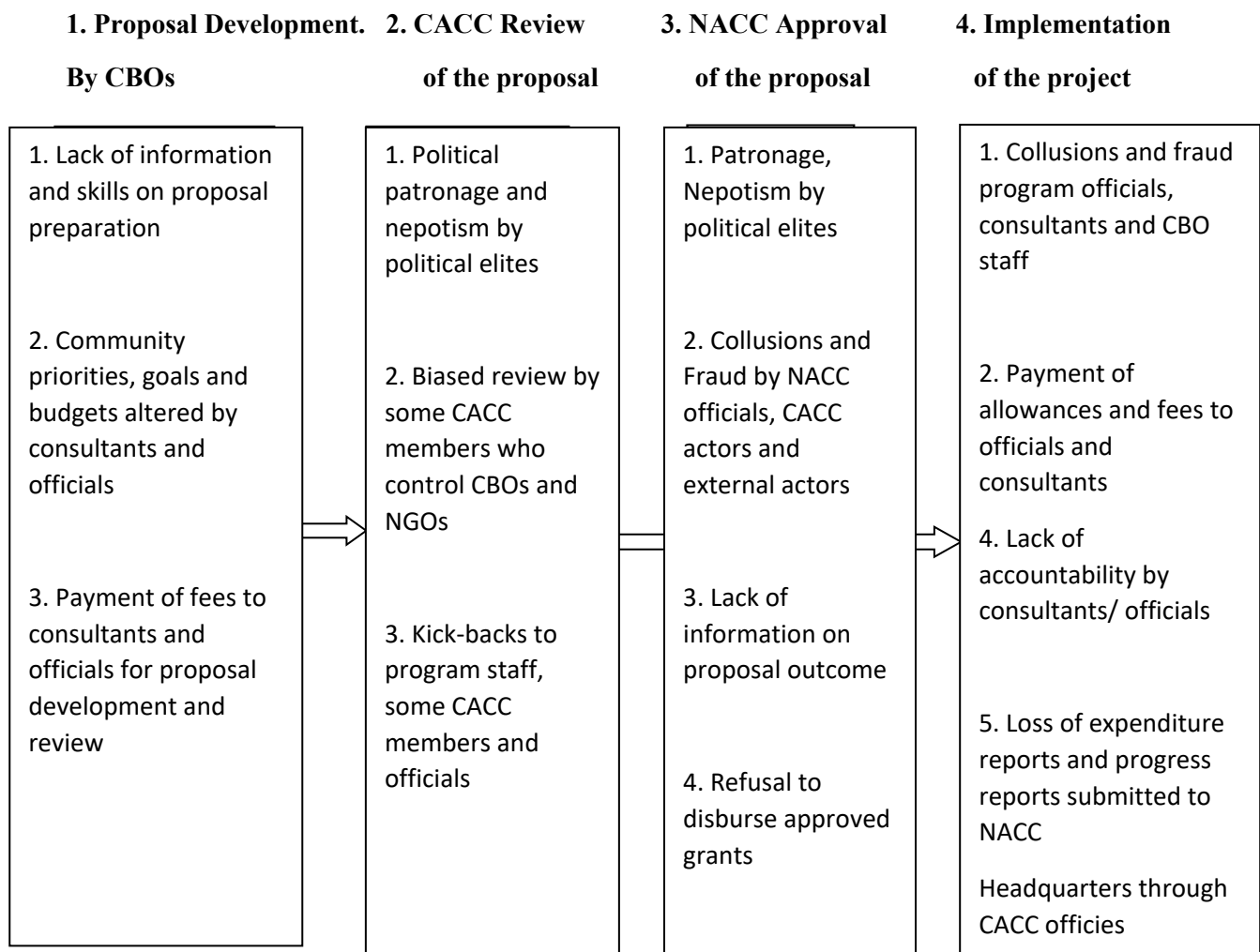
The study also found that the program staff and local administration officials had instructed CBOs to ensure that the officials and community members were invited to each community function to witness the distribution of blankets, clothing, beans and maize to care-givers or guardians of the orphaned children.

During this occasion, the orphans were paraded before the officials and the community and photo-graphs taken of them as evidence that NACC funds were reaching the vulnerable children. Policy level key informants explained and justified this activity as promoting accountability of the CBOs and empowering the beneficiary community.

Conclusion

This study has analyzed data collected from interviews with both policy and implementing level key informants at district and community levels across the three constituencies. The information collected has been triangulated with information from secondary sources and with information collected through informal conversations with a range of stakeholders in the three constituencies.

The chapter identifies a range of factors embedded within the project cycle that have affected the implementation and outcomes of the CACC program. Manipulation of CBOs projects at various stages of development and at various levels of the decentralized NACC structures was the greatest problem encountered by implementing agencies. The stages of the project and the types of risks faced by the CBOs are illustrated below:



Source: Authors construction from interview data with CBOs in Amagoro, Mumias and Matungu, 2007.

Figure 1: Types of risks faced by CBOs at various stages of project development

From figure 1 above, several methods by which funds were mis-allocated as discussed in section 5.3 can be seen. Breaking them down by stage of the project cycle shows how there are many opportunities built into each stage of the project cycle to divert funds from the system.

Consistent with the above findings, the study identifies people in key positions within and outside the CACC program as having captured program resources. This is a new phenomenon that requires being further explored. It was neither identified in the literature that was reviewed nor in the conceptual framework for evaluating decentralization.

The study finds weak or lack of accountability by key actors in terms of resource utilization, fulfilment of mandated responsibilities and functions at all levels of the program. The lack of accountability seems to be perpetuated by a context characterized by patrimonialism, nepotism and institutionalized misappropriation of resources.

Declarations

Ethics Approval

Obtained from the Institutional Ethics and Research Committees of the London School of Hygiene and Tropical Medicine, University of London and the Great Lakes University in Kenya. Permission to contact this study was obtained from the Kenyan Ministry of Education and the Ministry of Health in the study areas.

Consent For Publication

This manuscript does not contain any individual person's data and therefore consent for publication is not required – N/A

Availability Of Data And Materials

All data generated or analyzed during this study are included in this published article [and its supplementary information files]

Competing Interests

“The author declares that he has no competing interests”

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