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HIV/AIDS and Governance in Kenya

Results of interviews with MPs, Councillors and Electoral commission, parliamentary staff and Activist on HIV/AIDS and Governance in Kenya

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HIV AIDS In Kenya Today[1]

Over two decades since the first AIDS case was described in Kenya, HIV/AIDS still remains a huge problem for the country in its efforts for social and economic development. Responses to the pandemic have evolved over time as people became aware of this new disease, as they experienced illness and death among family members, and as services have developed to confront this epidemic. Initially many segments of society expressed denial of the disease. Early in the epidemic in Kenya political commitment was limited. While awareness of AIDS has been nearly universal for more than a decade, misconceptions still abound and many still have not dealt with this disease at a personal or community level.

Today in Kenya, the HIV epidemic is better understood. New information on the level of HIV infection comes from the first national HIV prevalence survey, the *Kenya demographic and health survey* (KDHS), which estimated that 7% of adults age 15 to 49 years in Kenya are infected with HIV and that rates in women are nearly double the rates in men. Annual sentinel surveillance at selected sites has demonstrated significant declines of HIV prevalence in pregnant women. Using these and other sources of information, prevalence of HIV infection in adults appears to have peaked at 10% in the late 1990s and has been declining in many parts of the country since then.

Death rates from HIV have reached an unprecedented level in Kenya, at about 150,000 per year. Even with scale-up of treatment, death rates in Kenya are likely to continue to rise because of the large number of people who were infected in the 1990s. The good news is that new HIV infections in adults, which peaked in the early 1990s at over 200,000 per year, have now dropped to well below 100,000 per year. The number of

[1] National AIDS and STI Control Programme, Ministry of Health, Kenya. *AIDS in Kenya*, NASCOP; 2005.

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people living with HIV in Kenya includes about 1.1 million adults between 15 and 49 years, another 60,000 age 50 and over, and approximately 100,000 children. Urban populations have higher adult HIV prevalence (10%) than do rural populations (6%). Regional variation is significant. Prevalence in Nyanza Province is 15% in adults and 10% in Nairobi. Adult prevalence in other provinces ranges around 5%, with the exception of North Eastern Province, where prevalence is less than 1%; it is the only region of the country where the epidemic is low level. New infections in young women have significantly declined in the last 5 years, as evidenced by its decline in pregnant women under age 25. But HIV prevalence in girls 15 to 19 years old is 6 times higher than in boys in the same age group, despite lower levels of sexual activity, and the rates in pregnant teens are even higher. Protecting teenage girls and young women remains a great challenge for controlling HIV infection in Kenya.

Development of Democracy, economic wellbeing and HIV AIDS

Initial observations visibly brings out effects of the bad governance in the following key areas:

1. Re-emergence of political parties

In 1992, political pressure was mounted on the government to accept multi party democracy leading to the repeal of section 2(a) of the constitution and allowing for multi party democracy. However, registration of the political parties found people already tired and distrusting of the political system. This saw the upcoming political parties being owned by individuals, families or friends of the old regime. With emergence of HIV/AIDS crises, this arrangement has posed a major challenge to democracy in Kenya. One councillor in Machakos district gave her views:

> *"……this is the problem in our country. The Churches, Cooperatives societies, Political parties and community programmes are all run by members of the same families. If they die, they die with our dreams and programmes. If they fall victims of HIV/AIDS they use our resources to support themselves"*

2. Collapse of social and Physical capital

2.1. Cooperative Movement:

To survive the economic crises created by bad governance, people in rural and urban Kenya relied heavily on cooperatives movement. In this system, people contribute little money to a central kitty according to one's ability and form a common resource pool from which they can borrow money in times of need at a reasonable interest. The governing body of cooperative society is elected through a democratic process of one man- one vote. With the collapse of government services and escalation of interest

charged by commercial banks between 1990 and 2002, cooperatives became the sore means of meeting education and medical expenses amongst rural and urban Kenyans. However, membership to the cooperative sector depended on the ability to contribute and service the previous loan before obtaining another. With the emergence of the HIV AIDS challenges, many cooperatives have been faced with un-serviced advances and therefore forced to revise their lending terms. In addition, HIV AIDS continue to take away the experience staff of the corporative movement thereby weakening the movement further. This in turn has left the poor vulnerable to bribes by politicians and cooperative movement leaders during elections. Interviewed members of co-operative societies expressed fear HIV AIDS posed a great Challenge to the movement membership and leadership.

> *"If one cannot get assistance from the cooperative society to educate his children, then politicians will have a field day bribing voters come the next general election"*
>
> *- A Kirinyaga Cooperative Society Member*

2.2 "Harambee" Movement:

Harambee movement is an informal self-help and voluntary social-economic movement started after independence in Kenya. The movement involves people coming together and contribute money to assist a friend in need or start a self development project. Under this programme, communities have been able to make build schools, Water, medical facilities systems were not functioning. With the politicians hungry for supporters, this movement was again hijacked and become a channel for gunning for political support with politicians denying licences to conduct fund raising meetings to the opponents while donating millions of shillings to fund raising function that were supportive

With Emergence of HIV AIDS pandemic, the demands for social support within the community especially for medical bills have increased tremendously. With the declining economic resources, this has lead to over reliance on politicians to raise funds for medical bills. It is not known how HIV AIDS has affected the politician ability to assist in the medical fund raising in their constituencies and the resulting effect on their participation in parliamentary matter. In a recent parliamentary bill, MPs increased their salaries and allowances to up to 1 million Kenya shillings per month. One of the main arguments put forward by MPs to justify this raise was the amount of money they have to contribute in such *harambees.*

> *-85% of the MPs and councillors interviewed estimated most of their fund raising engagement being on medical requirement of their constituents.*

3. Church, Governance and HIV AIDS in Kenya

The Church has been in the forefront of democratic movement and good governance in Kenya. Leadership in the mainstream churches has always been democratic with the leaders being elected by their congregation. From this platform, the church got the mandate to criticise the government and demands good governance, accountability, justice and drive the

HIV /AIDS campaigns. Opposition MPs gave credit to the mainstream churches for this political transition.

As the last regime got threatened by the advocates of multiparty democracy, some leaders thought it wise to start their own churches to counter the pressure from the mainstream churches. What was the once a symbol of democracy and justice slowly turned into a political machine. Corruption, lack of accountability and justice within these new churches in Kenya has cast a dark crowd over the reliability of church to fight for good governance and democracy. With the emergence of HIV AIDS pandemic, many churches have also lost some of their key leaders to the decease leading to the questioning of morality and the position of church as the champion of democracy and governance. Most MPs estimate that at least 30% of their time in their constituencies is spend in churches.

4. Collapse of Agricultural Physical Capital

Kenyan economy is mainly agricultural based and therefore highly dependent on labour as the main source of energy over 60% of which is women. The last regime is usually blamed for the collapse of the agriculture and therefore lost much of the needed support in the 2002 general election. Although great paces have been made towards democratic process, including the ongoing constitutional review, there is a possibility that inadequacy of the government to tackle the HIV AIDS issues in the past has and will continue to have negative impact on democratic processes especially as the collapse of rural economy increases poverty and vulnerability of the general population.

Ministry of Health figures shows that young women of voting age are particularly vulnerable to HIV infection compared with young men. For example, 3% of women age 15–19 are HIV infected, compared with less than 0.5% of men 15–19, while HIV prevalence among women 20–24 is over 4 times that of men in the same age group. The peak prevalence among women is at age 25–29.

High HIV AIDS prevalence, bad governance, economic injustices have a duo effect on women voters. While sick women may not be able to engage themselves in agricultural work, they find themselves vulnerable to politician manipulation through bribery in election campaigns. 60% of the MPs and councillors interviewed stated that most of their compain efforts in the rural areas now target women voters

> "I cannot go hungry if I can sell a vote".
> (26 year old *woman respondent in Naivasha constituency of Rift Valley province.)*

5. HIV AID, Governance and Elective politics in Kenya

Kenya is parliamentary democracy. Presidential, parliamentary and civic elections are conducted every five years. With reference to HIV AIDS, three peculiar trend s are observable that may affect democracy and governance in Kenya.

i. . Political parties –Leadership & Ownership:

Most of the political parties in Kenya lacks national outlook and are registered along tribal and ethnic lines with no clear succession plans. The leadership of the main political parties is vested on the relatives of the former political leaders. With the HIV AIDS challenges it has meant that the party dies with the leader should they fall victims of the HIV AIDS. Political parties that have their political base in areas like Luo Nyanza and Kissi have more likelihood of loosing voters to HIV AIDS related deaths and therefore becoming irrelevant in national politics.

Politicians from these areas therefore see this as a major threat to their political leadership. However even as they campaign for the coming constitutional referendum HIV AIDS has been relegated to the background of their campaign agenda.

ii. Bloodline succession in Party Leadership & Ownership:

It is also observable that the party succession is along bloodlines. This trend is also reflected in the civic wards where MPs sponsor and support their relatives and close allies to stand for the civic wards and other constituency based elective position. For instance in the three parliamentary by- elections in 2003 , the winners were either children of spouse of the deceased MP.

In the last general election (2002) one politician from the ruling party had sponsored his two wives for different parliamentary constituencies. The politician later died of unknown ailment. There is general fear among the people interviewed people that this trend will only give rise to more by-elections and absenteeism in parliament should the cause of death of the former MP be HIV AIDS related. Mps interviewed conceded that the voter are usually sympathetic the family of the deceased and therefore end up electing a relative in his /her place. However this is seen as a dangerous threat to good governance as the replacement may not be of the same leadership quality like the deceased MP.

iii. HIV AIDS Impact on electoral process[2]

a) Voter registration:

Electoral commission of Kenya (ECK) has recognised that there are internal and external challenges faced in voter registration. Internally the commission needed capacity development in terms of personnel, budgetary support, computerisation and decentralisation on voter registration.

The external factors related to the reasons as to why people do not register:

[2] ;(ECK 2002 election report)

- Voter apathy between elections: the expectation of Kenyan between various elections have not been met and this has lead to voter apathy;
- Change of priority- as economy, and health deteriorates, Kenyan have tended to have other priorities;
- Election violence have tended to keep the voters away from the voting pools especially women;
- Inability of qualified people to obtain the voters cards.

Most people interviewed in this preliminary research stated that the voter apathy has increased- a trend that even the ECK agrees with. It is not quite clear how much apathy can be attributed to the HIV AIDS and poverty increase in the country but most MPs and local leaders (Councillors) expressed fear that Violence can be used as weapon to keep women away from the ballot boxes.

b. Voter registration scheduling problem

In 1997 and 2002 general elections, many voter experience problems acquiring voters ID which is a requirement in the voting process and many failed to get them at all. In some cases, voter indicted that it took up to six months to get a card and extensive travel in some cases. Registrar of persons says that this backlog if ID issuance has been dealt with and IDs now take a maximum of a month to issues in Nairobi. The people to who finally got their IDs reported that they probably made 3 to 9 trips and make long cues to try and collect them at the time. This was much so for the persons in the 56+age bracket than for the persons from younger age's groups.

It is not quite clear how this phenomenon is related to the HIV AIDS sickness and poverty. However, it can be observed that HIV AIDS prevalence is much higher in lower age groups who formed the majority of those who were unable to obtain their cards in good time.

c. Uncollected Voter Identification Cards

The ECK concedes that this is an issue with potential for maximum confusion, and therefore manipulation by unscrupulous politicians. Until end of 2004 the registrar of persons held over 600,000 uncollected IDs[3] in Nairobi alone. In Embu District, there were over 8000 uncollected IDs suggesting that the problem was a countrywide problem. Although these figures cannot all be contributed to HIV AIDS and related economic challenges, it is evident that many people were and would be disenfranchised because of lack of IDs even in the coming National referendum in November 2005. 55% of the MPs and councillors interviewed confirmed to having been approached by their constituents for assistance in obtaining ID cards.

On the overall, estimates are that about 1.4 million[4] Kenyans of voting age do not have voters cards. The relationship between the HIV AIDS prevalence and voters apathy is not quite clear and required to be investigated further.

[3] Some respondent from the Registrar Office estimate a higher figure to date.
[4] ECK

d. Party Primaries

Party primaries in Kenya remain a murky affair in the multiparty electoral system in Kenya. They are important because, in like in the US, whoever is selected as the nominee of the dominant party in areas is sure to be elected. Party primaries in the previous two elections have been hasty, ill reported, stage-managed affairs in which some candidates are chosen by popular vote but party leadership imposes others. Voter turnout in the party primaries has been always poor and in some cases less than 5% of the registered voters in a particular constituency.

This is where the voter bribery and corruptions plays a part in electing the wrong leaders. Most people interviewed in this survey conceded that this presents a window for politicians to mobilise the poor and Vulnerable groups to vote for them in the primaries. MPs and councillors felt that with HIV AIDS challenges many youth would take this an opportunity to make ends meet. As a result, wrong leaders get elected.

e. Dead Voters and "ghost" voting

According to a survey conducted by institute of education and democracy in the 2002 general elections, out of 1,177 people targeted by the list –to-people survey, 957(81%) of the people were located. 2002 (17.4%) were not located. Though the vast majority of those located could have been due to absence from home (according to information given by next of kin), the survey revealed that high number of voters were dead and should not be in the register of voters. 15.8% of the voters on the register could not be traced because they were dead. There is lack of comprehensive survey to link these figures nationally with the HIV AIDS preference per constituency. In the Audit of the voter's registers 2002 report to the ECK Chairman, the Institute for Education in democracy recommended that:

> *"The Registrar of persons Births and deaths should also step up efforts to register more births and deaths and design a system of forwarding this information to the ECK"*[5]

This presented a challenge of what is known to Kenyans as *"ghost Voters"*. It was observed that in some voting stations, the number of votes cast was more than the registered voters and in some instances people presumed dead were said to have actually voted. In absence of regularly updates register of birth and deaths and in the light of high AIDS related deaths in the Country, this may undermine the spirit of democracy and governance.

f. Sick, Vulnerable and voters with disabilities

[5] Voter's registers' 2002 report: The Institute for Education in Democracy.

Indicative figures from the Ministry of Health shows that 50-55% in rural areas and 30% in urban areas in Kenya are occupied with HIV AIDS patients. Another large percentage of patients are sick at home. The electoral commission of Kenya research department does not have accurate figures of the group but recognises that the effect on the voter turnout may be incredible in future elections. These situations made more complicated by the fact that women, who are usually left to care for the sick in the rural areas may not be able to participate in the voting process. Women voters may also not be able to participate as they have to take care of their sick loved ones.

ECK is currently doing a research in this field and developing strategies to cope with this challenge.

g. HIV AIDS Awareness within the electoral commission staff

The ECK has staff distributed all over Kenya assisting in voter registration, research, monitoring, Supervision and education. There is no evidence that the staff of ECK have been sensitised on the HIV AIDS prevention despite the fact that they work in vulnerable areas and under pressure away from their home. There is also no indication of how HIV AIDS have affected the electoral commission staff in general. However it is recognised from those interviewed in the commission, that HIV AIDS death and related illness can take away valuable experiences gained at the democratic transition in Kenya.

h. Election Violence and Crime

In 2002 general elections and subsequent general elections, the ECK and independent monitoring bodies have reported high levels of campaign and elections related violence. Incidences of politicians hiring idles and vulnerable youths to disrupt their opponent's rallies are all too common in Kenya elective politics. For instance, in 2002 general elections a vigilante group by the name "Mungiki" dominated to urban areas and unleashed violence on opposition voters. Their main target was women who they threatened with death, rape and female genital mutilation (FGM) rituals. Some incidences were reported where people were threatened with medical needles loaded with bloodlike substances. The behaviour of this group pointed towards careless sex and drugs addition both of which are closely related to HIV AIDS.

Although there is no comprehensive research data available on the effect of these violence and voter turn out, most MPs and councillors felt that Violence and threat to violence has a tendency of keeping the voters, especially women, away from the pooling stations.

i. By – elections and governance in Kenya;

In Kenya, by-elections are necessitated by death, resignation, defection or infirmity of the mind of immediate former Member of Parliament or councillor. A by-election can also be called if the high Court nullifies a previous election result upon a successful petition.

Table 1. Parliamentary by- elections in Kenya 1993-2003 by causes.[6]

Constituency	**Date**	**Causes**				**Out come**	
		Death	Petition	resignation	Defection	Opposition	Ruling party
Bonchari	5/20/93						1
Migori	5/20/93				1	1	
Makuyu	12/10/93					1	
Hamisi	12/10/93		1				1
Kisauni	12/22/93		1			1	
Luagri	3/3/93				1		1
Mathare	6/27/94		1			1	
Githunguri	6/27/94	1				1	
Bondo	6/27/94	1				1	
Nthiwa	6/27/94				1	1	
Lurambi	6/27/94				1		1
Shinyalu	6/27/94				1		1
Ikolomani	Jun/94				1		1
Starehe	Oct 94				1	1	
Mathare	Oct 94	1				1	
Webuye	19/6/95		1			1	
Changamwe	12/6/95		1			1	
Machoko Town	12/6/95	1				1	
Kipipiri	4/9/95	1				1	
Siakago	7/12/95				1	1	
Nyatike	7/12/95				1	1	
Kibwezi	1/14/95				1	1	
Starehe	1/14 96			1			1
Westlands	10/6/97	1					1
Hamisi	6/10/96				1		1
Kitutu Chache	1/21/97	1					1
Langata	11/397			1		1	
Kieni	9/16/98	1				1	
Makueni	1/16/99	1				1	
Tigania West	4/24/99	1				1	
Kitui South	4/24/99				1	1	
Siakago	9/4/99	1				1	
Nithi	9/4/99		1			1	
Kwanza	4/15/01	1				1	
Kapenguria	1/12/01	1				1	
S Mugirango	1/12/01	1				1	
Taveta	7/28/01			1		1	

[6] Institute for Education in Democracy

Kilome	11/9/01	1				1	
Wajir West	3/27/03	1					1
Naivasha	4/16/03	1					1
Yatta	7/24/03	1					1
TOTAL		18	5	3	15	28	13
% of Total		**43.9**	**12.2**	**7.3**	**36.6**	**68.3**	**31.7**

From the table, number of by-elections resulting from the death of MPs was significantly high during this period (43.9%). However, it is clear that the results of by-elections benefited opposition more in parliament than the ruling Party thereby changing the power balance in the house. It is however not possible through this research, to determine the cause of death or resignation in each one these cases.

Table 2. *Voting Pattern compared to Poverty and HIV/ AIDS Prevalence in Kenya provinces*[7]

Province	**Registered Voters**	**Voter Turnouts**	**%**	***Poverty index***	***Estimate adult HIV HIV AIDS Prevalence (% Population)***
Nairobi	884,135	371,371	42	*44(3)*	*9.9*
Central	1,563,084	1,033,339	*66*	*31(2)*	*4.9*
Coast	879,741	376,603	43	*61(3)*	*5.8*
Eastern	1,734,209	1,057,241	61	*58(2)*	*4.0*
North Eastern	216,336	125,859	58	*NA*	*<1.0*
Nyanza	1,555,986	900,621	58	*64(2)*	*15.1*
Rift Valley	2,415,555	1,463,597	61	*48(4)*	*5.3*
Western	1,202,104	695,517	58	*60(2)*	*4.9*

A close examination of these figures show that there may be some relationship between rate poverty and HIV prevalence. It is also observable that the places with high HIV AIDS prevalence registered lower voter turnout. Although the HIV AIDS prevalence figures are not available from all the constituencies, data available at the National Aids Control Program (NASCOP) confirm that constituencies with higher HIV AIDS /Poverty recorded lower voter turnout.

Another interesting case of this relationship is to be found in Luo Nyanza where HIV AIDS prevalence highest in the country (*15.1%).* Despite one of the presidential candidate having come from this area, the voter turnout was only slightly more than half

[7] Compiled from electoral Commission 2002 presidential election report and The Central Bureau of Statistics, Ministry of Planning and National Development(GEOGRAPHIC DIMENSIONS OF WELL-BEING KENYA REPORT)

of the registered voters. Further research is however needed to establish any direct relationship between HIV AIDS and voter turnout.

Most MPs see this as a trend likely to influence the resource allocation in the constituency development fund.

v. Parliament and HIV AIDS

1. National assembly and HIV AIDS

"The Issue of HIV/AIDS in the National Assembly is not confined to staff but to members of Parliament as well. It is therefore the responsibility of National Assembly staff to involve the members of National Assembly in the fight against HIV/AIDS. Staff are reminded to bear in mind that it is the MPs who must carry and convey the same message to their constituents. That is how the MPs will contribute and make an impact on the fight against HIV/AIDS. People need to see HIV/AIDS as a health problem and to come up with a strategy or project on how to manage the scourge and prevent its spread. We can only appreciate the effects of HIV/AIDS in the economy if we look at how it affects returns on foreign on local investments. There is need for people to change their attitudes, behavior and life styles as a way of preventing the spread of HIV/AIDS .

We as members of AIDS Control Unit (ACU) in the National Assembly must play the role of change agents by assisting fellow staff in the workplace in changing their attitudes, behaviors and lifestyles towards the fight against HIV/AIDS.

Funds given to fight HIV/AIDS must be properly utilized for the benefit of all. We must see to it that what we do in the National Assembly to fight HIV/AIDS must be an example to other Ministries and Departments in the Civil Service and other sectors of the economy"

From welcome speech by Deputy Clerk, National Assembly in National assembly AIDS Strategic Planning workshop 2003

2. Institutional and policy responses

The Ministry of Health instituted an AIDS Control Committee in 1987, when it developed the first 5-year strategic plan for AIDS control (1987–91). The second plan was for the period 1992–96. The *Sessional Paper No. 4 of 1997 on AIDS in Kenya* marked an important change on the political front and outlined a new institutional

framework. With the creation of the National AIDS Control Council, AIDS control units (ACUs) were put in place in all the ministries where the disastrous effects of HIV/AIDS had been felt the most and where it was anticipated that interventions would have the greatest beneficial effect. Increased public political commitment was evidenced in 1999 when President Moi declared AIDS a national disaster.

The "*Pamoja Tuangamize Ukimwi"* campaign ('Total War on AIDS') was one of the first acts of President Kibaki, and bringing together an ecumenical group of religious leaders has been an important step in this fight. Constituency AIDS control committees (CACCs) and district technical committees (DTCs) embody this multisectoral response in partnership with ACUs and civil society. Now Kenyans are involved in a comprehensive effort to confront all aspects of the disease's spread and impact. The government has put in place policies and infrastructure to help implement programmes at all levels and has issued guidelines for conducting activities in all HIV/AIDS-related areas.

The goodwill created by the high level of political commitment and the evidence of local support and action has resulted in an increased flow of resources into the country's national HIV/AIDS programmes. But increases in funding and the number of people and organizations involved have also increased challenges in coordination to maximize efficiency and to minimize wastage and duplication of effort. Most MPs confirmed having ken active roles or participated in constituency AIDS control committees.

3. Parliamentary Service Commission HIV AIDS Strategic Plan 2005-2005 for Staff of National Assembly:

Parliament has come up with commission paper No. 161 which was presented to the commission on 4th April 2004. The purpose of strategic plan was to:

- Analyze the state of preparedness to fight the HIV AIDS to build institutional capacity of the National Assemble to coordinate, manage, monitor and evaluate HIV /AIDS intervention.
- To provide all MPs and staff with information necessary to increase their awareness and issues relating to HIV AIDS
- Implement HIV AIDS prevention, treatment, care and support programmes for parliamentarians, staff and their families.

Unfortunately the Kenyan parliament has not established a house committee on HIV AIDS to date.

4. National assembly AIDS control Unit(ACU)

National assembly AIDS control Unit (ACU) was created by the National AIDS Control Council (NACC) in September 1999 together with the other line ministries. It began its work in 2002. It received the first funding in July 2002 but this came at a time that the parliament was in session so there was no time to organize activities. The Unit is responsible for organizing workshops and training programmes on HIV AIDS for the

parliamentary staff. A total of 5 workshops have so far been carried out including a strategic planning workshop.

In 2003-2005 financial years, parliamentary service commission has allocated Kshs 8 million for the unit's activities. However the unit's strategic plan developed in October 2004 is still waiting to be launched by the speaker.

5. The HIV and AIDS Prevention and control Bill 2003

The parliamentary house business committees introduced HIV and AIDS Prevention and control Bill September 2003. However, despite the fact that HIV AIDS has been declared a
national disaster by the president, the bill has not been enacted. The bill has not yet gone for second reading in parliament. 55% of the MPs confirmed having lead the bill with 45% opting to read it well during the second reading in parliament.

VI. HIV AIDS Awareness within parliament and Local Government.

Despite the above efforts parliament is still faced with many observable challenges:

a.) Members of Parliament HIV AIDS awareness:

Reports from the alternative media have suggested that a number of sitting MPs are HIV Positive. Though exact number of MPs who are HIV positive is not known, the speaker and the Clerk of the National assembly have made efforts to sensitize members on the HIV AIDS and its consequential effects in the last two years by organizing workshops and seminars. This effort is intended to achieve two major objectives:

- *Assisting the MPs to protect themselves and their families;*
- *Promoting informed debates in parliament on HIV AIDS and other development matters.*

It is noticeable that a significant number of MPS did not participate in the workshop and those who attended did not stay for the whole session.

b) Parliamentary Staff HIV AIDS Awareness

Kenya Parliament has a 450 strong workforce. 95% of the staff have been sensitized on HIV AIDS through workshops. However, counseling and testing is still low among the parliamentary staff owing to what one staff calls "Denial Sydrom" meaning that sensitization has not been very effective. *"Although a lot of people are infected, few people are willing to come forward and accept their*

status. This is sad because we have a lot resources treatment but people will not access them until it is too late" said on of the respondents.

According to staff interviewed, parliament loses on average 4-5 members of staff per year to HIV AIDS related illness.

ii. Anti HIV AIDS Action within parliament:

Despite the importance of the HIV AIDS and anti corruption campaign "*Start from the top*" campaign, it is noticeable that there are no visible anti HIV AIDS activities within parliament buildings. *For instance some members have discouraged the dispensing of condoms in the toilets within the parliament building though some staff interviewed stated presence of used condoms from MPs office waste paper baskets*

iii. HIV AIDS Information System for MPs

It is clear that currently there is no comprehensive information system that enables MPs to make decisions about HIV AIDS interventions in their constituencies. There is not reliable data on HIV AIDS prevalence at constituency level making it difficult MPs to know how HIV AIDS is affecting Governance and development in their constituencies. According to one MP from Meru district, *"in absence of such information, it is so difficult for the MPs to prioritise HIV AIDS matters in parliamentary debate"*.

iv. HIV AIDS impact on Future leaders:

In Kenya like in the rest of the world, the young people between the ages 10 and 24 years, account for more than 50% of new post infancy infections. In Kenya 60% of the population is under age of 20(UNAids 1999:27) youth vulnerability to HIV infections is increased by such factors as early sexuality due to cultural, economic and media influence. The problem is compounded by failure of parents, leaders and teachers to discuss sexual matters with young people. There is also evidence that fewer of the younger people are registering as voters[8] or participating in electoral politics while more and more youth are engaged in crime[9].

It means that if Kenya is to preserve its future leaders and democracy, these issues should be addressed through more effective interventions.

[8] ECK 2002 Presidential Election Report
[9] UNaids Report /Nation Newspaper 14th June 2005.

vii. HIV AIDS and Local Government:

Local Government includes the ministry of local government and elected councilors at the grassroots level. Though it is difficult to isolate the HIV AIDS prevalence among the elected Councilors, the national prevalence figure is applicable as councilors work among the people at the grass root level.

vii HIV AIDS, Law Enforcement and Governance in Kenya

The police, Administrative police, military and other law enforcement agencies like other members of Kenya society have been affected in one way or another by HIV/AIDS situation in the country. The size of the uniformed services (Armed Forces and police) is approximately 88,500. Police services which amounts to approximately 40 000 personnel, of which about 5-8 % are women is the second largest uniformed service in Kenya and the main instrument of law enforcement and governance. The number of staff in the prison service is 10 000. In addition there are 68 000 in the National Youth Service.

The Army, Navy and Air Force is one of the largest groups of uniformed services consisting of approximately 45 000 servicemen. Every year about 3000 young men and women are enlisted in the military. The recruits are screened for HIV infection and only those who are HIV negative are accepted. They are trained for six months and posted to different units all over Kenya. These recruits do not get enough information on HIV/AIDS to enable behaviour change during their training and hence are likely to practice unsafe sexual behaviour. Recruits in training colleges are normally very restricted in their movements outside barracks, but on occasions where the opportunity presents itself, many engage in casual sex, often with commercial sex workers in the vicinity of the barracks. The HIV/AIDS policy within the Kenya Armed Forces includes the following provisions All personnel must be physically and mentally fit on recruitment:

- All members of the Kenyan Armed Forces are tested prior to deployment. HIV positive personnel are not deployed;
- Voluntary HIV testing is offered upon recruitment;
- HIV-positive candidates are not recruited.

Those who test positive during service are not discharged and may continue in their positions. Those with AIDS-related diseases receive medical care and support. When an individual is unable to continue to work or to fulfill his/her duties, a medical board is convened and the person is discharged on medical grounds, with pension rights, as would happen with any other disease, although many choose to remain in service, keeping their HIV-serostatus secret. Among police personnel there is neither HIV testing on recruitment nor subsequently

The police began to address HIV in a small way in 1986, but initially it was not considered a big problem. The military has a Voluntary Counseling and Testing (VCT)

programme in 16 sites, for which a total of 64 counselors have been trained. Three of the VCT trainers are HIV positive and open about their status. There is a condom distribution programme and condoms are easily available in the barracks. Although there has been a noticeable decline in STDs it is unclear whether this is a result of increased abstinence or as a result of the condom distribution programme.

Although there is no research conducted to confirm the facts, there is a general feeling HIV AIDS prevalence in the police force could be one of the principle causes of police participation in corruption and organized crimes that have continued to undermine and economic development in Kenya. The involvement of police and other law enforcement agencies in crime is to be seen as major threat to democratic governance in Kenya.