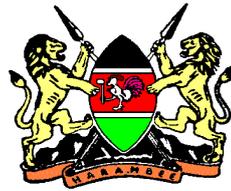


REPUBLIC OF KENYA



THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING

BARINGO COUNTY REPORT

KABARBESI CLUSTER



OCTOBER 2014

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FOREWORD

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities give their own definition and understanding of poverty. This PPA covered 47 counties unlike previous ones which covered selected districts.

The main objective of this exercise was to establish the impact of various Government policies, strategies, programmes and projects aimed at reducing poverty. It further sought to capture the voice of the poor in the communities with special focus on the impact of social protection initiatives. In particular the study covered the following broad issues: poverty dynamics and indicators; provisions of government services in health, education, agriculture, housing, and water and sanitation; and pro-poor initiatives and devolved funds.

The definition of poverty varies from one community to the other. From their point of view, poverty was generally defined as inability to meet basic human needs such as food, shelter, clothing, education and health.

The study found out that poverty level from a community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many in the clusters visited did not understand how the pro-poor initiatives operate. On crosscutting issues such as HIV/AIDS, drug and substance abuse, gender disparity on property ownership, degradation and poor governance on devolved funds and pro-poor initiatives were reported to be on the rise.

The findings from the study will be used as lessons learnt in designing County based programmes. For example, communities have come up with diverse coping mechanisms on poverty. Some of these include women merry-go-round and small scale business. This will be upgraded to other notable initiatives like table banking concept and training Counties to benefit from UWEZO and other related funds. They will be a reference point in designing current and future interventions on reducing poverty and regional disparities. I call upon our internal and external stakeholders to utilize the respective PPA-V county reports to inform policy and decision-making.

Ann Waiguru, OGW
Cabinet Secretary
Ministry of Devolution and Planning

ACKNOWLEDGEMENTS

The Busia county Participatory Poverty Assessment is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of the Constitution of Kenya 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the fifth National Participatory Poverty Assessment (PPA-V) Report whose findings have been published simultaneously with the 47 County Reports.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Stephen Wainaina, the Economic Planning Secretary and Moses Ogolla, the Director Social & Governance Directorate. The Directorate of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

The following team of officers without whose dedication and enthusiasm, the production of this Report would have been much more challenging deserve mention; Samuel Kiptorus (Chief Economist), James M. Kirigwi (Chief Economist), Leonard Obidha (Secretary, Poverty Eradication Commission), Cosmus Muia (Senior Economist), Joseph Njagi (Senior Economist), Micheal Mwangi (Senior Economist), Kimote (Senior Economist), Kiilu (Senior Economist), Christatos Okioma (Economist I) and Douglas Manyara (Economist I).

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Finally, the Ministry is grateful to the respective County Governments and their staff, National Government staff in the Counties, communities and their leaders as well as key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

Engineer Mangiti
Principal Secretary

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty from their own perspectives.

The overall objective of the PPA-V is to contribute to Kenyan's poverty reduction strategy by providing a richer and a more informative database on the living standards, aspirations and needs of the poorer sections of the population especially with regard to social protection and social security. The survey sought the community perspective on poverty and provision of selected wellbeing services including agriculture, education, health, social protection and other devolved funds. Perspectives of the community were sought on the awareness of the availability of services, accessibility and affordability.

This report presents the findings of the PPA-V survey in Kabarbesi cluster of Baringo County which was conducted in November/December 2012. Information from the cluster was provided by the community through Focused Group Discussions (FGDs) and household questionnaires and was complemented by the information from the key informants (KI) who were mainly technical experts in the subject area of the survey.

Baringo County covers an area of 11,015.3 km² and the population was estimated to be 613,376 in 2012 and is projected to reach 677,209 in 2015 with a growth rate of 3.3 percent per annum.

Kabarbesi cluster is a rural community located in Emining, Mogotio sub-county. The cluster has 15 households according to the fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from Kenya National Bureau of Statistics (KNBS).

Poverty is prevalent across the county but the degree and causes vary. The average number of households living below the poverty line in the rural areas is 35 percent of the total.

Some of the causes of poverty include retrogressive cultural practices, food insecurity, unemployment, low literacy levels, poor health and inherited poverty.

Generally health services are available, accessible and affordable to the community. They either go to Molosirwe or Emining health centers which are 5 km away.

Education services are generally accessible and affordable. However, the education facilities are in poor state and the schools are also understaffed.

The community is aware of the agricultural services which they reported were accessible and affordable with extension services being demand-driven. Agricultural services provided are targeted to individual farmers, farmers' groups and other institutions.

The only major source of water within this community is a water pan which was constructed during the colonial times.

With respect to sanitation services, about 58percent of the county population has access to latrines while 42percent use bush.

There is awareness of the existence of several pro-poor initiatives and devolved funds in this community including Cash Transfers, YEDF, WEF and CDF. However, procedures for accessing these funds and general attitude towards loans affect the uptake of these funds.

On crosscutting issues the community reported that HIV/AIDS had affected them as it had left many homes without breadwinners. A lot of resources and time is also spent in taking care of the persons infected with HIV/AIDS.

ABBREVIATIONS AND ACRONYMS

AI	Artificial Insemination
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ARV	Antiretroviral
ASAL	Arid and Semi Arid Lands
CBO	Community Based Organization
CDF	Constituency Development Fund
CIDA	Canadian International Development Agency
CLTS	Community Led Total Sanitation
CPHO	County Public Health Officer
CT	Cash Transfers
DAO	District Agricultural Officer
DC	District Commissioner
DDO	District Development Officer
DEO	District Education Officer
DGSDO	District Gender and Social Development Officer
DLPO	District Livestock Production Officer
DMOH	District Medical Officer of Health
DO	District Officer
DPHO	District Public Health Officer
DSO	District Statistics Officer
DVO	District Veterinary Officer
DWO	District Water Officer
ECDE	Early Childhood Development Education
FGDs	Focus Group Discussion
FP	Family Planning
FPE	Free Primary Education
HGSFP	Home Grown School Feeding Programme
ITN	Insecticide Treated Net
HIV	Human Immunodeficiency Virus
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KI	Key Informant
KIDP	Kenya Italy Department for Development
KKV	Kazi kwa Vijana
KMTC	Kenya Medical Training College
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
LATF	Local Authority Transfer Fund

NALEP	National Agriculture and Livestock Extension programme
NASSEP	National Sample Survey and Evaluation Programme
NEMA	National Environment Management Authority
NGO	Nongovernmental Organization
OVC	Orphans and Vulnerable Children
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
PLWD	People Living With Disabilities
RA	Research Assistant
SFP	School Feeding Programme
SSDE	Subsidized Secondary Day Education
TB	Tuberculosis
THVCP	Traditional High Value Crops programme
TV	Television
URTI	Upper Respiratory Tract Infection
VCT	Voluntary Counseling and Testing
WARMA	Water Resource Management Authority
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF PPA-V

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities give their own definition and understanding of poverty based on their own discourse. Hence PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty.

Participatory approaches add value in policy formulation and planning by enriching the understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and the 'voice' of the poor while also acting as a learning process for the non-poor and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate.

1.2 PPA-V OBJECTIVES

The overall objective of PPA-V was to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population especially with regard to social protection and social security. More specifically, the participatory assessment sought to:

- Gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups;
- Broaden the process through which policies will be developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty and preventing people from falling into poverty;
- Identify and prioritize policies, strategies, programmes and projects which would support poor communities in their escape from poverty, focusing on social protection initiatives;
- Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya;
- Evaluate impact and identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change;
- Enrich the understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment; and
- Respond to the Bill of Rights and other articles enshrined in the Constitution of Kenya 2010 e.g. public participation.

1.3 COUNTY AND CLUSTER PROFILE

Baringo County borders Turkana and Samburu counties to the north, Laikipia to the east, Nakuru and Kericho to the south, Uasin Gishu to the southwest, and Elgeyo-Marakwet and West Pokot to the west. It is located between longitudes 35 30' and 36 30' East and between latitudes 0 10' South and 1 40'. The county is cut across by the Equator at the southern part. Baringo covers an area of 11,015.3 km² of which 165 km² is covered by surface water. According to the 2009 Population and Housing Census, the population of Baringo County was 555,561 (279,081 males and 276,480 females) and is projected to increase to 677,209 in 2015 and 723,411 in 2017.

The county is made up of six sub-counties, namely, Mogotio, Koibatek, Marigat, Baringo Central, Baringo North and East Pokot. The sub-counties are further divided into 30 wards (divisions) and 116 locations.

Baringo County is endowed with river valleys and plains, the Tugen Hills rising from the floor of the Rift Valley and the southern Plateau. One of the prominent features is the Kerio Valley which is situated on the western part of the county, while in the eastern part of the county near Lake Baringo and Bogoria is the Lobo Plain covered mainly by the lathstring salt-impregnated silts and deposits. The Tugen Hills form a conspicuous topographic feature in the county. The altitude varies from 300m to over 2000m above sea level.

The rainfall varies from 1,000mm to 1,500mm in the highlands to 600mm per annum in the lowlands. Exotic forests exist in the county but the known indigenous forests are found in Kabarnet, Kabartonjo, Tenges, Lembus, Saimo, Sacho and Ol' Arabel, and Eldama Ravine. Agriculture and livestock production is the main economic activity of the people of Baringo County.

1.4 SELECTION OF THE CLUSTER

The sampling process was guided by the fourth National Sample Survey and Evaluation Programme (NASSEP-IV) maps maintained by the Kenya National Bureau of Statistics which was used to demarcate the boundaries of each of the selected clusters.

A sample of one cluster per county was selected for the detailed study in which all specially designed participatory assessment tools were implemented. In Baringo County, Kabarbesi in Emining community (rural cluster) was selected to represent the views of the county. A household survey was also undertaken and a household questionnaire administered to about 15 households, especially those benefiting from cash transfers.

1.5 FIELD LOGISTICS

The PPA-V pilot study in Baringo County was conducted on November 2013. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were Healthcare, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, devolved funds such as Constituency Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the pilot, the supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer (DDO) and District Statistics Officer (DSO). The recruitment interviews were conducted to all the applicants and six (6) research assistants per county were selected to assist in data collection in that specific county.

The training for researchers ran for two (2) days and data collection and report writing was done in two (4) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

To ensure the data collection instruments/tools were thoroughly understood, the research assistants conducted role plays. They were taken through the roles they were expected to play while in the field which included note taking, facilitating, observing and administration of the household questionnaires.

Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report.

The major challenges encountered during the study includes inadequate vehicles to transport the large team during the FGD, sometimes FGD could end at late hours hence the RAs had to be transported to their homes, and some of the KIs had tight schedules and hence the interviews could take long than the initial plan as per the study programme. In addition, some KI could keep on postponing the meetings hence the team was unable to interview them for instance the local government.

1.6 PPA-V METHODOLOGY

This field study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. The specific tools used included resource mapping, wealth ranking, Venn/chapatti diagrams, the mood barometer and pair-wise ranking. The Village Resource Map was introduced before the

introduction of other PPA tools, and Wealth Ranking was used to establish how the community categorizes itself economically. There was an attempt to identify households which were benefiting from the cash transfers so that they could participate during the administration of the specific data collection checklists.

The checklist was mainly used to elicit specific information on selected policy areas from the community. It was divided into two sections, namely, Poverty Diagnostics and Assessment of the Impact of Pro-poor Initiatives. The trained RAs administered the tools/instruments under the guidance of the supervisors to ensure quality of the data collected. The data collection process was similar for all selected sample sites as well as the format for data recording and analysis. This standardization was critical for overall data analysis and report writing.

The key informants provided technical information about their particular areas of operation. Those interviewed included officers responsible for Public Health/Medical Services, Water, Agriculture/Livestock, Gender and Social Development, Basic Education, opinion leaders, DDO, Youth officer and CDF manager.

1.7 REPORT ORGANIZATION/OUTLINE

The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the poverty dynamic and indicators, while chapter 3 presents findings on provision of services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings on other pro-poor initiatives and devolved funds (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF), and Youth Enterprise Development Fund (YEDF). Chapter 5 covers the findings on cross cutting areas and other emerging issues and chapter 6 which outlines the recommendations and con

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 INTRODUCTION

The main causes of poverty in the county include inadequate and unreliable rainfall leading to crop failure and drought especially in the lowlands of the county, lack of employment opportunities, inadequate extension services, low prices or lack of organized markets for agricultural produce, high cost of agricultural inputs, poor infrastructure especially the road network due to poor terrain, low transition rates in both primary and secondary schools, inaccessibility to credit facilities by farmers for investments in agriculture, and low yields from livestock and livestock products.

There is need to put in place strategies necessary to reduce poverty in the county through improved access to credit facilities, improvement in roads network, value addition to farm produce, use of artificial insemination (AI) services, and reduction in cost of farm inputs.

The effect of poverty on agriculture and livestock production is very significant as farmers are unable to purchase inputs for crops and livestock production. This has contributed to low productivity, late cultivation and loss of produce due to poor crop husbandry, animal disease control and persistent drought.

The county has experienced increased poverty levels over the years. A reported 35 percent of the county population lives below the food poverty line. The people most affected by poverty are pastoralists, small scale farmers, female-headed households, and people with disabilities, the landless and children-headed households.

2.2 DEFINITION OF POVERTY

The community in Kabarbesi defined poverty as when one cannot provide for house needs such as food e.g. maize flour (unga), sugar, water, lack of good education and scarcity of money. They stressed that water scarcity resulting from insufficient rainfall leads to droughts and hence poverty.

2.3 CLASSIFICATION AND CHARACTERISTICS OF POVERTY

According to Kabarbesi community, there are three types of social classes within the community: the rich, the poor and the very poor. Most of the rich people in the community are old men who own large numbers of livestock, at least 10 cows, have more than ten (10) hectares of land and can harvest at least 10-20 bags of farm produce. Further they considered a person who is educated and employed in a white collar job to be rich or have the potential.

The poor are those with 2 to 5 cows, farm on less than half a hectare of land and produce mostly for consumption, and most of the poor were said to be casual laborers (kibaru).

The community defined very poor as one who is illiterate, with no source of income, no livestock, and were mostly dependent on others. The very poor also had very small parcels of land where they put up their houses and till.

2.4 CAUSES OF POVERTY

According to the community, some of the causes of poverty in the area in order of severity are lack of water, unemployment, lack of health facilities; poor state of roads, lack of a secondary school near the area, lack of electricity, and lack of free or subsidized farm inputs. Moreover, the community observed that most families are affected by poverty since they have to take care of the needs of many children, and the youth lack capital to start small businesses.

The causes of poverty differed between men and women. The main causes of poverty for men were lack of education (high illiteracy), ignorance, lack of capital, and lack of ability to utilize available resources; while for women the main causes were laziness, drunkenness, uncooperative spouses and unplanned families.

The main causes of poverty for the youth are lack of employment, lack of capital to open enterprises, idling resulting to gambling through playing pool and card games, and using drugs and alcohol.

2.5 IMPACT OF POVERTY

The community reported that lack of clean water exposes them to the risk of infections thus affecting their productivity; moreover their livestock sometimes die due to water scarcity. Due to unreliable rainfall there is crop failure and risk of food shortage hence malnutrition. Unemployment has led to idling by youth, early marriages, teenage pregnancies and engagement in unlawful activities. Lack of health facilities contributes to illnesses and lack of basic knowledge on control of common diseases and general hygiene. The community noted with a lot of concern that the poor state of roads largely makes the area inaccessible during rainy seasons because the area is swampy. Lack of a secondary school in the area makes some children to drop out of school. Lack of electricity has led to high cost of paraffin and other services that include phone charging and TV. Lack of free or subsidized farm inputs has resulted in poor harvests and hence hunger.

2.6 COPING MECHANISMS

In order to cope up with the above problems men in the community sell livestock, do crop farming, and tilling of land for the neighbors at a fee. The youth burn charcoal for sale, and do casual work like weeding and water collection for sale. To counter idleness some youth indulge in leisure activities such as playing cards and local snooker and taking alcohol. Women keep poultry, grow groundnuts, undertake table banking in groups, and some also keep livestock.

2.7 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD

Assets owned by the community members include livestock such as cows, goats and sheep that are possessed mostly by men. Men also own most of the land and the crops therein. The women own poultry, money from table banking groups or merry go rounds, crops grown on small scale such as groundnuts, and some older women also own cows, sheep and goats. The authority to sell the above assets comes from the man but with little consultation with the woman. Small valued assets are sold by women with some or no consultations with the men.

2.8 POVERTY TRENDS OVER TIME

The community observed that within in past ten years, poverty levels had dropped significantly owing to hard-work by individual members of the community and some pro-poor interventions from the government and non-state actors. For instance, because of free education, the number of school-going children increased some up to university level. Agricultural output has increased with production of up to twenty bags of maize per acre as compared to the past when the yields were low. The yields have increased because of using certified seeds and fertilizers. The number of livestock has also increased due to the initiatives in controlling diseases and parasites. The community also felt that their health has improved due to free healthcare interventions.

2.9 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY

The community has largely benefited from the cash transfers programmes channeled to the elderly, OVCs and PLWDs. There is an on governmental organization called Inter Aid Germany that has constructed permanent classrooms in Kabarbesi primary schoolto support education. Kabarbesi primary school is also a beneficiary of Home Grown School Feeding Programme (HGSFP).This has significantly encouraged children especially from poor families to stay in school and attend all classes. Students from poor families who are in secondary school and universities have also benefited from bursaries from the Constituency Development Fund (CDF), LATF and the Government. Affordable and sometimes free health services such as maternity, for under-fives, FP, ITNs and ART have encouraged the poor to change their health seeking behavior.

2.10 RECOMMENDATIONS FOR IMPROVEMENT

According to the community, there is need for enhancement of livestock and crop extension services in order to foster the agricultural sector. On the improvement of housing, the locals suggested that education of more members of each household should be done. By doing so, more people will be empowered economically and thus be able to construct better houses and other infrastructural settings. In order to foster the effectiveness of cash transfer programmes, there is need to introduce interventions targeting two main areas, namely, to increase the coverage in terms number, and amount given to each beneficiary. In the water sector, there is need for construction

of reliable water projects to curb the present situation of water shortage. This move was put forward as the only means of obtaining clean and safe water especially for drinking. On health the community recommended that hospitals be brought nearer, sanitation facilities such as latrines be constructed, and sensitization programmes on health and sanitation be stepped up.

CHAPTER THREE: FINDINGS ON PROVISION OF GOVERNMENT SERVICES

3.1 HEALTHCARE

3.1.1 Introduction

The health sector aims at ensuring that access to basic health service is guaranteed to the poor. The fee waiver provision and exemption in health centres ensure that there is equitable access to healthcare services by the poor. There are 184 health facilities, one county hospital, four sub-county hospitals, 156 dispensaries, 19 health centres, two medical clinics and two others. The doctor to population ratio is 1:57,381 in Baringo Central sub-county and 1:34,716 in Koibatek sub-county while the infant mortality rate (IMR) is 63/1000.

The access to health facilities is poor with most of the population having to cover distances of over 5km to access health facilities. The county has a low doctor and nurse-population ratios, an indicator of compromised medical care.

The most prevalent diseases are malaria, respiratory tract diseases, skin diseases and pneumonia, although there has been a marked improvement in disease control through effective implementation of various programs.

Immunization coverage has improved considerably with current coverage standing at about 80 percent. HIV/AIDS pandemic still remains a key challenge, with HIV prevalence at 4.2 percent against the national average of 6.2 percent, although efforts have been stepped up to reduce the prevalence rate.

The number of women accessing family planning services was 5,768 by 2011. However, the family planning receptors were only 47 percent of those targeted. The proportion of mothers who were using contraceptives stood at 45 percent compared to national average of 70 percent. The low usage of modern family planning methods can be explained by the fact that initial introduction of family planning targeted only women, leading to the development of negative attitude by men towards family planning. Strong cultural beliefs make uptake of family planning methods very low.

3.1.2 Major Health Concerns in the Community

The Kabarbesi Community complained that there is no single health facility in the location and they are forced to seek health services more than 5 km away to either Molosirwe or Eming health centers. In case of minor health complication alternative ways such as herbal care are sought.

The County Public Health Officer (CPHO), who was the KI, reported that there are four health centers in the sub-county. In addition, there are 18 Government dispensaries and one faith-based health facility. He observed that there is no district hospital and no mobile clinics. The health centers are evenly distributed with one in every division. Dispensaries are also evenly distributed

within the district. Eight more health facilities have been constructed but are yet to be commissioned.

The community reported the most common diseases in the order of prevalence as malaria, typhoid, diabetes, diarrhea and URTI. Furthermore, the community members expressed their concerns over the condition of the water they use and the health implication it has. In the whole community, the only source of water is the Kabarbesi water pan, whose water is extensively contaminated as it is used by both animals and humans. This has led to a lot of waterborne and water-washed diseases in the community such as typhoid, diarrhea and skin diseases.

The DPHO shared a list of the top five prevalent diseases in the sub-county, namely, upper respiratory tract infections (URTI), clinical malaria, skin diseases, diarrhea, and confirmed malaria. Other health concerns included water related diseases occasioned by scarcity of water as it emerged that majority of the local people (about 90 percent) depend on water pans which is contaminated thus running the risk of contracting waterborne and water-washed diseases. The DPHO further informed that there is an impending risk of malnutrition especially in the ASAL areas due to scarcity of food.

3.1.3 Provision of Health Services

The community reported that there is no health center, dispensary or hospital in the village and therefore they access health services outside. Access to health centers is not easy due to long distance of more than 5km and poor state of the roads which are impassable during rainy seasons. In particular the community pointed out the Kamamboyo swamp in the neighboring village normally floods during rainy seasons forcing the residents to travel at least 7 km through an alternative route to access medical facilities.

On the affordability of health services, the locals reported that they receive health service free of charge courtesy of the government. Maternity services, ART, TB treatment, family planning services and sensitization programmes on health are also offered free of charge but upon visiting health facilities. The community said that ITNs were availed to every household in 2009 and they were educated on how to use them. Spraying of the homestead was done the same year in a move to control breeding of mosquitoes within the village. They appreciated the input of one community worker within Kabarbesi community who offer services such as de-worming, sensitization on hygiene and referring complications to health facilities and helping women to attend antenatal care.

The DPHO reported that health services in all Government dispensaries and health centers are provided free of charge. In addition antenatal and postnatal clinic services are offered for free. In terms of reachability, locals in the rural areas experienced challenges accessing health facilities due to the distances to health centers and poor state of the roads. In such remote areas people walk for even up to 7km to reach health facilities. The DPHO observed that the health facilities in the district provide services such as family planning, ART, treatment of under-fives, maternity and TB

treatment for free. There are no NHIF facilities in the District and as such patients are forced to pay a small amount for inpatient services. Perpetual delay of disbursement of funds for services such as maternity and purchase of drugs forces the health facilities to look for alternatives ways of raising funds.

All the health facilities lack advanced services such as X-ray and caesarian section and hence patients are referred to the nearest district hospital for such services.

3.1.4 Interventions towards Improvement of Health Services in the Community

The community in Kabarbesi has embraced sensitization programmes offered by the CHWs. This was evidenced by the awareness that the locals have about sanitation issues such as the need to have latrines in every household. The activities towards control of mosquitoes have been intensified as the community admitted to receiving free insect treated mosquito nets. Though there are free family planning services in the health centers, community members only admitted to using condoms as the only form of FP. The community is aware of other FP services such as pills and coils but men felt it was the duty of the woman to access these services.

The DPHO informed that the community health units, with the assistance of community health workers, play a critical role towards the improvement of health and sanitation in the district. There are 180 community health workers attached to 6 CHUs deployed within the district. Their duties include reporting to health personnel defaulters of medication such as for TB, conducting sanitation checks, assessing food situation, referring pregnant mothers to health centers, distribution of posters, distribution of condoms, and giving first aid. They are also used to sensitize people about hygiene especially the need for toilets in every household and also distribute water treatment equipment to purify water.

The distribution of insect treated nets has gone a long way in the reduction of malaria infections, though there is still need for education in the effective use of these nets in the rural areas. Indoor residual spraying was last done in 2009 in a move to curb breeding of mosquitoes.

There are two nongovernmental organizations in the district, namely, Aphia Plus and World Vision. These organizations play an important role in the improvement of health and sanitation standards within the district.

3.1.5 Decision Making on Health Issues in the Family/Community

The community said that the decision on household health is unanimously agreed upon by the family members. However, any costs on medication that may be incurred are met by the head of the household. Similarly the father of the child pays for maternity costs incurred.

3.1.6 Ideal Family Size among the Households in the Community

The community said that the ideal family size was four children per household. However, in reality the number of children per household is seven. Polygamous families have more than seven and it was observed during the FGD that women were shy to mention the number of children.

The DPHO argued that on average each family has seven children, which according to him should not be the case due to the high cost of living.

3.1.7 Relationship between Household Size and Poverty

The community said that the larger the family the more challenges it is to manage and cater for the needs of each family member in terms of food, schooling and medical care. However, some argued that one may have a large family but have the capacity to provide the essential needs of each member and therefore family size depends on one's decision and economic status.

3.1.8 Access and Decision Making on Family Planning Services

According to the Kabarbesi community, family planning services are available in the health centers and are free. Decision making with regard to family planning is done with the agreement of both husband and wife. Educated women are more receptive to family planning services hence visit the facilities located far away from the village. The community confirmed that condoms dispensers are available at the health centers.

According to the DPHO, the number of households seeking access to family planning service is still very low with women only attending such services, but noted that FP access is better in towns within the district. In rural areas, awareness and willingness to access the services is still low due to dominant retrogressive cultures. The DPHO observed that men generally have a tendency to shy away from family planning issues, leaving the women to solely seek for guidance on ways of having a planned family. Overall FP is still low in the district.

3.1.9 Opinion on Status of Health Services overtime

The DPHO reported that health services had improved over the past ten years. In particular, he pointed out the standards of maternity services, family planning, ART, TB treatment and immunization programmes against polio had improved throughout the district. Furthermore the health seeking behavior has improved due to increased awareness courtesy of CHWs on the ground. However, it was noted that men are more unwilling to seek health services unless severe complications affect them.

On the other hand women are more receptive to health concerns and they frequently visit health centers and dispensaries to seek services. The mass distribution of ITNs in 2010 has greatly improved the prevention of malaria in the sub-county. This initiative by the government has yielded effective results as compared to the past. The success of health and sanitation programmes in the last 10 years was attributed to the improved health facilities and working conditions of the personnel in the health sector such as the payment of a stipend of Kshs 2,000 per month to CHWs

by the two donor organizations, namely, APHIA Plus and World Vision. The income-generating activities offered by World Vision to CHWs have also gone a long way to motivate the personnel of the health Units in the respective decisions.

3.1.10 Conclusion and Recommendations

The community recommended the following:

- Health services should be brought nearer by constructing at least one dispensary in the cluster or village;
- There should be further sensitization on the use of latrines to improve hygiene. It was noted that some household which have pit latrines still opt for the bush.
- Water services should be improved through drilling of boreholes, construction of dams and harnessing rainwater to curb the water shortage.
- More sensitization programmes should be conducted with the help of other development partners such as World Vision, Aphia Plus, and Inter Aid Germany in order to foster improvements in health and sanitation.
- More CHWs should be deployed on the ground to disseminate information on health and sanitation to the locals.

DPHO highlighted a number of challenges towards the improvement of health and sanitation and made the following recommendations:

- All health centers should have complete inpatient facilities;
- The government should establish more community health units to cater for the shortage of eight such units experienced currently. If this is implemented CHWs will then cover the whole district;
- A permanent solution should be devised to curb the problem of contaminated water through other workable methods of purification;
- Community Led Total Sanitation (CLTS) should be enhanced especially in the area of pit latrines in order to achieve total latrine coverage in the district.

3.2 BASIC EDUCATION

3.2.1 Introduction

There is a positive correlation between education and individual earnings. The better educated an individual, the more productive he/she is not only in the market but also in the household. Therefore investment in education has benefits to the individual and to the society as a whole. Baringo county experiences low gross enrolments at secondary school level and the pastoral areas have the highest girl dropout rates.

Preschool education has experienced tremendous growth in the county. They are well distributed in the five sub-counties. The number of ECD centres in Baringo North sub-county is 163 with 326 ECD teachers, while Koibatek sub-county has 191 ECD centres with 277 ECD teachers. Baringo Central and Mogotio sub-counties have 403 and 250 ECD centres, respectively.

The county has 656 primary schools with total enrolment of 143,017 pupils. Since the introduction of Free Primary Education, remarkable improvement in enrolment has been observed. The county's performance in national examination has greatly improved over the years in spite of the unique challenges which the pupils undergo.

There are 125 secondary schools with a total enrolment of 27,374 students in 2013. Among notable challenges facing the sector include harsh climatic conditions especially in the lower part of the county, insecurity which often results into closure of some schools, poor infrastructure, floods in the lowlands, prolonged drought, high illiteracy rates among parents, and retrogressive cultural beliefs.

There are 12 youth polytechnics, one teacher training college, one Kenya Medical Training College (KMTTC), one university campus and three commercial colleges. The enrolment in adult literacy classes stands at 2,506.

3.2.2 Status of the Education Facilities

According to the DEO the educational facilities in the district are in fairly good condition. Majority of the secondary school structures are okay, though most of these schools lack laboratories. Similarly most of the building facilities in the primary schools are in a good condition. The DEO informed that ECD structures are mostly semi-permanent building and are poorly constructed, and at times students are forced to study under trees.

The community said that the only ECD facility in the community is a semi-permanent structure and the primary school is a permanent structure but the facilities are below standards since they lack enough furniture.

3.2.3 Provision of Education Services

The DEO informed that primary schools are evenly distributed throughout the district though in some areas learners have to walk long distances of up to 5km in rural areas to attend school. Though the government is providing FPE, this is not adequate to cater for services such as purchase of books, electricity, water, postage, and watchman thus forcing parents to chip in for procurement of these services. Furthermore when funds for FPE are delayed the school is forced to close down or make the parents pay till funds are disbursed.

According to the DEO, the number of secondary schools is not enough to meet the demand due to high population in urban areas. Most of the learners advancing to secondary education seek these services in the neighboring districts. Delays in disbursement SSDE funds also affect the learning process as parents are forced to pay fees while awaiting the funds. Due to challenges experienced in ASAL areas the SSDE funds are not enough to cater for the needs of the learners.

The DEO felt that ECD education experiences many challenges such as lack of enough teachers who also are poorly paid, poor condition of the learning facilities and un-affordability of the fees for ECD.

In Kabarbesi community education services are accessible though a few children who are in lower primary classes miss school due to the long distance in accessing the school. Although there is free primary education, the parents still pay for PTA teachers Kshs 6,000 a month, (Kshs 60 per parent per month) and Kshs 150 per child towards the ECD teachers. Other costs incurred include payment for cooks, watchmen, school uniforms and examinations.

3.2.4 Status of Education Services

According to the DEO, enrollment in primary and transition to secondary schools has been increasing due to the interventions of FPE and SSDE. The SFP has encouraged retention of learners in schools.

The DEO reported that schools located in the ASAL areas of the district have fewer teachers because of poor road network and unfavorable living conditions that make it difficult for them to teach there.

Retrogressive cultural practices where parents do not value girl child education were also a big challenge that sees young girls being married off early.

The DEO also pointed out that those learners who do not qualify to join university education opt out of education since their parents cannot afford tertiary education.

The Kabarbesi community said that the school has enlightened them with knowledge because they believe that even their children who have reached university and mid colleges went to the same

primary school. The women also perceive school as an eye-opener and an important project to them.

3.2.5 Interventions towards Improvement of Education Standards in the Community

Some of the interventions the DEO identified as having improved the educational standards in the community are FPE, bursaries, provision of sanitary towels, SFP, scholarships and SSDE. FPE has increased primary school enrollment as it has made primary school education affordable to the poor section of the community.

The DEO shared that there were various forms of bursaries in the district, namely, bursaries from CDF, LATF, government bursaries and World Vision. CDF finances learners in secondary, tertiary and universities. World Vision supports vulnerable children by financing their education from ECD level up to university level. Furthermore, World Vision provides school uniforms to some selected children in specific schools within the sub-county. Other scholarship programmes in the district are undertaken by such organizations as Moi Foundation, Jomo Kenyatta Foundation, and Equity Bank which offer scholarships to at least four students every year.

The Home Grown School Feeding Programme (HGSFP), formerly known as School Feeding Programme (SFP), has benefited some 68 to 70 primary schools in the district classified as ASAL area schools, courtesy of government funding. The DEO noted that the introduction of HGSFP to these schools has encouraged more children to attend school, thus increasing enrolment. Generally, HGSFP has been successful since its inception in 2010.

3.2.6 Relationship between Education and Poverty

It was established that economic hardships among many parents is the major hindrance in access to quality education in the district. Since most parents live in dire scarcity of financial resources, financing of both basic and tertiary education has been a big challenge. Retrogressive cultural practices have greatly undermined the education of the girl child in the district. These practices include early marriages, female genital mutilation and negative attitudes towards education of the girls and generally women empowerment.

The parents of Kabarbesi pay for education services by raising funds through disposal of their livestock and farm produce which are their key sources of income. They thought that the money raised could be used to increase their level of wellbeing.

3.2.7 Opinion on Status of Education Overtime

The education standards in the district have been on an upward trend for the past three years. This is shown by the performances in both KCPE and KCSE e.g. in 2012 the KCPE mean grade for the district improved by a margin of 18 marks from that achieved in 2011. This was attributed to improvement in structures and parents' willingness to encourage and support their children in education. There has also been a good working relationship among the various stakeholders in the education sector.

Kabarbesi community felt that the level of education has improved for the last ten years in terms of knowledge due to government provision of free primary education and bursaries.

3.2.8 Conclusion and Recommendations for Improvement

The stakeholders recommended the following:

- The Government should employ more personnel in the District Education Office so as to curb the existing shortage;
- Purchase of more vehicles to assist the DEO's office in administration;
- Expeditious completion of the DEO's office;
- Establishment of special schools for pupils with various disabilities;
- Establishment of more boarding primary schools especially in ASAL areas, at least one per Division;
- Employment of extra teachers in primary school and at least employ one ECD teacher on a permanent basis;
- The government should increase bursary allocation to more needy students in the community to eliminate the issue of recurring fundraisings;
- The community needs a day secondary school which should be constructed within the community thus making it affordable to most parents.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.3.1 Introduction

Maize is the leading food and cash crop in Baringo County, but its production has been low due to poor rainfall distribution and poor crop husbandry. Coffee has registered a decreasing trend in production due to high costs of production and erratic market prices. Although coffee prices have recently been favorable, production has remained low due to previous neglect of coffee bushes by the farmers.

The total area under food crops is 9,000ha, while 10 ha are under cash crops. Crops grown in the county are maize, finger millet, sorghum, beans, cowpeas, green grams, garden peas, Irish potatoes, and sweet potatoes. Beans and maize cover the largest acreage in the county while Irish potatoes and garden peas cover the lowest acreage. Maize and beans are mainly grown in the highland zones while finger millet and sorghum are grown in the lowlands.

The average farm size is 2.5 ha. Average landholding in the county varies from one sub-county to another. In Koibatek sub-county, landholding averages 2.5 ha and is demarcated with title deeds, while in East Pokot sub-county land is still communal and is managed by the community.

The main livestock bred in the county includes the East African Zebu cattle in the lowlands and exotic cattle in the highlands of Baringo Central and Koibatek sub-counties. According to the 2009 Population and Housing Census, there were 990,899 beef cattle, 550,819 sheep, 1,872,477 goats, 67,083 camels, 63,337 donkeys, 512 pigs, 392,298 indigenous chicken, 38,152 commercial chicken and 176,880 beehives.

3.3.2 Status provision of Agricultural Services and Inputs

The community reports that there has been no tangible agricultural extension service for farming and livestock but the services can be provided at one's request or a request made upon by groups. Both the individuals and the groups do not pay for the services but incurs cost in seeking the agricultural extension officers far from their village who are based in Emining.

3.3.3 Interventions towards improvement of agriculture

The officer informed the study team that there were four programs in the county. This included NALEP (National Agriculture and Livestock Extension Programs) which started between 2002 and 2012 and funded by the national government and the Canadian International Development Agency (CIDA). The program focuses on training groups in agro-economic practices such as dairy activities, crop dynamics, local poultry and fruits such as pawpaw and mangoes. The respective groups form representative committees to articulate the issues and challenges they face through action plans, and implement what they can within their means. They also inform other stakeholders to provide assistance in terms of services and finance. By the end the program they had trained 240 groups within a span of ten years on various disciplines.

The prime objective of Njaa Marufuku Kenya (NMK), which started in 2005 and is ongoing through up to 2015, is to disburse grants to communities of Kshs 120,000 to 150,000 per group involved in poverty reduction, income generation and food security. So far, 16 groups have benefited through the program.

There is a program for Traditional High Value Crops Program (THVCP) to suit changing climatic conditions. After training the groups, they distributed drought-tolerant seeds to the groups e.g. sorghum, cowpeas, maize and root crops which include sweet potatoes and cassava. The supply of the root crops is not consistent. So far they have distributed five tons of assorted seeds. The seeds may not be readily available from commercial outlets. A total of 140 groups have so far benefited. This is due to lack of funds for transport and lack of seedlings. The program is being funded by the national government and the European Union.

However, the community is not aware of the programmes and for those that know about it have not had the effect of it.

3.3.4 Target Group for Agricultural Services

The community was not aware of any specific target group since there were no programs running for agricultural and livestock extension services.

3.3.5 Relationship between Agriculture and Poverty

According to the community, there is positive relationship between agricultural production and poverty because of the effects of little and inconsistent rains resulting to failure or low returns from farm produce. During dry spells, the problem of water and pasture hits the area resulting to low production of milk and loss of livestock hence increase in poverty levels.

3.3.6 Opinion on Status of Agriculture overtime

The residents acknowledge that there has been an improvement over the last ten years as the community has increased agricultural production and families have gained interest in farming and knowledge. They also informed that there has been an increase in usage of fertilizers and farm machinery. However, the community said that there has been little improvement of farm prices and marketing of agricultural produce.

3.3.7 Conclusion and Recommendations for Improvement

- The area is semi-arid and there is need to grow drought-tolerant crops and more productive breeds of animals with value.
- The farmers should embrace the use of technology and also apply precautionary measures to prevent pests and diseases for high agricultural and livestock performance.
- Have at least one agricultural personnel in every sub-location (like the chiefs) to offer effective and more so available services to the community.

- Improve agricultural services through availability of agricultural extension officer, tractor hire free by government and marketing links for farm produce;
- Most residents are not accessing subsidized farm inputs due to high transport costs since the government-identified stockist is located far, and this service should therefore be brought closer.
- Improvement of road facility to transport their farm inputs and for easy access to other services.

3.4 WATER AND SANITATION

3.4.1 Introduction

Water shortage for human and livestock consumption is prevalent in the arid and semi-arid areas especially in Marigat, East Pokot and Baringo Central sub-counties. This has hindered development of livestock and farming activities and a lot of time is wasted looking for water instead of being engaged in productive activities. The major rivers in the county are Kerio, Perkerra and Molo together with their tributaries. The county is a water scarce area and most of the population relies on water from the streams.

The sources of water in the county constitutes dams, lakes, water pans, streams, wells, springs, boreholes, piped water, rainwater and water from vendors. The average distance to the nearest water point is 5km.

Most of the population does not have access to good sanitation, as 49 percent of the households use bush as a means of disposal while only 46 percent use pit latrines. The county's urban centers do not have a sewerage system and negatively affects health of urban populations.

3.4.2 Status of provision of Water and Sanitation Services

According to the DWO, the main sources of water in the district are boreholes, rivers and water pans. Water is pumped from Molo River to serve Mogotio town and Kisanana ward residents. Tapped water coverage is estimated to be at 20percent in the district. The river sufficiently provides water for pumping to taps in dry and wet seasons. Other areas mostly use boreholes as the main source of water. River water is pumped into storage tanks then treated with chemicals before being pumped to the distribution systems.

The only major source of water in the community is the water pan which was constructed during the colonial time. With time siltation has taken place in this dam but the government desilted it in 1975, 1985, 1992, and lately in 2003.

The people of Kabarbesi defined safe water as boiled water, roof top water, spring water and bottled water. The majority drink untreated water from the pan which they also share with the animals but some use safeguard to treat the water. They are aware of the dangers of drinking unsafe water but drink it due to cultural beliefs termed "toyoi bei", meaning "water has no harm". The water source is temporary since it dries up during drought seasons.

3.4.3 Types of Water Programmes in the Community

It was reported that there are various programme within the district, including World Vision which provide the communities in Mogotio town with water tanks, constructs water pans and piping services. Kenya Rain Water Association (KRWA) supplies water tanks to schools and has sunk 2 water pans in the district. KRWA has also undertaken small scale irrigation in a school for garden farming programme. The DEO lauded efforts of CDF which has done numerous projects in

provision of water such as tanks, piping of water to schools and sinking boreholes and water pans. The Ministry of Northern Kenya and other arid Lands sunk water pans in the ASAL areas. Kenya Italy Department for Development Programme (KIDP), in partnership with the Government, undertook a water supply project from Molo River. Other water programs mentioned were piping of water by Ministry of Planning through the DDO's office, boreholes sunk by Tim sales and construction of water pans by the National Water Conservation and Pipeline Corporation. In most cases the community is involved in the water projects especially because they provide land for the projects.

According to the community most of them use latrines. The community health workers have been creating awareness on washing of hands after using the toilet and before eating.

3.4.4 Types of Sanitation Facilities

According to the DPHO, the district has 58percent latrine coverage, meaning that the remaining 42percentdisposeoff human waste in bushes. The department has CHWs and Public Health Officers entrusted with the responsibility of doing sanitation checks especially on pit latrines. Further the office sensitizes the community on importance of sanitation and provides PURs for water purification. The DWO reported that WARMA and NEMA are responsible for ensuring there is minimal pollution to water sources.

3.4.5 Relationship between Environmental Degradation and Water Availability

The DWO said that deforestation activities due to charcoal burning affect the water catchments thus making the commodity scarce. Poor farming methods, use of chemicals, overgrazing, effluent from the sisal factories and human activity such as poor human waste disposal and car washing has led to pollution and scarcity of water sources. Moreover, the district does not have a sewerage system thus leading to water pollution.

According to the community, the solid waste is disposed off through local methods of burning of papers and plastics. Charcoal burning is practiced around the areas of Kobat near the Forest though the villagers are aware of the consequences of environmental degradation.

3.4.6 Relationship between Water and Sanitation and Poverty

The DPHO reported that as a result of water scarcity, the communities are exposed to various water washed and waterborne diseases. This forces them to use time and money they could have been using for productive activities to seek medical care. The end result is an unhealthy and poor nation. According to the DWO, sustainability of the water projects is at risk as no revenue for maintenance of these projects is collected since the people are too poor to afford to pay for the services.

The community said that lack of water is the major outstanding problem in Kabarbesi, which has led to death of many livestock.

During dry spells, the pan which is the only source of water dries up and they have to travel long distances in search of water for domestic and livestock use. This wasted time could have been used to do important family activities.

3.4.7 Opinion on Status of Water and Sanitation overtime

The DWO estimated the coverage of water to be at 36percentin the district which he felt is an improvement. This was attributed to the numerous interventions by different organizations. The DPHO stated that as compared to the past, provision of sanitation services has improved due to the Community Led Total Sanitation (CLTS) initiative that has seen 58% coverage in pit latrines, among others.

The Kabarbesi community said that there has been no improvement in water provision in the area over the past several years since their source of water has been only one since independence.

3.4.8 Conclusion and Recommendations for Improvement

- Training of the community on how to maintain and sustain the water projects;
- More funds should be allocated to rehabilitate and expand existing projects;
- More bore holes and water pans should be constructed to match demand and reduce distance in access to water;
- Construction of a sewerage system;
- Community should be encouraged to plant more trees to protect the environment and sustain water catchments;
- CTLS programme should be encouraged in the construction of standard cheap pit latrines;
- Efforts should be directed towards reducing pollution of Molo River which is the main source of water in the district;
- Request the government to drill boreholes to provide piped water for both households and public institutions.

3.5 HOUSING

3.5.1 Introduction

The main types of roofing in the county are corrugated iron sheets at 58 percent followed by grass thatched roofing estimated at 38.8 percent. Other types of roofing are tiles, concrete and asbestos. According to the 2009 Kenya Population and Housing Census, the main walling materials used in construction are wood and mud estimated at 50 percent, followed by wood only at 25.8 percent. Other walling materials are stone, brick and block, mud and cement, corrugated iron sheets, grass/reeds and tin, among others.

3.5.2 Types of Building Materials

The locally available materials within the community are grass, poles, local stones and soil. Other sources of building materials are from commercial outlets such as iron sheets, nails, frames, steel materials and cement. There are also natural resources such as sand and building blocks that they source out of their community at a cost which they deem as very expensive and not pocket friendly.

3.5.3 Status of provision of housing

The area of Kabarbesi is sparsely populated and most of the houses are constructed around the dam.

3.5.4 Opinion on Status of Housing overtime

There has been a slight improvement of housing in the community for the last ten years as a result of better education and mostly on personal struggle and hard work.

3.5.5 Types of Housing and Household Headship

There are three types of housing in Kabarbesi: permanent ones made of stone and cement covered with iron sheets; semi-permanent made up of cemented floor, iron walled and iron roofed; and temporary housing made of thatched grass and mud.

3.5.6 Conclusion and Recommendations for Improvement

The community felt materials used for housing were expensive and residents requested that they be provided with subsidized building materials.

CHAPTER FOUR: PRO-POOR INITIATIVES AND DEVOLVED FUNDS

This chapter presents the findings on some of the pro-poor initiatives such as cash transfers (CT), Kazi Kwa Vijana (KKV) and Roads 2000. It also highlights the findings on some devolved funds.

4.1 CASH TRANSFERS

The District Gender and Social Development Officer said that cash transfer programme for persons with severe disabilities and social protection for old persons started in the sub-county in July 2013. It was noted that most residents of Kabarbesi were not aware of the cash transfer programme and were not sure of people who have benefited from it.

4.1.1 Persons with severe disabilities

The DGSDO informed the study team that the programme started in 2011 and targeted 10 beneficiaries with severe disabilities per constituency. It later increased to 20 persons, 50 persons and now 70 beneficiaries as at 2013. The funds are not paid through the social services offices but are paid directly to the caretakers of the beneficiaries through the post office.

Identification of PWDs is done by the community, where forms are filled after ranking according to severity. PWDs currently receive Kshs 2,000 but at the start of the programme they were receiving Kshs 1,500. The payments are done after two months where each PWDs receive Kshs 4,000.

Most of the persons with disability in the county are discriminated against in terms of access to income earning opportunities and majority of this group are poor.

4.1.2 Social protection for the old

The selection criterion is same as for persons with severe disabilities but vetting is done by a committee. The committee comprises the line ministries within the district that include Ministry of Education, Gender and Social Services, Children's Officer, Medical Officer of Health, District Development Officer and the District Commissioner. The committee sits to verify the payroll after two payments have been made. They deliberate on payment errors that include overpayment and payments made to the wrong persons e.g. following death of a beneficiary. Before targeting the aged, the Statistics Officer provides information on poverty index versus population.

This programme started in 2011 where Kshs 2,000 was paid per month. Initially the beneficiaries were 23 but later increased to 115. Currently there are 187 beneficiaries.

The community reported that the fund has been beneficial to the recipients although some have been misusing the money by indulging in alcohol.

4.1.3 Community development programmes

This involves registration of groups, capacity building, gender awareness and mainstreaming. The community development programmes includes women enterprise fund, self-help groups and community based organizations.

Capacity building is done by collaborating with other stakeholders for training and currently they are training 30 ladies on skills and how to sustain themselves.

Under gender mainstreaming, field education seminars are done to teach issues on female genital mutilation, gender violence and child labor.

4.2 DEVOLVED FUNDS

4.2.1 Constituency Development Fund

The community was aware of the CDF which they felt had been of great importance to them. They reported that it had constructed classrooms in the schools where their children have been schooling. They also said that some of their children have benefited from the CDF bursaries. The community felt that the procedures for applying for CDF bursaries were too involving and most of the time the poor do not benefit.

4.2.2 Women Enterprise Fund

The KI said that the Women Enterprise Fund (WEF) started in 2008 in Mogotio and benefited 20 groups. She however said it was difficult to ascertain the numbers of beneficiaries since the funds are issued continuously as per applications received. The procedures for accessing the fund involve the beneficiaries filling application forms which are certified by the area chief and vetted by the district committee. Once the committee approves the beneficiaries, the list is sent to the ministry's headquarters for issuance of cheques through the office of the District Gender and Social Development Officer (DGSDO). The district committee membership include the District Commissioner, District Gender and Social Development Officer, Youth Officer, Mandeleo ya Wanawake and a micro finance institutions representative.

The KI further noted that the repayment rate for the WEF was very impressive. In 2011 and 2012, Mogotio sub-county was ranked in position 7 and 8, respectively. However, he noted that during the initial stages of the programme in 2008, 2009 and 2010 the repayment rate was very poor and many people defaulted.

Some of the challenges affecting the implementation of cash transfers are loss of funds that are meant for the beneficiaries through the post office officers, mistrust between the caretakers and the beneficiaries of the fund, lack of capacity building on the part of the elderly, some chiefs demanding bribes from the beneficiaries since they claim to have helped them access the funds, and some caretakers failing to remit the funds to the beneficiaries. Other challenges included lack of facilitation for the districts officers to do follow-ups, high number of people and children with

severe disabilities in the sub-county, and officials of groups that have received WEF funds sharing funds borrowed without the knowledge of other group members.

The Gender Officer stated that programmes under the ministry have had an impact on the wellbeing of the Mogotio community in that the beneficiaries of cash transfer have been catering for some basic needs like building of houses and provision of food and clothes. She further said that the caretakers have managed to start small-scale businesses which generate income for the affected families while some of the beneficiaries have restocked their cattle as a way of improving their income.

CHAPTER FIVE: CROSSCUTTING AREAS AND OTHER EMERGING ISSUES

This chapter covers the crosscutting areas and any emerging issues such as HIV/AIDS, gender and disability. These issues came out throughout the discussion with the community and the key informants.

5.1 HIV&AIDS

The Districts Public Health Officer (DPHO) who was the KI said that there are free HIV services in the county. The affected can access free ART, free tuberculosis treatment and are offered free counseling in the public health facilities. The community did inform that there has been increasing number of orphans and vulnerable children (OVCs) in the community as a result of HIV/AIDS which is leading to challenges in provision of food, housing and medical care because of the increase in dependency levels especially OVCs.

5.2 PERSONS WITH DISABILITIES/ELDERLY

The community benefited from government programmes targeting the disabled which started in 2011. There were concerns from the community that the cash transfer to the elderly was thinly distributed and that some deserving cases were left out.

5.3 GENDER

The community noted that cultural and traditional practices have contributed significantly to gender imbalances in the county. This is seen in ownership of land and livestock, and control over the use of income especially in non working class of women.

In the county the majority of the illiterate members of the adult population are women thus implying that the quality of their participation in development activities is lower than that of men.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

6.1 RECOMMENDATIONS

- Since livestock keeping is key in supporting the economy of the county, livestock and crop extension services should be enhanced in order to foster the agricultural sector;
- Education should be enhanced by improving the coverage of bursary funds so that more people are empowered to boost their chances of uplifting the living standards;
- In order to foster the effectiveness of Cash Transfer programmes, there is need to increase coverage in terms of number and the amount given to each beneficiary;
- There is need for construction of reliable water projects to curb the present situation of water shortage. This move was put forward as the only means of obtaining clean and safe drinking water;
- The community urged the government to drill boreholes to provide piped water for both households and public institutions, and increase the number of water dams within their community;
- Health facilities be constructed nearer, sanitation facilities such as latrines be constructed, and sensitization programmes on health and sanitation be stepped up;
- A sewerage system should be constructed in the district;
- In the rural areas the community should be encouraged to plant more trees to protect the environment and sustain water catchments;
- The DPHO recommended that the CTLS programme should be enhanced especially in the construction of up-to-standard cheap pit latrines;
- More efforts should be directed towards reducing pollution of Molo River which is the main source of water in the district;
- The government should increase bursary allocations to more needy students in the community to eliminate the issue of recurring fundraisings;
- The community needs a day secondary school which should be constructed within the community thus making it affordable to most parents.

6.2 CONCLUSION

The Baringo community felt that poverty levels in the county are unacceptably high with most of the households suffering from one or more forms of poverty. Education and health facilities in the county are few and the ones which exist are not in good condition and also lack the necessary tools and equipments to operate. The accessibility of these facilities was difficult due to the nature in which they are distributed across the county and poor infrastructure. The community also felt that primary education and health services for under-fiveyears were affordable to the community.

Infrastructure especially roads were in poor condition, and most towns in the county lack sewerage systems.

The study found out very few resources are allocated to rehabilitate and expand water projects. The community said water scarcity is the major problem in the county and this has hindered their chances of living a meaningful life.