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# Effect of Constituency Development Fund on Health Sector in North Mugirango/Borabu Constituency

**Samwel Auya[1], Glory K. Ogega[2]**

Egerton University, Faculty of Arts and Social Sciences, Department of Peace, Security, and Social Studies, P.O Box 536-20115, Egerton, Kenya

Moi University, School of Arts and Social Sciences, Department of Sociology and Psychology, P.O Box 3900-30100, Eldoret, Kenya

**Abstract:** ***Most countries have realized that decentralization is a remedy to development bottlenecks. Since independence, Kenyan government has instigated various rural development programmes to indorse rural development and the Constituency Development Fund (CDF) is the latest programme. Since its inception, CDF has had incredible impact on Kenya's development despite myriad challenges facing the kitty. However, little is known on the effect of the funds on health sector in most constituencies in Kenya. Therefore this paper sought to establish the role of CDF on health sector in North Mugirango/Boranu constituency. The authors concludes that the funds has been utilized to build more health centres and purchase medical equipment in health facilities, a phenomenon that has tremendously heightened health status of North Mugirango/Borabu constituents. The paper recommends that government should consider allocating more resources to CDF kitty to mend access to quality health services in the constituency.***

**Keywords:** Constituency Development Fund, Rural Development, North Mugirango/Borabu, Kenya, Health Sector

## 1. Introduction

Developing nations are trying to overcome physical and administrative constraints of the development and hence recognized the necessity for transfer of development decision making power from the central government to local authorities. Distribution of power from central government to local authorities improves the management of resources and community participation which is considered key to sustainable development (Manor, 1995; Vanghan, Smith, and Tabibzadeh, 1990). Decentralization is therefore a source of bottom up participatory development, thus improving local governance resulting to poverty reduction in rural areas.

The shift to decentralization approach implies substantial change whereby bottom–up development decisions are emphasized. Most important, decentralization connotes empowering development beneficiaries in terms of resource and needs identification, planning on the use of resources and the actual implementation of development initiatives (Chambers, 1997; Chitere, 1994). This ensures development and mobilization of local resources, necessary for development and sustainability of projects.

The idea of decentralization in Kenya can be traced back to the period immediately after independence as espoused in the Sessional Paper No. 10 of 1965 on *Socialism and its Application to Planning in Kenya* (Mapesa and Kibua, 2006). Before independence in 1963, the British introduced a system of administration in Kenya that accentuated departmental independence where development matters were in the domain of individual heads of technical departments. During this period there was no integrated organizational framework within which decision making for development took place at the sub-territorial level therefore projects were identified within departmental framework with the officers at the sub-territorial level working under close instructions from the centre (Oyugi, 1978).

After independence Kenya sought to pursue a development strategy that was informed by African Socialism. The policy placed emphasis on rapid economic growth and human development and assumed that poverty, ignorance, health, unemployment and income disparities would be tackled (Misati and Mwenzwa, 2010).

The government therefore embarked on decentralized development programmes them the majimbo system (1963), District Development Grant Program (1966), the Special Rural Development Program (1969/70), District Development Planning (1971), the Rural Development Fund( 1975), and the District Focus for Rural Development (1983/84). However, most of these initiatives failed to accomplish intended objectives due to inadequate funding, lack of government commitment and community participation (Institute of Economic Affairs, 2010; Misati and Mwenzwa, 2010). Failure of the programmes saw the Kenyan initiate the Constituency Development Fund to foster uniform development in the country.

The Constituency Development Fund (CDF) was established in 2003 through the CDF Act in The Kenya Gazette Supplement No. 107 (Act No. 11) of 9th January 2004. The fund comprises an annual budgetary allocation equivalent to 7.5% of the government's ordinary revenue. Seventy - five percent (75%) of the fund is allocated equally amongst all the current 290 constituencies in the country. The remaining twenty five percent (25%) is allocated as per constituency poverty levels. The establishment of the CDF program is an expression of continued faith in decentralization and frustration with the poor performance of all previous models of decentralization (Bagaka, 2008). The program was designed

to fight poverty through the implementation of development projects at the local level and particularly those that provide basic needs such as education, healthcare, water, agricultural services, and security (Bagaka, 2008). It also aims to correct imbalances in regional development brought about by partisan politics (KIPPRA, 2007).

According to Gikonyo (2008), CDF has made a great impact, with numerous CDF projects coming up throughout the country. Similarly Bagaka (2008) also argues that "while this yearly allocations may not appear to be much, its impact both physically and socially at the community level has been phenomenal. For instance, many hospitals, dispensaries, maternity wings within existing health facilities and clinics have been built in record time (Bagaka, 2008). However, Kimenyi (2005), Okungu(2006), and Ongoya and Lumallas (2005) argue that the funds have not achieved intended development goals. These conflicting literatures provide a gap on whether CDF has enhanced development in Kenya especially in the health sector. Therefore this paper study sought to establish the role of CDF on health sector in North Mugirango/Borabu Constituency.

## 2. Methodology

This paper is an outcome of a study conducted in North Mugirango /Borabu constieuncy in the Nyamira County. The authors' focus on North Mugirango/Borabu constituency was influenced by ranking of the constituency among the poor performing constituencies in Kenya with regard to utilization of CDF fund hence the desire to establish whether the fund has had any effect in the health sector despite constitutiency's ranking. The study utilized quasi experimental design and questionnaire and interviews as data collection methods. A sample of 260 respondents was drawn from the target population 89,375 using purposive sampling technique. In addition, the same sampling procedure was utilized to choose 30 key informants among them health experts for interviews.

## 3. Findings and Discussion

### 3.1 CDF and Health Sector in North Mugirango/Borabu Constituency

The study sought to find out health status of North Mugirango/Borabu constituents before and after introduction of CDF in 2003 by taking into consideration distance to the nearest health facility, buildings, drugs, ambulance services, medical equipments, and health workers in hospitals.

### 3.2 Health Status of Residents in North Mugirango/Borabu constituency Before Introduction of CDF in 2003

Respondents were asked to comment whether they had a health facility (government hospital/dispensary) in their locality before introduction of CDF in 2003 and indicate the distance to that facility. On that aspect 15.8% of respondents said that there was health facility whereas 84.2% asserted that there was no such facility in their locality. The data suggested that there were few health facilities in the constituency that led to congestion in the facilities especially during the months of June and July when malaria prevalence in Gusii highlands is high. A medical doctor interviewed narrated that:

> *"……There were few health facilities in the constituency before 2003. People were forced to walk long distances to seek medical attention from the few public health centres that existed. Inadequate health facilities led to congestion in hospitals especially during the month of June and July when malaria in Gisii region is at the peak".*

The key informant's sentiments above confirms claims of respondent (84.2%) that few health facilities existed in the constituency posed health challenges because of congestion in the limited available facilities.

Furthermore, to obtain more information on health status of North Mugirango/Borabu constituents respondents were asked to provide the distance to the nearest government health facility before initiation of CDF in 2003. Table 4.5 indicates that 31 (11.9 %) of the respondents said that the distance to the nearest government healthy facility was below 5km, 25 (9.6 %) argued that the facility was between 5 and 10km, 49 (18.8%) asserted that government health facility was between 10-15 km, 40 (15.4%) said that it was between 15-20 km and lastly 115 (44.2 %) of respondents maintained that the facility was more than 20 km away.

**Table 3.1:** Distance to Nearest Health Facility before 2003

| *Distance to Nearest Health Facility before 2003* | *Frequency* | *Percent* |
|---|---|---|
| 0-5 km | 31 | 11.9 |
| 5-10 km | 25 | 9.6 |
| 10-15 km | 49 | 18.8 |
| 15-20km | 40 | 15.4 |
| Above 20 km | 115 | 44.2 |
| Total | 260 | 100.0 |

The data in table 3.1 suggests that most residents in North Mugirango/Borabu constituency accessed government health facilities by walking long distances (more than 20 kms). This situation forced residents to resort to healthcare services from private medical institutions. A chief interviewed said that:

> *"Most residents walked long distances to access health facilities. They covered over 10 kilometres to reach such facilities. This made residents to obtain health services from mission and private hospitals".*

The key informant's sentiment substantiated respondents' claims that government health facilities were far away (above 20 km) before 2003. According to CDF records (2011), before 2003 the constituency had only nine health facilities namely Esianyi , Orwaki , Riomego/Magwagwa , Tindereti , Mogusii , Kiomara , Raitigo , Nyabweri , and Nyamusi Dispensaries.

Availability of buildings in health facilities before 2003 was another indicator used to determine the effect of CDF on health status of North Mugirango/Borabu constituents.

Health experts interviewed in this study argued that before 2003 majority of health facilities in the constituency had inadequate rooms for consultation, injection, wards, and even space to install important medical equipments like microscopes. A medical doctors interviewed said that all the nine public health centres in North Mugirango/Borabu constituency did not have sufficient rooms. Most of them had between three to four rooms that were used as record office, injection room, pharmacy, laboratory, store, and consultation room. There were no wards in all the health facilities thus patients were treated and went home .The medical experts further argued that emergence cases were referred to Nyamira district hospital and that some health centres combined consultation and injection, pharmacy and laboratory in one room. The experts said that inadequate rooms greatly hindered service delivery in the health centres.

On availability of drugs in government health facilities in North Mugirango/Borabu constituency, health experts interviewed revealed that there were inadequate drugs in the health facilities before 2003. Patients were asked to purchase drugs from chemists for treatment. During interviews a medical doctor narrated that:

*"Government health facilities in the constituency had serious drugs shortage before 2003. Patients were sent to buy drugs from private chemists".*

Furthermore, availability of health workers was another indicator used to determine health status of the people in constituency before initiation of CDF in 2003. Medical experts interviewed said that the health workers in government health facilities were not sufficient to administer medication. They said that some health facilities had less than three health personnel and in some facilities these were all nurses. Shortage of health personnel according to health experts in this study made some health facilities receive health personnel on specific days of the week. This suggests that available health personnel were overworked a phenomenon that affected quality of service offered in the facilities. A medical doctor interviewed narrated that:

*"Before Kibaki government came into power, health facilities in the constituency had inadequate health workers. Some centres had less than three health workers while other health centres received health workers during specific days of the week".*

In addition, availability of ambulance services in the health centres was also used to determine health status OF North Mugirango/Borabu constituents before introduction of CDF. Health experts (key informants) interviewed said that public health facilities in the constituency didn't have ambulance services. It is only Nyamira district hospital in West Mugirango constituency and some private hospitals that had ambulance services according to health experts interviewed. The key informants asserted that lack of ambulance services in government health facilities in the constituency posed a lot of challenges during emergencies which sometimes led to loss of lives. Therefore North Mugirango/Borabu constituents relied on other means of transport during emergency to access the health facilities implying that North Mugirango/Borabu constituents faced difficulties in transporting sick people or emergencies case to hospitals. During health expert interviews, a medical doctor said that:

*"There were no ambulance services in all sub district health facilities in North Mugirango/Borabu constituency. It is only some mission, private, and Nyamira district hospitals that had ambulance services".*

Lastly, availability of medical equipments especially microscopes and other laboratory equipments in the health centres was used to measure health service delivery in the constituency before introduction of CDF in 2003. Health experts interviewed argued that the health facilities had a few medical equipments. They said that the facilities had a microscope and other few laboratory equipments that were not sufficient to undertake medical tests. A medical doctor interviewed said that:

*"Most health centres in North Mugirango/Borabu constituency had few laboratory equipments including microscopes".*

The study therefore concluded that health North Mugirango/Borabu constituents faced health challenges because the health facilities were far away and didn't have sufficient rooms and equipments for medical services, drugs, and health workers. In addition the health facilities lacked ambulance services that complicated issues during emergencies.

### 3.3 Health Status of Residents in North Mugirango/Borabu Constituency after Introduction of CDF in 2003

To measure the role of CDF on health status of people in North Mugirango/Borabu constituency the study sought to establish whether there are enough health centres, buildings, health workers, drugs, ambulance services, and medical equipments in government health centres after 2003.

Respondents were asked to give the distance to the nearest health facility. Table 3.2 shows that 201 (77.3%) of respondents argued that the nearest health centre is between 0-5 km away while 59 (22.7%) of respondents said that the centres are between 5-10 km away. This data indicates that distance to the health centre has drastically reduced (from above 20km to less than 10 kilometres) after introduction of CDF in 2003 a phenomenon that key informants (health experts) and respondents attributed to utilization of CDF to build more health facilities in the constituency. This information was also supported by statistics from North Mugirango CDF office (2011) indicating that 28 new dispensaries have been built by the fund bringing to total number of health facilities in the constituency to 37.This data implies that people in the constituency nowadays have easy access to health services compared to the period before 2003 because distance to health centre has reduced. A medical doctor during health experts' interviews said that:

*"Since 2003 North Mugirango/Borabu CDF administration has allocated funds for construction of new health centres. This has increased the number of*

*health centres in the area reducing distance covered by residents to the health facilities".*

Therefore it is evident from the key informants sentiments and statistics from CDF office (2011) that CDF has been used to establish more health facilities in the constituency a phenomenon that has led to reduction of distance to health facilities in the area compared to the period before 2003.

**Table 3.2:** Distance to the nearest Health Centre after 2003

| Distance to the nearest Health Centre after 2003 | Frequency | Percent |
|---|---|---|
| 0-5 km | 201 | 77.3 |
| 5-10 km | *59* | 22.7 |
| Total | 260 | 100.0 |

On availability of buildings in the health facilities after introduction of CDF, health experts interviewed argued that after 2003 buildings in health facilities are adequate for medical service provision. They attributed availability of buildings in health facilities to utilization of CDF to build more buildings in public health facilities. During interviews a medical doctor said that:

*"CDF funds have been used to construct more rooms in dispensaries in the constituency. Now days there are sufficient rooms that are used as pharmacies, laboratories, wards, among others".*

Therefore after initiation of CDF in 2003 most public health facilities in the constituency have enough rooms used as wards, offices and consultation thus service delivery in health centres has improved.

On availability of drugs in public health centres after introduction of CDF in 2003, health experts interviewed revealed that there are enough drugs in public health facilities in the constituency. The key informants attributed availability of drugs to government's efforts to equip all public hospitals in Kenya with drugs and not CDF.

During health experts' interviews, one doctor said that:

*"Health centres in the constituency have enough drugs since Kibaki government came in power in 2003.The government has increased supply of drugs to public health facilities in the country. CDF is only utilized to construct health centres but drugs are supplied by the government. Nowadays patients never buy drugs from chemists for injection or treatment in government health centres as per the case before 2003".*

Furthermore the number of health workers in health centres was utilized to determine health status of residents of the constituency after introduction of CDF in 2003. Health experts interviewed said that since 2003 public health facilities have adequate health practitioners. The claim was supported by the Member of Parliament who argued that health facilities in the constituency nowadays have adequate health workers. He said that a total of 135 health personnel were employed in 2010 by the government making total number of health workers in dispensaries to be 185. He further argued that currently health centres have between six and ten health workers. Therefore rise in the number of health workers in public health facilities is attributed to government effort to employ health workers in all public hospitals in the country.

On the availability of ambulance services in health facilities after introduction of CDF, health experts interviewed said that the services are not available in public health facilities even after initiation of the CDF in 2003. They argued that in 2007 North Mugirango/Borabu CDF management purchased ambulance in 2007 that is not attached to any health facility but used by constituents during emergencies. This suggests that still there are no ambulance services in all 37 health centres in the constituency. During interviews a medical doctor said that:

*"The health centres in the constituency do not have ambulance. The only ambulance I know is the one bought by Hon Goddrey Masanya in 2007 to assist constituents during emergencies and that vehicle is not attached to any health facility. The ambulance was bought with CDF funds".*

Lastly, availability of medical equipment in health centres after introduction of CDF was another indicator used to establish the health status of North Mugirango/Borabu constituents after initiation of CDF in 2003. Health experts interviewed in this study revealed that the number of equipments in government health facilities has increased since 2003 a phenomenon attributed to both government effort and CDF to improve health services in the country thus providing such important facilities to all public hospitals. To support the arguments North Mugirango/Borabu CDF reports (2011) indicated that the funds were utilized to purchase medical equipment for the newly constructed 28 health centres in the constituency and equip existed health facilities like Nderema, Kiomara, and Riomego/Magwagwa Dispensaries with medical equipment especially microscopes and other laboratory equipments.

This paper therefore argues that health status of North Mugirango/ Borabu constituents have improved because there is increase in the number of buildings/rooms`, health workers, medical equipments and drugs in the 37 health facilities. This was confirmed by the health experts interviewed in this study who argued that people are nowadays able to access quality medical services in the health facilities since the health workers, drugs, rooms, and medical equipments are sufficient.

## 4. Conclusion and Recommendation

Development bottlenecks have engulfed vast third world nations around globe. The situation has reduced human life index a result of poor health care, infrastructure, education, escalated unemployment, and to some extent triggered fierce struggle for meagre resources for survival. The solution for some of these glitches is decentralization in which development decision making power and resources are distributed between government and local authorities to succor people at the grassroots levels to initiate development initiatives to amicably address their most felt problem(s). Although some decentralized programmes have previously failed in some parts of the world, Constituency Development

Fund in Kenya has greatly and positively transformed livelihoods in remote areas. The fund has enhanced access to health facilities and tackled health challenges through employment of more health personnel, necessitated availability of drugs, more infrastructure, and equipment in health facilities especially in North Mugirango/Borabu constituency. It is imperative therefore for the government to allocate more funds to the kitty to upscale health services delivery in the constituency.

## References

[1] *Bagaka,O. (2008). Fiscal Decentralization in Kenya: The Constituency Development Fund and the Growth of Government. Chicago, MPRA Paper No. 11813,*
[2] Bujra, A. P. and Keriga, L. (2009). *Social Policy, Development and Governance in Kenya: A profile on Heath Care Provision in Kenya*, Nairobi: Development policy Management Forum
[3] Chambers, R. (1997). *Who"sReality Counts: Putting the Last First*? Intermediate Technology Publications.
[4] Chitambar, J. B. (2001). *Practical Rural Sociology: Handbook for Application to Rural Development*. New Delhi: New Age International Publishers.
[5] Chitere, P. O. (1994). *Community Development: Its Conceptions and Practice with Emphasis on Africa*. Nairobi: *District Focus for Rural Development as a decentralized planning strategy: An assessment of its implementation in Kenya published in: Kabua T N,and Mwabu G, ed,2008.Decentralized and decentralization in Kenya: New approaches,* Gideon S. Were Press.
[6] Gikonyo, W. (2008). *Social Audit Guide: A Handbook for Communities*. Nairobi: Open Society Initiative of East Africa.
[7] *Hoshino, C. (1994). ,,Iand Development; Processes and Decentralization in Latin American Large Cities and Metropolitan Areas: Issue, Trends, and Prospects" Regional Development Dialogue, Vol. 15, No.2, pp. 29-60.*
[8] Institute of Economic Affairs. (2010). *Devolution in Kenya: Prospects, Challenges and the Future. I*EA Research Paper Series No. 24.
[9] Kimalu, P. K., Nafule, N. N. and Mondo, D. K. (2004). *A review of the Health sector in Kenya. Kenya institute of public policy research and analysis*: KIPPRA working paper No. 11 2004.
[10] Kimenyi, S.M. (2005). *Efficiency and Efficacy of Kenya's Constituency Development Fund: Theory and Evidence*, Connecticut: University of Connecticut Press.
[11] KIPPRA. (2009). Kenya *E*conomic Report 2009. Nairobi, KIPPRA.
[12] Manor, J. (1995). *,Democratic Decentralization in Africa and Asia" IDSBulletin. Vol. 26, No. 2, pp. 8 1-88*
[13] Mapesa, B. M. and Kibua T. N. (2006). *An Assessment of the Management and Utilization of the Constituency Development Fund in Kenya*. Nairobi: Institute for Policy Analysis and Research
[14] Ministry of Health. (2005). *Reversing the trends: The National Health sector strategy Plan. NHSSP* - 11:2005-2010: Nairobi: Ministry of Health.
[15] Misati, A. J. and Mwenzwa E. M. (2010). *Kenya"s Social Development Proposals and Challenges: A review of Kenya vision 2030 First medium Term plan*. 2008-2012. Unpublished Research Report.
[16] Okungu. J. (2006). *The Beauty and Shame of Kenya's Constituency Development Fund.* Nairobi: Afro African Articles.
[17] Ongoya, Z. E. and Lumallas, E. (2005). *A Critical Appraisal of the Constituency Development Fund Act*. Nairobi.
[18] Oyugi, W. (1978). *Local Government and Development, Discussion Paper* No. 131, Institute of Development Studies. University of Sussex, Brighton.
[19] Stohr, W. B. and Frases-Taylor, D.R. (1981). '*Development From Above or Below? The Dialectics of Regional Planning in Developing Countries"* Chichester: Wiley.
[20] Vanghan, J. P. Mills, A., Smith, D. I. and Tabibzadeh, L. (1990). '*Health system decentralization: Concepts, Issues and Country Experience"*Geneva: W. H.