

**REPUBLIC OF KENYA**



**THE PRESIDENCY**

**MINISTRY OF DEVOLUTION AND PLANNING**

**FIFTH PARTICIPATORY POVERTY ASSESSMENT (PPA V)**

**BOMET COUNTY SITE REPORT**

**MISMIS CLUSTER**

**October 2014**

**KENYA**



## TABLE OF CONTENTS

<b>FOREWORD .....</b>	<b>V</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>VI</b>
<b>ABBREVIATIONS AND ACRONYMS.....</b>	<b>VII</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>VIII</b>
<b>CHAPTER ONE INTRODUCTION .....</b>	<b>1</b>
1.1 BACKGROUND.....	1
1.2 OBJECTIVES OF PPA V .....	2
1.3 COUNTY/ CLUSTER PROFILE .....	3
1.4 METHODOLOGY .....	4
1.4.1 <i>Selection of the Cluster .....</i>	<i>4</i>
1.4.2 <i>Process, Study Instruments and Fieldwork.....</i>	<i>4</i>
1.4.3 <i>Field Logistics .....</i>	<i>5</i>
1.5 REPORT ORGANIZATION/OUTLINE .....	5
<b>CHAPTER TWO POVERTY DYNAMICS AND INDICATORS.....</b>	<b>7</b>
2.1 INTRODUCTION.....	7
2.2 DEFINITION OF POVERTY.....	7
2.3 CLASSIFICATION OF POVERTY .....	7
2.4 CHARACTERISTICS OF POVERTY .....	8
2.5 CAUSES OF POVERTY .....	8
2.6 IMPACTS OF POVERTY.....	9
2.7 COPING MECHANISMS/STRATEGIES.....	9
2.8 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD .....	10
2.9 POVERTY AND GENDER .....	11
2.9.1 <i>Gender Roles.....</i>	<i>11</i>
2.9.2 <i>Opinion on women in Leadership .....</i>	<i>11</i>
2.10 POVERTY TRENDS OVER TIME .....	11
2.11 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY .....	11
2.12 RECOMMENDATIONS .....	12
<b>CHAPTER THREE PROVISION OF GOVERNMENT SERVICES .....</b>	<b>13</b>
3.1 HEALTHCARE .....	13
3.1.1 <i>Introduction.....</i>	<i>13</i>
3.1.2 <i>Major Health Concerns in the Community .....</i>	<i>13</i>
3.1.3 <i>Provision of Health Services.....</i>	<i>13</i>
3.1.4 <i>Interventions Towards Improvement of Health Services .....</i>	<i>14</i>
3.1.5 <i>Impacts of Health Services .....</i>	<i>14</i>
3.1.6 <i>Decision Making on Health Issues .....</i>	<i>14</i>
3.1.7 <i>Ideal Family Size.....</i>	<i>15</i>
3.1.8 <i>Relationship between Household Size and Poverty .....</i>	<i>15</i>
3.1.9 <i>Access and Decision Making on Family Planning Services.....</i>	<i>15</i>
3.1.10 <i>Opinion on Status of Health Status Over Time .....</i>	<i>15</i>
3.1.11 <i>Recommendations.....</i>	<i>16</i>
3.2 BASIC EDUCATION .....	16

3.2.1	<i>Introduction.....</i>	16
3.2.2	<i>Status of Education Facilities.....</i>	17
3.2.3	<i>Provision of Education Services.....</i>	17
3.2.4	<i>Status of Education Services.....</i>	17
3.2.5	<i>Interventions towards Improvement of Education.....</i>	17
3.2.6	IMPACTS OF EDUCATION SERVICES IN THE COMMUNITY.....	18
3.2.7	<i>Relationship between Education and Poverty.....</i>	18
3.2.8	<i>Opinion on Status of Education Over Time.....</i>	18
3.2.9	<i>Recommendations.....</i>	19
3.3	AGRICULTURAL SERVICES AND INPUTS.....	19
3.3.1	<i>Introduction.....</i>	19
3.3.2	<i>Provision of Agricultural Services and Inputs.....</i>	19
3.3.3	INTERVENTIONS FOR IMPROVEMENT OF AGRICULTURAL SERVICES.....	20
3.3.4	<i>Impacts of Agricultural Services.....</i>	20
3.3.5	<i>Target Groups for Agriculture Services.....</i>	20
3.3.6	<i>Relationship between Agriculture and Poverty.....</i>	20
3.3.7	<i>Opinion on Status of Agriculture over time.....</i>	21
3.3.8	<i>Recommendations.....</i>	21
3.4	WATER AND SANITATION.....	22
3.4.1	<i>Introduction.....</i>	22
3.4.2	<i>Status of Provision of Water and Sanitation Services.....</i>	22
3.4.3	<i>Types of Sanitation Facilities.....</i>	23
3.4.4	<i>Relationship Between Environmental Degradation and Water Availability.....</i>	24
3.4.5	<i>Relationship between Water and Sanitation and Poverty.....</i>	24
3.4.6	<i>Access to Sanitation.....</i>	25
3.4.7	<i>Role of Community in Management of Water and Sanitation.....</i>	25
3.4.8	<i>Opinion on State of Water and Sanitation Over Time.....</i>	25
3.4.9	<i>Recommendations.....</i>	26
3.5	HOUSING.....	26
3.5.1	<i>Introduction.....</i>	26
3.5.2	<i>Types of Building Materials.....</i>	27
3.5.3	<i>Sources of Building Materials.....</i>	27
3.5.4	<i>Types of Housing and Household Headship.....</i>	27
3.5.5	<i>Opinion on Status of Housing Over Time.....</i>	27
3.5.6	<i>Recommendations.....</i>	28
<b>CHAPTER FOUR PRO-POOR INITIATIVE AND DEVOLVED FUNDS .....</b>		<b>29</b>
4.1	PRO-POOR INITIATIVES.....	29
4.1.1	<i>CASH TRANSFERS.....</i>	29
4.1.2	<i>Kazi Kwa Vijana.....</i>	30
4.1.3	<i>Roads 2000.....</i>	31
4.1.4	OTHER PRO-POOR INTERVENTIONS.....	31
4.2	DEVOLVED FUNDS.....	32
4.2.1	<i>Constituency Development Fund.....</i>	32
4.2.2	<i>Women Enterprise Fund.....</i>	33
4.2.3	<i>Youth Enterprise Development Fund.....</i>	34
4.2.4	<i>Poverty Eradication Commission Revolving Loan Fund.....</i>	36
<b>CHAPTER FIVE CROSSCUTTING AND EMERGING ISSUES .....</b>		<b>37</b>
5.1	HIV AND AIDS.....	37
5.2	GENDER MAINSTREAMING.....	37

5.3	DISABILITY MAINSTREAMING.....	37
<b>5.4</b>	<b>YOUTH ACCESS TO GOVERNMENT PROCUREMENT OPPORTUNITIES .....</b>	<b>37</b>
5.5	THE LAPTOP PROJECT .....	38
5.6	HUDUMA CENTRES.....	38
5.7	UWEZO FUND.....	38
<b>CHAPTER SIX</b>	<b>CONCLUSION AND RECOMMENDATIONS.....</b>	<b>39</b>
6.1	CONCLUSION.....	39
6.2	RECOMMENDATIONS .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>

## **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 the 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 cross-cutting issues such as HIV and 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 Bomet 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 Ogola, the Director Social & Governance Department. The Department 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), Cosmas Muia (Senior Economist), Joseph Njagi (Senior Economist), Michael Mwangi (Senior Economist), Samuel Kimote (Senior Economist), Eric Kiilu (Senior Economist), Christatos Okioma (Economist) and Douglas Manyara (Economist).

The Ministry also recognizes varied support provided from time to time by the following officers; Mr. Zachary Mwangi (Ag. Director General, KNBS) for cluster sampling and identification, Florence Juma (Secretary), Matilda Anyango (Secretary), Florence Natse (Secretary), Evelyn Taalam (Driver), Dequize Omg'wen (Driver) and Aphlin Onyango (Office Assistant).

The ministry is also indebted to the team of dedicated consultants comprising Munguti Katui Katua, John T. Mukui and George Mbate. Their experience and technical guidance was instrumental in the production of key documents and tools that were utilized during the field exercise as well as in the finalization of both the National Report and County Reports.

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 PETER MANGITI**  
**PRINCIPAL SECRETARY**

## **ABBREVIATIONS AND ACRONYMS**

AMREF	Africa Medical Research Foundation
CBO	Community Based organization
CDF	Constituency Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBO	Faith Based organization
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authority Transfer Fund
MDGs	Millennium Development Goals
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWDs	Persons with Disabilities
RA	Research Assistant
STI	Sexually Committed Infection
TOWA	Total War against AIDS
VCT	Voluntary Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

## **EXECUTIVE SUMMARY**

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspectives. The government conducted PPA-I in 1994, PPA-II in 1996, PPA-III in 2001 and PPA-IV in 2005/06.

Between October 2012 and February 2014, the National Government conducted PPA V whose overall objective is 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. In particular, the survey sought the communities' perspectives on poverty dynamic diagnostics and the provision and impact of selected wellbeing services including agriculture, education, health, social protection, and devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

This report presents the findings of the PPA-V survey in Mismis Cluster of Bomet County which was conducted in November-December 2013. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly sub-county technical experts in the subject areas of the survey.

Mismis cluster is a rural community in Sigor division, Chepalungu sub-county. The cluster has 110 households according to the fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from Kenya National Bureau of Statistics (KNBS).

Bomet County covers an area of 2037.4 km<sup>2</sup> and the population was estimated to be 782,531 in 2012 and is projected to reach 846,012 in 2015. Poverty is prevalent across the county but the degree and causes vary. The proportion of households living below poverty line is 46.5 percent. The Mismis community defined poverty as when someone lacks basic needs for decent living and estimated at 74.6 percent of the community.

Some of the causes of poverty in Mismis include illiteracy, large family size, retrogressive cultural practices, drug and substance abuse, poor health and inherited poverty.

Generally health services are available, accessible and affordable to the community except for referral cases which are far and expensive. There is therefore need for a health facility in the community given that the nearest dispensary/hospital is 3 km away.

Education services particularly at primary school level are generally accessible and affordable. However, most education facilities are in poor state and are inadequate. The community was also not satisfied with the low quality of service offered due to understaffing and poor learning environments.

The community is aware of the available agricultural services. The services are accessible and affordable with the extension services being demand-driven. Among the agricultural services offered are extension services, field demonstrations, field days, farm visits and workshops to train farmers. Agricultural services provided are targeted to individuals, farmer groups, institutions, hardworking vulnerable members of the society with land, and vulnerable livestock farmers.

There are two major water schemes in the county, namely, Chepalungu and Sigor water schemes. In addition, the Government in partnership with community engages in protection of springs by fencing and putting gravel and stones. General accessibility to water services in the county is rated at 60 percent, while accessibility to safe drinking water is rated at 30 percent. The reasons for these low ratings include the fact that some distribution networks are dormant. For instance, the water pipe passing through Mismis cluster is dry, while rivers, springs, shallow wells and boreholes are not treated and hence are not safe.

A reported 32 percent of the community had access to private improved sanitation such as flush toilets and pit latrines. The key informant further reported that according to Kenya Integrated Household Budget survey (KIHBS), 84 percent of the population shared latrines.

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 negative attitude towards loans and group conflicts limit the uptake of the funds.

HIV/IDS and female genital mutilation were identified as major crosscutting issues of concern. The community noted that a lot of resources and time is spent in taking care of persons infected with HIV&AIDS. They also decried retrogressive cultural practices such as FGM which they said are rampant in the community.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 BACKGROUND**

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own discourse. 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. It is the recognition and inclusion of the beneficiaries' opinions in designing a successful development programme that can successfully address the problem of poverty.

Various participatory methodologies that emphasize the use of visuals and focus group discussions have come up including PRA, PUA, Rapid Rural Appraisal (RRA), Participatory Learning Methods (PALM), and Participatory Action Research (RAP) among others.

In Kenya, four PPAs have been undertaken so far. The first Participatory Poverty assessment was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi).

The second PPA was carried out in 1996 and covered 7 districts. The purpose of this study was to provide a deeper understanding of poverty from the perspective of the poor and to fill gaps quantitative studies could not readily explain. It also aimed at enhancing capacity of Government staff in the application of participatory methodologies used to study poverty. The study looked at people's perception of service delivery.

The third PPA carried out in 2001 covered 10 districts; with the objective of enriching the information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP). The PRSP built on past efforts aimed at poverty reduction, and in particular the IPRSP which identified measures and strategies necessary to facilitate sustainable and rapid economic growth, improving governance, raising income opportunities of the poor, raising quality of life and improving equity and participation.

The first three studies focused mainly on poverty diagnostics (characteristics of the poor and causes of poverty), but had no explicit link to policy and therefore did not adequately address the impact of pro-poor policies. These studies raised numerous concerns on service delivery and therefore could be seen as informing the interest in

ensuring that policies are not only pro-poor but also that their impact is felt by the poor, thus laying useful foundation for the enquiries of both PPA-IV and PPA-V.

The fourth PPA was conducted in 2005/06 alongside the Kenya Integrated Household Budget Survey (KIHBS). The two studies were meant to complement each other. The PPA focused on three main areas of policy relevance: poverty diagnosis and dynamics; pro-poor policies regarding service delivery and wellbeing; and voices of the poor among the communities which included analysis of the impact of the various policies on the poor (Agriculture and Livestock Extension Services, Healthcare, Education, Water and Sanitation, Access roads). To complement the quantitative data, PPA-IV investigated the extent to which households in the communities have moved in and out of poverty in the past.

## **1.2 OBJECTIVES OF PPA V**

The overall objective of PPA-V is 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. The study focuses on two main areas:

- Getting the impact of various well-being policies, strategies, programmes and projects aimed at reducing poverty and improving welfare; and
- Getting the voices of the poor among the communities with a special focus on social protection initiatives to inform policy planning and targeting.

More specifically, PPA-V assessment seeks 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;
- 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/ CLUSTER PROFILE**

According to the County Development Profile, Bomet County is bordered by four counties: Nakuru to the east, Kericho to the northeast, Nyamira to the south and Narok to the west and covers an area of 2037.4 km<sup>2</sup>.

The population of Bomet County was estimated at 782,531 in 2012 with a density of 384 people per km<sup>2</sup> which is expected to grow to 415 in 2015 and 437 in 2017. The County population is projected to reach 446,012 in 2015 and 891,168 by 2017. The county has a youthful population with 634,345 (81%) persons under the age 34. The age cohort 0-4 with 130,720 persons in 2012 comprises 16.7 percent of the county population.

The higher altitudes in the northeastern parts of the county are particularly suitable for tea growing and dairy production. The middle part of the county is suitable for tea, maize, pyrethrum and a bit of coffee. Dairy milk production especially in Sotik sub-county is a major economic activity. Areas between 1,800m and 2,300m above sea level are mostly suitable for maize, pyrethrum, vegetables and beef production.

The County borders a long stretch of Mau forest which is a natural forest and home to different species of animals and plants. However, due to encroachment leading to destruction of the forests, animal life is threatened and has even resulted in the disappearance of certain species of animals, birds, insects and plants.

The rainfall pattern generally follows altitude. Rainfall is highest in the lower highland zone with a recorded annual rainfall of 1400mm and the lowest being 1000mm. The upper midland zone to west of the Rift Valley experiences uniform rainfall while rainfall is low in the upper midland zone in the southern part of the county.

The abundant water sources coupled with even distribution of rain almost throughout the year naturally dictates the county's main economic activities which are basically agriculture and livestock production. The upper midland zone on the southern part of the county is suitable for sunflower and maize production; livestock and sorghum activities are also practiced in this zone. Lower highland zone has a fairly good potential for pyrethrum if runoff loss of water and soil in the generally slopping areas is controlled by soil protection.

## **1.4 METHODOLOGY**

### **1.4.1 Selection of the Cluster**

The selection of the cluster was done using two-stage purposive sampling that was superimposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in a given County. The fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from the Kenya National Bureau of Statistics (KNBS) were used to demarcate the boundaries of the selected clusters.

One cluster per county was selected for the detailed study in which specially designed participatory assessment tools were administered. In the cluster, a household survey was undertaken and a household questionnaire administered to selected households, especially those benefiting from cash transfers and those in extreme poverty.

### **1.4.2 Process, Study Instruments and Fieldwork**

The 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 and pair-wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools so as to understand the community boundaries and the facilities within. Wealth Ranking was used to establish how the community categorizes itself economically. There was a deliberate attempt to identify households which were benefiting from cash transfers so that they could participate during the administration of the specific data collection checklists.

A 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, DDOs and the County Commissioner.

### **1.4.3 Field Logistics**

The PPA-V pilot study was conducted during the month of March/April 2012 and the main survey in this cluster was done in November/December 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly 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 survey, the Research assistants (RAs) were introduced to the use of survey tools by the supervisors/trainers. 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 for two days. Out of the applicants who were interviewed, six (6) Research Assistants were selected to assist in data collection in the county.

The training for research assistants ran for five (5) days and data collection and report writing was done in four (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.

## **1.5 REPORT ORGANIZATION/OUTLINE**

This report presents the PPA-V survey findings in Mismis Cluster of Bomet County. The report is divided into six chapters including chapter 1 which covers the Introduction. Chapter 2 highlights the survey findings on poverty and inequality in Bomet County while chapter 3 presents findings on provision of public services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings on selected pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF),

Youth Enterprise Development Fund (YEDF) etc and other pro-poor interventions. Chapter 5 presents the crosscutting and emerging issues while Chapter 6 gives the conclusion and recommendations.

## CHAPTER TWO

### POVERTY DYNAMICS AND INDICATORS

#### 2.1 INTRODUCTION

Poverty is prevalent across the county but the degree and causes vary. According to the Bomet CIDP 2013, the average number of households living below poverty line is 46.5 percent, with the most affected areas being Sigor, Longisa, Siongiroi, Sotik and Kimulot divisions. The Mismis cluster falls in Sigor division in the eastern part of the county.

This Chapter discusses the issues and definition of poverty from the perception of the people of Mismis community, a rural cluster in Sigor division, Chepalungu district in Bomet County. It also highlights the various dimensions and indicators of poverty as it manifests itself in the community. It further discusses the characteristics of poverty, causes of poverty, coping mechanisms and trend of poverty in the last ten years as reported by the community.

#### 2.2 DEFINITION OF POVERTY

Poverty was described in various ways by the Mismis community. The community defined poverty as *Bananda or seretet*. They described *seretet* as a person lacking various things. One member described the poor thus: "*Seretetko we motinyekyikotugulak ne kikosannaet*" (a poor person is one who has nothing at all and who is ignorant), while other descriptions were: "*Panandako yon memucheiriblakok*" (poverty is when one is not able to take care of children) and "*Panandako yon mamuche chito konyor tukukche mokchinkei chito asi kosop*" (poverty is when someone lacks basic needs for decent living). Poverty was also defined as scarcity of land. Poverty is when one has no children and has no land or when one has many children with small piece of land to feed them. Poverty was also considered as being disabled and unable to work.

#### 2.3 CLASSIFICATION OF POVERTY

The community classified themselves into poor, very poor and rich. According to the key informant, the cluster had 110 households where 82 households were categorized as very poor (74.6%) 23 households (20.9%) as poor and the remaining 5 households (4.6%) as rich.

## 2.4 CHARACTERISTICS OF POVERTY

### Very poor

The community described a very poor person as a person without cow, chicken, goat and land. They also said that a person who is not able to pay school fees and one who lacks basic household items was considered very poor.

### The poor

The community described a poor person as one with only one cow (*tinye teta akenge kityo*). He/she can also be viewed as a person who owns few things and is unable to feed himself (*chito ne tinye kibomo tuten*) and a person with unproductive livestock was also considered poor.

### The rich

The rich in the community was described as a wealthy person "*chito netinye tuguk tugul*" a person who has everything i.e. land, many cows, educated children, a good house and money. Also included here is a person without problems.

## 2.5 CAUSES OF POVERTY

The causes of poverty differed among men, women, youth and persons with disabilities.

The causes of poverty among men included alcoholism, scarcity of land, inherited poverty, spending money on unimportant cultural practices such as circumcision and wedding, health problems, idling, rumor mongering/negative envy to people who have developed, illiteracy, big family size and inability to access loans.

The community described the causes of poverty among women to include being a widow, early marriages, drunkard husbands, sidelining of women in decision-making, lack of education, marriage among the poor, dependency, and laziness.

The community described the causes of poverty among the youth as lack of education, failure by parents to consider children in land sharing, teenage pregnancies, drug abuse, lack of government support, idling/roaming, lack of exposure, lack of awareness, and children without parents.

Among PWDS /OVCS, the causes of poverty cited included inability to work, failure to access devolved funds, lack of special education, and having been sidelined.

## 2.6 IMPACTS OF POVERTY

The impact of poverty differed among these groups. For example, poverty has caused men to sell their land (*Oldoi Koret*); caused depression which has resulted in cases of madness (*Citwoldos Metoek en alak*); made some engage in alcoholism and drug abuse; caused some to commit suicide (*Liketegei bil alak*); increased health problems due to poor diet, alcoholism and drug abuse; and insecurity (Borebiik Murenik Kon chonbo bodaboda) with some men becoming robbers.

The impact of poverty among women include prostitution in towns (Olsoi borwek layok en town); early marriages (Kitoni Logok chemengechen amun seretos); and broken families.

Among the youth, children drop out of school (*Bokoktoi sugul kyok*); early marriages among the youth, prostitution in towns (Olsoi borwek layok en town); rising cases of HIV&AIDS, family conflicts when scrambling for resources in the family; and child labor.

The community reported that poverty among PWDs/OVCs has led to begging (Somsote), dropping out school (Bakoktoi sugul), and child labor (basikn lagok).

## 2.7 COPING MECHANISMS/STRATEGIES

Men	Women	Youth	PWDs/OVCs
Formation of self-help groups and merry-go-round; Engage in farming i.e. they grow tomatoes, onions and vegetables; Perform manual jobs; Some perform "motirenik" (traditional circumcisers); Majority of men are herdsmen and watchmen;	Engage in casual jobs such as digging, weeding), splitting firewood and house help; Engaging in small scale business like selling vegetables, selling fresh milk, selling porridge, selling mursik (mala); Form groups (i.e. merry-go-rounds) and loan to each other through table banking and purchasing each other furniture on rotational basis; Embrace family planning among themselves;	Engage in casual jobs in the community; Alcoholism and drug abuse; Prostitution; Just go to school; Engage in small scale businesses running a shop, barber shops (kinyozi), bodaboda operators; Form self-help groups so as to do farming, merry-go-rounds	Engage in begging in the community; Engaging in small business e.g. mending shoes; Seek for assistance from the government funds e.g. CDF bursary; Donations from the community especially school fees; Engage in early

<b>Men</b>	<b>Women</b>	<b>Youth</b>	<b>PWDs/OVCs</b>
Picking tea for pay; Digging of latrines in the community and fencing; Alcoholisms to try and forget their problems	Prostitution to try and earn a living; Illicit brewing		labor so as to survive

## **2.8 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD**

The main assets in the household include chicken, cows, utensils, sheep/goats, houses, donkeys, land, children, furniture, rabbits, car, motorbike, electronics and phones. In this community men own cows, sheep/goats, houses, donkey, land, children, furniture, cow, motorbike, electronics and mobiles phones. On the other hand women were reported to own chicken, utensils and mobile phones. Children own rabbits and chicken. Men were found to own most high valued assets.

On disposal and purchase of assets, men dominate decisions with regard to sale of cows, sheep, goats, donkey, land, car and motorbikes. There were areas of joint decision making where consent of the spouse was sought e.g. disposal/purchase of land. Low value assets can be disposed by either of the spouse without too much consultation. Men in this community make decisions on where and what to invest in. As regards their children's education, both parents discuss and agreed on where to take children. Payment of school fees is mostly done by men.

With regard to use and access to assets, both men and women were found to access and use them without any problem apart from assets such as land where the man has to be consulted.

## **2.9 POVERTY AND GENDER**

### **2.9.1 Gender Roles**

#### **Men**

In a typical day a man's day begins at 7 am. He goes to the farm from 8 to noon to do various activities e.g. digging, weeding and taking cows to the river. After lunch men go either to sleep or to enjoy themselves. They return at 7 pm for supper and go to bed at 9 pm.

#### **Women**

A woman's day in this community begins at 5 am. She goes to fetch water, prepare breakfast, and milk the cows before taking them for grazing. At 8 am they engage in farm activities such as weeding and land preparation up to noon when they return to prepare lunch. In the afternoon she is engaged in cleaning the homestead and goes to fetch firewood. In the evening she goes to fetch cows and milk them before preparing supper at 7 pm. A woman's day ends at 10 pm when she goes to sleep.

### **2.9.2 Opinion on women in Leadership**

In this community men were found to have no objection to women assuming leadership positions. However, men generally have objections to women taking loans. Some had these to say "*Matakararan*" meaning it is not normally good. "*Ibu akonyo kwam kotar ako momuche koyakta*", meaning they borrow but are not able to repay and so men are followed by lenders.

## **2.10 POVERTY TRENDS OVER TIME**

According to this community poverty has been increasing over time due to the rapid increase in population and the high cost of living. This has widened the gap between the poor and the rich. The key informants confirmed that poverty has tremendously increased over time due to scarce resources, climate change, lack of capital for investment, high commodity prices, expensive education and unemployment among the youth.

## **2.11 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY**

- Health facilities such as Sigor sub-district hospital, Longisa hospital, Sukumerga dispensary and Tenwek mission hospital, but are not located within the cluster with the furthest (Tenwek mission Hospital) being 25 km away;

- Community health workers who visit the community and offer services such as giving first aid, managing emergency child birth and tracing drug defaulters e.g. TB and ARV;
- Free counseling and provision of ART;
- Education institutions e.g. Mismis primary school which is at the border of the cluster but serves the community; but there is no secondary school within the cluster;
- The benefits of free primary education and subsidized secondary education;
- CDF bursaries which give priority to OVCs;
- Cash transfers for OVCs supported by UNICEF and cash transfers for the elderly and PWDs by the government;
- Water dams that provide water for domestic use, and a water pipe constructed in January 2013 by Sigor Water Scheme but the water is yet to run through the pipes;
- Agricultural extension services, farmer training, pasture development, vaccination and livestock treatment by the Ministry of Agriculture; there is also a cattle dip within the cluster.

## **2.12 RECOMMENDATIONS**

The community recommended the following to improve their wellbeing:

- Increase access to education through infrastructure development, bursaries and employing of more teachers;
- Establish markets for their produce to prevent exploitation from middlemen;
- Provision of irrigation and be assisted to acquire greenhouses to diversify their farming;
- Discourage the community from seeking favours from politicians;
- Establish a mechanism for resolving family conflicts especially caused by alcoholism;
- Improve road network;
- Encourage financial deepening through mobilization of group savings and provision of credit;
- Enhance security; and
- Proper management of devolved funds for the benefit of the community.

## **CHAPTER THREE**

### **PROVISION OF GOVERNMENT SERVICES**

This chapter presents information on availability of public service facilities and where they are located in the communities, management of the facilities, awareness of the kind of services offered, affordability and other interventions which have led to improvement in the standards of services in the community. It also sought to establish the trend of service provision for the past ten years and recommendations for improvement.

#### **3.1 HEALTHCARE**

##### **3.1.1 Introduction**

The county has a 138 health facilities comprising of five hospitals of which two are mission hospitals, 23 health centres, 30 private clinics and 80 dispensaries. There are 20 doctors and 287 nurses giving a doctor/population ratio of 1:40,232 and a nurses/population ratio of 1:2,806.

Disease prevalence varies from one sub-county to the other, but the five common diseases in order of prevalence are malaria, upper respiratory tract infections, skin infections, pneumonia and intestinal worms.

The study aimed at generating information on whether there were any health facilities in the study area, where the health facilities are located in the community, who runs/manages the facilities, whether people were aware of the kind of services are offered, whether the services offered are free or paid for and if they are paid for, are they affordable, are there other health interventions which have led to improvement in the health standards of the community and people's perceptions about health services and whether the services have improved or declined during the past ten years and why, recommendations for further improvement.

##### **3.1.2 Major Health Concerns in the Community**

The community members reported that the major health concerns are malaria, typhoid, diarrheal diseases, malnutrition, brucellosis and HIV&AIDS.

##### **3.1.3 Provision of Health Services**

The nearest health facility is Sigor sub-district hospital which is 3 km away from the cluster. The community reported that most of the services offered are affordable but

only referral cases are a bit expensive. Some services like maternity services, treatment of under-fives, and treated mosquito nets are free. They also get free TB drugs and ARV. There is also counseling and provision of ART to persons infected with HIV&AIDS.

### **3.1.4 Interventions Towards Improvement of Health Services**

The following were the intervention targeting the improvement of health services:

1. Preventive and promotive health services;
2. Health promotion on proper hygiene and first aid;
3. Free maternity services;
4. Free treatment for under five years;
5. Free counseling and provision of ART to person infected with HIV&AIDS;
6. Subsidized drugs and healthcare services;
7. Provision of free mosquito nets to expectant mothers;
8. Moonlight VCT to reduce stigmatization;
9. Free TB drugs and ARV supported by Walter Reed project;
10. Campaigns to sensitize the community on the importance of family planning and the importance of male involvement with a reward of Kshs 500 for a man who comes with his spouse.

### **3.1.5 Impacts of Health Services**

The following were said to be the impacts of health services to the community:

1. There has been a reduction in morbidity and mortality rates;
2. Improvement in nutrition;
3. The community is able to get manageable children through the use of family planning;
4. There has been an improvement in maternal and child health;
5. There has been a reduction in the number of defaulters of TB treatment and ARV;
6. There has been an increased work output due to improved nutrition.

### **3.1.6 Decision Making on Health Issues**

The main decision maker regarding health issues is the man who is the head of the household though women also have a role to play like taking the child to the hospital.

### **3.1.7 Ideal Family Size**

According to the community an ideal family size varies depending on whether the family is polygamous; whether they go for family planning services; cases of some girls who have given birth while at home; and some have extended families. However, to the community an ideal family size consists of an average of 8-10 members.

### **3.1.8 Relationship between Household Size and Poverty**

The community agrees that there is a relationship between household size and poverty. The larger the family size the harder it is to provide for the family due to high dependency ratio. Some were of the opinion there is no much relationship between family size and poverty since there are still some households with small family size but are poor while others have a large family sizes but are rich.

### **3.1.9 Access and Decision Making on Family Planning Services**

The community agreed that family planning services are accessible and available, but women are left to seek for the services alone as men are still rigid. On decision making about family planning the community agrees women are the main decision makers and they usually hide from their husbands when seeking the services.

### **3.1.10 Opinion on Status of Health Status Over Time**

According to the community there has been a slight improvement in health status because of the introduction of free maternity services, free treated mosquito nets, deworming in schools, and polio campaigns. Reduction in maternal and child death as well as community morbidity rates is also an indication of an improvement in the health sector. There is also noticeable improvement in the health facilities i.e. buildings as well as an increase in number of staff though not enough.

The following challenges hinder the effective delivery of health services:

1. Lack of adequate medical supplies;
2. Inadequate staff and those who are available are always drunk;
3. The time taken to be attended is long;
4. Sometimes laboratory technicians are not there and sometimes they are referred to other places;
5. Payment of charges which are neither clear nor substantiated;
6. Some mothers still go to TBAs despite free maternity services and hence there is no immunization of infants;
7. Poor infrastructure hence mothers in labor deliver before they arrive in hospitals;

8. Youth ignorance and misuse of emergency pills and post-exposure prophylaxis;
9. Stigmatization despite availability of moonlight VCTs and sensitization;
10. Teenage pregnancies thus compromising child and maternal health.

### **3.1.11 Recommendations**

The following are the recommendations to improve the delivery and quality of health services:

1. More health facilities should be built;
2. The Government should employ more medical personnel;
3. The existing health facilities should be equipped and upgraded;
4. Ensure the doctors/nurses offers the services required on time;
5. There should be regular preventive and promotive health campaigns and education;
6. Deliberate attempt to target men for family planning services.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

The gross primary school enrolment ratio rose to 112.3 percent in 2012 while the transition rate from primary to secondary level has been rising and was 46.3 percent in 2012. The enrolment for boys and girls in primary school also point to a near gender parity. These improvements are in great part attributed to the implementation of Free Primary Education, continued investment in basic primary school infrastructure, and introduction of free tuition in public secondary schools in 2008.

The survey sought information on location of the education facilities in the study areas including state (infrastructure) of the education facilities, provision of education services including who manages the facilities, accessibility, quality and affordability of the services. It also looks at interventions that have facilitated the improvement of education standards in the community and seeks opinions of various respondents whether there is a relationship between poverty and education in the community. It also looks at the status of education services in the study areas over the last ten years and gives recommendations on how to improve the education standards of the communities.

### **3.2.2 Status of Education Facilities**

According to the community, most education facilities (e.g. classes and offices) are in poor state and are semi permanent. Facilities in secondary schools are also inadequate e.g. there is sharing of beds among students.

### **3.2.3 Provision of Education Services**

There is only one school (Mismis Primary School) that is easily accessible by the community. The nearest secondary school is Sigor High School which is outside the cluster about 5 km away.

The community appreciates that there is free primary education (FPE) and subsidized secondary education though the latter was said to be expensive (not affordable). According to the key informant, access to basic education has been enhanced. This is because more day schools have been built which includes Desoi Secondary School and Lelaitich Secondary School which have assisted the community.

Though the government has provided FPE, the community claims they pay money for activity fee, PTA teachers and examination fee which majority of community members cannot afford.

### **3.2.4 Status of Education Services**

According to the community, the education services offered are not satisfactory. The concerns raised included poor quality education which is attributed to understaffing and poor learning environment. From the FGDs it came out clearly that students perform poorly, an example being Sigor High School whose performance has deteriorated significantly.

### **3.2.5 Interventions towards Improvement of Education**

According to the key informant, there have been some interventions to help the OVCs access basic education e.g. funds from the CDF kitty have been set aside to assist the most vulnerable girl/boy child from the community. Apart from the OVCs, other needy children have received bursaries. CDF has assisted in construction of more permanent classrooms especially in primary and day secondary schools. The provincial administrations through the chiefs are enforcing the Government directive that no child should be denied the basic right to education.

### **3.2.6 Impacts of Education Services in the Community**

1. Increased enrollment in primary and secondary schools;
2. Literacy level has gone up significantly;
3. Affordability of education due to free/subsidized education has made more children access education hence reduced illiteracy level;
4. According to the key informant the high number of graduates in the community has made poverty levels dropped significantly;
5. There has been a significant reduction in school dropouts due to affordability of education.

### **3.2.7 Relationship between Education and Poverty**

To the community poverty is related to education. They noted that the poor are unable to educate their children mainly beyond secondary school thus creating a vicious cycle of poverty within the family. Also education is important if poverty has to be eradicated thus people are poor because they lack education.

### **3.2.8 Opinion on Status of Education Over Time**

According to the community, there has been a significant improvement in education because of free primary education and many day secondary schools have been put up. Access and quality of education has improved over last 10 years. For example access to education by the vulnerable groups has risen due to some interventions by the government through CDF bursaries and scholarships. Through the provincial administration many children have been taken to school. There are also many graduates from the community who have become role models to young children hence increased enrollment over last 10 years.

The following are some of the challenges in provision of education services in the community:

- Inadequate staff;
- Unequipped libraries, science and computer laboratories;
- Lack of electricity connections;
- Insecurity;
- Corruption in bursary allocations;
- Despite FPE and subsidized education, some children are still dropping out of school; and
- Alcoholism is making some parents unable to educate their children.

### **3.2.9 Recommendations**

1. Put mechanisms to curb corruption as this will for example make bursaries be allocated to deserving children;
2. Employment of more teachers;
3. More boarding facilities in schools to enhance access and retention;
4. Measures be taken to parents denying children their right to education;
5. Enhance security for more study time for children;
6. PWDs and OVCs be assisted fully to get education by funding them;
7. Illicit brews be banned from the community and near school environments;
8. Explore the reasons why children drop out of school and provide necessary interventions.

## **3.3 AGRICULTURAL SERVICES AND INPUTS**

### **3.3.1 Introduction**

The majority of farmers in Bomet county practice mixed farming with tea, maize and dairy taking the lead. Although tea takes a smaller area it leads in income earnings followed by milk and maize.

Agro-forestry is widely practiced in the county due to reduced land sizes and the benefits that are accrued from the practice. The demand for wood fuel by the many tea factories in the county has resulted to most farmers combining both trees and crops in their farming activities. The Kenya Forest Service has assisted farmers in establishing over 1,370 ha of farm forest. However, demand for wood products is too high compared with production and this has contributed to environmental degradation as farmers have cut down indigenous trees to meet their demand for wood products.

The study sought information on the agricultural services or inputs available in the area and the extent to which the households rely on them. It also investigated the nature of extension services provided, access, affordability and recommendations for improvement.

### **3.3.2 Provision of Agricultural Services and Inputs**

Agricultural services offered include extension services which are demand-driven, field demonstrations, field days, farm visits and workshops to train farmers. No farm inputs services are offered to the community hence they obtain them from agrovets.

### **3.3.3 Interventions for Improvement of Agricultural Services**

1. National Agricultural Accelerated Inputs Access Programme (NAAIAP) was started by Government to improve land productivity with the aim of achieving high maize yields;
2. Njaa Marufuku Kenya (NMK) whose objectives is to reduce the number of people facing extreme hunger and poverty by supporting them to engage in banana farming through tissue culture e.g. Sigor support group from Mismis benefited;
3. Sensitization of farmers to engage in farming of traditional high value crops (orphan crops) which had been neglected by the community though they had high nutritional value e.g. sweet potatoes and sorghum;
4. Farmer training to access agricultural information online and carrying out fish farming;
5. Agricultural extension services are offered to the community;
6. Field demonstration during field days;
7. Workshops to enlighten farmers more on good agricultural practices.

### **3.3.4 Impacts of Agricultural Services**

According to the community there has been:

1. Income from fish sales, which has enhanced food security and health improvement;
2. Farmers have diversified farming;
3. Increase in production of milk, meat, honey and eggs;
4. Has necessitated improvement of infrastructure e.g. roads leading to coolers;
5. Livelihoods have improved among the farmers because they engage in agri-business.

### **3.3.5 Target Groups for Agriculture Services**

Agricultural services provided are targeted to individuals, farmer groups, institutions, hardworking vulnerable members of the society that have land, and vulnerable livestock farmers.

### **3.3.6 Relationship between Agriculture and Poverty**

Low agricultural production leads to more poverty. Expensive farm inputs and lack of adequate agricultural land also leads to poverty. Therefore, agricultural growth is instrumental in poverty reduction especially in the rural setting.

### **3.3.7 Opinion on Status of Agriculture over time**

The community reported that the status of agriculture over time has declined due to unreliable rainfall and scarcity of land to carry out farming due to the increase in population. There has been lack of markets for farm produce thus majority of farmers incur losses. Expensive farm inputs have also contributed to a decline in agricultural production since most farmers use uncertified seeds leading to poor output. The recent maize disease (*maize lethal necrosis*) has led to low production hence affecting the economic status of the people. On the other hand, most of the agricultural services have become demand driven thus majority of farmers do not seek these services.

Some of the challenges faced in the provision of agricultural services include:

1. Unreliable rainfall;
2. Expensive farm inputs e.g. fertilizers and seedlings;
3. Lack of ready markets for farm produce;
4. Pests and diseases e.g. maize diseases (maize lethal necrosis);
5. Lack of storage facilities;
6. Poor road networks;
7. Soil infertility brought about by agronomic practices by farmers e.g. planting wrong agro-forestry trees along the farm boundaries;
8. Farmers have not appreciated the use of fertilizers;
9. Poor postharvest management i.e. perishable crops go to waste;
10. Demand driven extension services.

### **3.3.8 Recommendations**

1. Government should control prices of farm produce and farm inputs;
2. Subsidized inputs should be brought to the community;
3. More dams be built for irrigation;
4. There is need for Government to establish markets for produce and link producers to markets;
5. Greenhouses be constructed with the aid of the government;
6. The Government should increase funding to improve farming;
7. The Government should employ more extension officers to reach the community;
8. Farmers should be educated on the right agro-forestry trees;
9. Farmers should be trained on the best storage methods of farm produce;
10. Farmers should be advised not to harvest grains with high moisture content;
11. Formation of common interest groups by farmers to facilitate easy training;
12. Provision of vehicles to extension officers/technical extensional officers.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

The main rivers within the county include Nyongores, Kipsonoi, Itare, Kiptiget, Chemosit Amalo, Maramara and Sisei. These are fairly permanent rivers although the latter is fast diminishing due to intensified cultivation along its banks and catchment area. Roof harvesting is also practiced by the households that have corrugated iron sheet roofs. Most public and private institutions have tapped rainwater for their own use in areas where there are no nearby water supplies and springs. Generally, the county is well endowed with water sources that can be tapped for the development of the county. Water quality depends on sources. Water from roof catchment, springs and streams are better in quality than from ponds and small dams. However, there is declining water quality resulting from harmful farm chemicals and fertilizers draining into the rivers and other water sources from the extensive cultivation along the riverbanks and water catchment areas.

Sanitation in the county is mainly by use of pit latrines at household level and septic tanks in institutions and urban centres with access to piped water supplies. An estimated 91.4 percent of the county households use pit latrines compared to 0.3 percent who use flush toilets mostly in urban centres. Although a sewerage system has been planned for the county headquarters, construction work is yet to start.

The study sought information on the location of water and sanitation programs and projects in the study areas. It also sought to establish the types of water sources and sanitation facilities, availability, accessibility and affordability. In addition, information on the role of the community in the management of water services and the status in water availability in the study site was established.

### **3.4.2 Status of Provision of Water and Sanitation Services**

According to the key informant there are two major water schemes in the district, namely, Chepalungu water scheme and Sigor water scheme.

Chepalungu water scheme was started in 1970 and is ongoing. The scheme benefits 4,000 households and was sponsored by the Ministry of Water, Environment and Natural Resources. Water kiosks have been constructed across the district. The Constituency Development Fund also assisted in construction of water kiosks.

Sigor water scheme is an ongoing scheme that covers 3,000 households including Mismis village. Like Chepalungu water scheme it is sponsored by the Ministry of

Water, Environment and Natural Resources. The two schemes are as result of government policy of providing/supplying water to the community.

In addition to the above two schemes, the government in partnership with the communities engage in protection of springs by fencing and putting gravel and stones. Storage tanks are put up from where the community draws water.

In order to ensure sustainability, the community actively provides labour in protection and maintenance of springs. In addition, there are local committees responsible for managing the springs. It is through these committees that the community channels any concerns regarding the springs.

### **Accessibility**

In Chepalungu district, level of access to adequate water is at 60 percent while access to safe drinking water is at 30 percent. The reasons for this include the fact that some distribution networks are dormant. For instance, the water pipe passing through Mismis cluster is dry; and rivers, springs, shallow wells and boreholes are not treated and hence not safe for drinking and also cannot hold enough water during drought which results in shortage of water in some areas.

### **Water collection**

In this community, water is mainly collected by women using donkeys especially when water sources are far (up to 5 km in some areas). However, Mismis cluster has protected springs from which the community draws water for domestic use. The water source is reliable since springs do not dry up. Water is collected any time at the springs by women.

### **Water sources**

The main source of water for domestic use in the community is springs. The springs are located within the cluster and are protected. According to this community safe drinking water is found in springs, and this source is considered reliable since springs are well protected and are permanent. Water for livestock is sourced from dams which are easily accessible but unreliable since they dry up during dry seasons.

### **Awareness level**

The community reported high level of awareness with respect to dangers of drinking unsafe water e.g. the possibility of contracting waterborne diseases such as typhoid and amoeba. Similarly, the community is aware of impact of water pollution (diseases).

### **3.4.3 Types of Sanitation Facilities**

Sanitation includes proper waste disposal, personal hygiene such as washing hands before meals and after visiting toilets, and effective sewerage disposal. In this community sanitation facilities include latrines, waste disposal pits and washing of hands. The community also reported that majority of community members have pit latrines. There is however those who do not have pit latrines. As regards washing hands, majority do practice hand washing before eating but there is still a significant number who do not wash hands after visiting latrines.

The majority have waste disposal pits dug within the compound. Some wastes such as plastics are burned while those which are biodegradable are thrown into the farms to act as manure. Broken bottles are disposed in pits, while waste food is fed to dogs and poultry.

The community reported that it is well aware of sanitation related problems. For example, lack of clean water and poor sanitation can cause diarrhea which mainly affects children in the community, causes worms, chest infection, malnourishment and death. The approach the community members use is to ensure sanitation and hygiene include proper food handling and preparation, washing hands before and after meals and after visiting latrine, and drinking safe water (through boiling or using water guard).

The community uses locally available materials such as timber "fito", timber "off-cuts", grass, sacks and iron sheets to construct sanitation facilities. The floor of toilets is made of timber since mud floors are unhygienic and collapse easily.

#### **3.4.4 Relationship Between Environmental Degradation and Water Availability**

The community reported that it is aware that degrading environment results in less and less water since water catchments are exposed to climate and hence weather changes. Environment degradation is caused by increased population, depletion of water resources and urbanization.

#### **3.4.5 Relationship between Water and Sanitation and Poverty**

According to the Mismis community water is life and so without water, nothing can be done. It is the basis upon which people establish everything including food production, construction of houses, preparing food, drinking water and livestock keeping. Shortage of water therefore negatively affects all these life promoting activities. With water one can eradicate poverty through farming and livestock keeping. One can also avoid diseases resulting from water shortage. Unavailability of water leads to hunger, death and stress (*kabwotutik*).

Proper sanitation and hygiene ensures healthy living which means one can lead economically productive life. Money spent on medication can be saved through proper hygiene hence resources can be saved for better economic activity. On the other hand, lack of proper sanitation can cause poverty since poor nutrition for example is a chronic problem related to poverty.

#### **3.4.6 Access to Sanitation**

According to the key informant, as at 2008, 52 percent of the population had access to improved water sources. This means that a significant portion of population relied on unreliable sources with women, girls and children spending much of their time fetching water.

With respect to sanitation, 32 percent had access to private improved sanitation such as flush toilets and pit latrines. The key informant reported that according to the Kenya Integrate Health Budget Survey (KIHBs), 84 percent population shared latrines (???)

#### **3.4.7 Role of Community in Management of Water and Sanitation**

It was reported that the community is involved in every aspect of water management e.g. in seeking way leaves for water pipes and in digging the layout. Their role is to give their voices and actively participate in design and maintenance of water pipes. For example, there are a number of springs in Mismis cluster in which the community is responsible for maintenance and protection and use of water resources through local committees.

The role of community in sanitation is also similar to water management in the sense that community also set up and manages, maintain and use latrines, practice hand washing, and educate others on proper sanitation and hygiene. They work hand in hand with CHWs on sanitation issues.

#### **3.4.8 Opinion on State of Water and Sanitation Over Time**

According to the key informant, generally water availability has declined over the last ten years. This trend is attributed to increased farming activity, population growth and environmental degradation. However, this trend seems to be the opposite for urban areas as increased piping to urban centers continue to grow. The negative trend of water availability is echoed by the community who reported that there is less and less water as time elapsed due to destruction of water catchment areas and increased

population which exerts pressure on demand for water for both domestic use and farming.

On the other hand, sanitation services have improved over the last ten years. Both the key informant and the community noted the increased use of sanitation practices such as latrines, waste disposal and use of hand washing. However, there are still some households who do not use latrines or share them with other households.

The improvement in sanitation is attributed to increased awareness through community health workers and local social groups as well as the provincial administration and other government departments. Some challenges in the provision of water and sanitation services include:

1. There is still some level of ignorance on the part of the community on proper sanitation and hygiene;
2. Seasonality of dams has resulted in dependence on springs during dry seasons;
3. Drought affects water availability.

### **3.4.9 Recommendations**

1. Increase awareness on proper sanitation and hygiene issues;
2. Increase environmental conservation programs such as tree planting and education on environment issues;
3. Bigger dams should be constructed to facilitate irrigation activities and to ensure regular supply of water for livestock.

## **3.5 HOUSING**

### **3.5.1 Introduction**

A reported 85 percent of the county population has their own houses against the national figure of 68 percent. Only 15 percent of the county population resides in rented houses, against a national figure of 32 percent. An estimated 65.1 percent of the residents use mud and wood as their main walling materials against national figure of 36.7 percent. Only 4.2 percent use stone. An estimated 75.5 percent of the county households have earth floors, while 72.2 percent have corrugated iron sheets roofs against the national figure of 0.8 percent (???)

The study sought to establish the sources of building materials, type, affordability and their availability in the sampled clusters. Secondly, the study was expected to bring out the type of housing depending on the household head and the eventually the status of the housing in the study areas for the last 10 years. The trend on housing

was to show any improvement or decline giving the reasons for each and the recommendations on how to improve housing in the area.

### **3.5.2 Types of Building Materials**

The main building materials include iron sheet, timber, bricks, grass, mud, "*fitos*", cement, nails, and steel glass.

### **3.5.3 Sources of Building Materials**

For permanent housing, most building materials are mainly obtained from Bomet which about 20 km from Mismis community. Others are obtained from Sigor Township.

Building materials for semi-permanent houses such as grass, fitos and mud are sourced locally from own farm or neighbours. These materials are easily accessible except grass which requires some travel to hills or swamps. Most materials for permanent houses are considered to be costly for the poor particularly iron sheets and sand. The cost of building materials are generally considered unaffordable except locally available ones. The reason for the high cost is due to transportation costs from markets such as Bomet.

One finding is that the reason for increasing number of iron roofed housing, including among the very poor, is that there is increasing shortage of grass which force people to use iron sheets for roofing.

### **3.5.4 Types of Housing and Household Headship**

The two main types of housing in the community are permanent and semi-permanent. A permanent house is mainly constructed using cement, iron sheets, bricks, timber, stones and sand. The floor is cemented while the walls and windows are made of steel and glass and have ceilings. A semi-permanent house is constructed using grass and mud while others are constructed using iron sheets, timber, "*fito*" and nails. The walls and floors are mainly mud and some have iron sheet roofing. Majority of semi-permanent housing have grass roofs.

It was reported that many households are headed by men. Majority of permanent houses are for households headed by men while some semi-permanent houses are headed by the elderly and some by women who are either single or widowed.

### **3.5.5 Opinion on Status of Housing Over Time**

The key informant and the community FGD reported that there is an improvement in housing standards over the last ten years. This is attributed to the fact that the community members are more educated and emulate each other on new improved housing. Similarly, lack of grass is also compelling poor community members to use iron sheets hence incidentally improving their housing standards.

Some challenges faced in the provision of housing are high cost of building materials, and high transportation cost which increases cost of construction.

### **3.5.6 Recommendations**

1. Housing loans should be provided for rural communities;
2. The Government should subsidize building materials for the poor households to afford;
3. The community should be encouraged to form merry-go-rounds in which they build houses for one another on rotational basis. Such groups should be supported with subsidized materials;
4. The community should be sensitized on low cost building technology i.e. making interlock blocks/bricks; and
5. Improved education will lead to change in mindset and employment which lead to better housing preference.

## **CHAPTER FOUR**

### **PRO-POOR INITIATIVE AND DEVOLVED FUNDS**

#### **4.1 PRO-POOR INITIATIVES**

##### **4.1.1 CASH TRANSFERS**

According to the key informant, there are three main types of cash transfers in the community: for Orphans and vulnerable children (CT-OVC), for the Elderly (CT-Elderly) and for persons with severe disabilities (CT-Disability). All these were government projects intended to cushion the poor and vulnerable from poverty. Another CT- program is that of albinism.

##### **CT-ELDERLY**

This programme started in 2007 with a pilot programme in Longisa with 750 people benefiting. In Chepalungu district 193 elderly persons benefited. The selection criteria for the beneficiaries include: very poor or unable to meet basic needs, must not be on any kind of pension, no one from his family must be in formal employment, no other source of income, and must be over 65 years of age. There is a structured questionnaire in which key indicators and attributes are analyzed to ensure that the beneficiaries are the very needy.

##### **CT-DISABILITY**

The programme begun in 2009 with 70 and has benefited Chepalungu district. The selection criteria include: must be severely disabled, must not be in any other CT programme, must be very poor or unable to meet basic needs, and must be recommended by village elder and area chief.

##### **CT-ALBINISM**

The programme started in 2013 and provides money to purchase of sunscreen products to prevent skin damage.

All albinism persons are considered although some families hide these cases. It was reported that some beneficiaries have some other sources of income e.g. small scale farming and doing manual jobs. Persons with severe disabilities mainly depend on their caregivers.

##### **CT-OVC**

This program started in 2008/09 and was sponsored by UNICEF whereby 12 families benefited in Mismis with 15 more in need of CT. The selection criteria were: must be

orphan and vulnerable child, must be below 18 years of age, must be very poor, and must not be in any other CT.

For cash transfers to the elderly, OVCs, PWDs and albinism, the amount paid per month is Kshs 2,000 and is paid once every two months i.e. Kshs 4,000. However, with respect to timing, it was reported that the payment is often not timely because it sometimes delays yet the beneficiaries are in urgent need of the money. There is also communication problem since beneficiaries get information on payment dates late.

All cash transfers were reported to be inadequate to meet the basic needs such as food, education, shelter and clothing. However, it has assisted in paying school fees and feeding the households.

All payments are channeled through the post bank / post office. The beneficiaries or designated caregivers collect payment at the nearest post office countrywide. However, for PWDs, it is mainly collected by the beneficiary. The beneficiary or their designated caregivers are responsible for collecting the payment and they either sign or thumb sign on the withdrawal form.

Some of the impacts of CTs on livelihood of beneficiary are:

- Improved health access e.g. use of national hospital insurance fund. Beneficiaries have used part of CT on health concerns.
- Access to basic needs especially food and clothing has improved.

Some of the challenges in the provision of CTs are:

- The high demand for the funds compared to the availability of the funds;
- Communication network is also a problem in some areas as people sometimes get payment information dates late.

The following are some recommendation to improve provision of CTs:

- Both community and key informant recommended increased funding for all CTs;
- More people should be included in the CT safety net as it has helped change the livelihoods of beneficiaries.

#### **4.1.2 Kazi Kwa Vijana**

This is a labour intensive project initiated by government in 2008 under the then Office of the Prime Minister. The programme was anchored in the Economic Stimulus Programme (ESP). KKV involved labour intensive works such as planting of trees and fruits, road rehabilitation, and clearing of bushes along the roads. KKV programme benefited the youth of both gender as well as persons with disabilities and vulnerable

members of community who are jobless to enable them earn a living. The programme covered the entire district. Mobilization of youth was done mainly through community leaders i.e. chief. The programme was implemented by the Ministry of Roads and coordinated by the then Office of the Prime Minister.

The amount paid to beneficiaries was Kshs 250 per day and this was the official rate. This was paid on weekly basis. It was reported that the amount was not adequate to meet the needs of the youth. The payment timing (weekly) was also said to be poor as youth want money instantly.

According to the key informant, the programme did not impact much on the male beneficiaries since most youth particularly men misused the money on drugs and substance abuse; the large number of unemployed youth meant that the little funds could only benefit a few at a time; but KKV impacted on living standards of women since they utilized the money in productive engagement such as small businesses and payment of food and school fees.

The challenges of KKV include inadequate funding, the youth were ignorant on appropriate use of funds, and mismanagement of the fund was reported in certain areas. The community recommended that:

- If the programme is revived the youth should be educated on appropriate utilization of funds;
- The daily wage should be increased so as to have a positive impact on the youth;
- Proper monitoring systems should be put in place to ensure accountability of the funds; and
- Proper targeting of programmes for it to achieve its intended objectives.

#### **4.1.3 Roads 2000**

The key informant reported that there was no Roads 2000 programme in Chepalungu District currently but was there in the past.

#### **4.1.4 Other Pro-Poor Interventions**

The following were the other pro-poor intervention reported by the community:

<b>Programme sponsor</b>	<b>Commencement</b>	<b>Area of intervention</b>
Siongiroi Integrated Development (community organization)	2000	Environmental Conservation; Scholarships – secondary education School, HIV&AIDS awareness

<b>Programme sponsor</b>	<b>Commencement</b>	<b>Area of intervention</b>
Water Reed project	2008	HIV&AIDS, ART, Counseling
World Vision	2011	Child sponsorship in schools, water and sanitation, environmental conservation

The community is actively involved in identification and implementation of the pro-poor projects. Some community members are directly involved in organizing these projects.

The impact of pro-poor programmes by other actors includes:

- Improved environmental conservation;
- Improved healthcare particularly for persons living with HIV&AIDS;
- Increased awareness and behavior change on HIV&AIDS; and
- Reduced number of school dropouts.

## **4.2 DEVOLVED FUNDS**

### **4.2.1 Constituency Development Fund**

All programs under CDF started in 2003 and are ongoing on a yearly basis. In the education sector the following has been undertaken in the community:

1. Construction of classrooms, laboratories and equipping them, latrines, and provision of sports facilities in primary and secondary schools;
2. Funding of secondary and university students through CDF bursaries;
3. Construction of cattle dips. For example, there is one cattle dip constructed at Mismis community. This is an ongoing project and the community members are requested to develop proposals for funding.
4. Road construction within the community such as feeder roads is an ongoing project;
5. Protection of water springs is a completed project. Springs are now fully protected through fencing and gravelling.

The community is involved at all stages of project implementation. For example, in spring protection, the community provides labour for fencing and tank construction.

With respect to education, construction of school infrastructure is done after consultation with the community and bursaries are allocated through vigorous selection process by local community representatives and the provincial administration. With regard to road construction and maintenance, the community provides labour such as clearing trees and bushes.

The prioritization of projects is the responsibility of the community. Some of the community members are employed in the projects.

In order to ensure accountability of projects and to ensure grievances and community concerns are taken care of, there is a public relations officer whose responsibility is to listen to community views, concerns and recommendations. There is a suggestion box at the DDO's office where the public can channel complaints and suggestions.

The challenges in CDF:

- Inadequate funding is slowing down projects;
- Change of political representation or political times e.g. elections sometimes results in staff changes that affect project completion;
- Ignorance of people sometimes leads to low active participation in project prioritization and monitoring and evaluation.

Impact of CDF programme:

- Education standard have e.g. literacy levels, retention rates and enrollment have generally improved;
- Protection of water springs have resulted in reduced risk of waterborne diseases;
- Construction and maintenance of roads has resulted in easier access to homes and markets for agricultural goods;
- Cattle dips have resulted in protection from livestock diseases resulting from ticks.

The projects initiated using CDF and other funds include:

<b>Program</b>	<b>Commenced date</b>	<b>Status</b>	<b>Sponsor</b>
Chepalungu water supply	2010	Complete	CDF
Sigor water supply	2007	Complete	CDF
Kaboson irrigation project	2007	Complete	CDF
Road rehabilitation project	2005	Complete	CDF
Youth projects e.g. dams, fish pond	2010	Complete	YEDF

#### **4.2.2 Women Enterprise Fund**

The Women Enterprise Fund is a project which started 2006. It demonstrated government commitment to realization of Millennium Development Goals (MDG) on gender equality and women empowerment. Its objective is to promote alternative financial services to women who have until then been excluded from formal financial sector. The core mandates of the fund include provision of credit to women for enterprise development, capacity building of women beneficiaries and their institution

(groups), promotion of local and international markets for women enterprises, and attract and facilitate investment in support of women enterprises. The funds are accessible and affordable to women groups at constituency level by startup ventures and those wishing to expand their businesses.

Only registered groups can access funds through constituency office of WEF. It covers all districts and is managed by sub-county gender and social development officers. Funds are charged interest of 8 percent per annum repayable in 3 years except C-WEF which is repaid within a year with an interest rate of 6 percent.

The community reported that they were aware of the Women Enterprise Fund though some are not aware of criteria for access.

The challenges in WEF:

- The main challenges is that a greater proportion of women still shy away from accessing these funds;
- Low literacy levels among women enterprises prevent greater registration of groups and business.

Recommendations:

- Greater awareness and education campaign need be done so that eligible women who still shy away can access money;
- Literacy level for women entrepreneurs is still low particularly in rural areas and procedure of registering business and groups is still a challenge, and thus more capacity building of women entrepreneurs is required.

#### **4.2.3 Youth Enterprise Development Fund**

There are three main programmes under YEDF:

##### **Youth Empowerment and Training**

This involves sensitization of youth groups on group registration, group dynamics and how to access funds from the youth fund. There are also environmental programs that were managed by this programme. They include KKV and tree for jobs (planting trees). About 60,000 trees were planted from 2009 to 2013 in the district. This program is done on quarterly basis. It also included empowerment and training on environmental conservation and starting income generating activities.

The selection criteria for the programme is that no more than two thirds shall be from the same gender (i.e. 30% constitutional requirement); public places e.g. schools were selected in order to ensure protection and also to benefit from pupil labour in

taking care of trees; and vulnerable youth especially female, the disabled and the very poor are given priority.

### **Youth Fund**

The fund was established in 2006 and provides affordable credit to youth groups engaged in income generating activities. The fund sensitizes youth on how to access funds and works in collaboration with other stakeholders. The fund maintains a youth database detailing group profits and dynamics. Youth between 18 and 34 years are eligible for the fund. So far, 118 groups have benefited from the fund since 2007 disbursing a total of Kshs 4 million. The youth are aware of availability of the fund. However, majority reported not being aware of how to access it.

#### Challenges:

- There is negative attitude towards loans based on past experience;
- Disbursement procedures are not simplified and therefore disbursement takes time; and the youth are impatient since they have to wait for cheques to be drawn from head office;
- Most youth have inadequate financial management skills hence sometimes do not properly utilize the funds;
- There is conflict within groups which have led to group disintegration, and this has complicated loan follow-up and led to loan defaults.

#### Recommendations:

- Proper training of youth before disbursement need to be done;
- Disbursement procedure need to be simplified to save time i.e. the disbursement should be done at lower levels (e.g. constituency level).
- Shorten registration time for youth groups and make the procedures simple and youth friendly.

### **Techno Serve**

The programme trains youth on youth empowerment, financial management, personal management and mobilizes youth for training purposes. In Chepalungu sub-county, 400 youth have undergone training and exposure trips. They have also undergone sensitization on the 30% youth access to government procurement opportunities.

#### Impact of the youth fund:

- Numerous income generating activities have been supported to start and/or expand;
- Environmental programs have resulted in reduced environmental degradation through tree planting. In five years, it is expected that rainfall patterns will be better.

#### **4.2.4 Poverty Eradication Commission Revolving Loan Fund**

A total of Kshs 4 million was received by Chepalungu district in FY 2010/2011 with 3.6 million going to groups as a revolving loan fund payable within a year after a grace period of three months with an interest rate of 7% pa. The awareness of PEC funds is there but the procedures for accessing the funds are not clear to the community.

## **CHAPTER FIVE**

### **CROSSCUTTING AND EMERGING ISSUES**

#### **5.1 HIV and AIDS**

About 3.4 percent of the population in Bomet County is infected by HIV and AIDS. According to the County Development Profile 2013, the most affected are women in age brackets 20-29 years and men in the age bracket 30-39 years.

A lot of resources and time is spent in taking care of the sick which should have been used on economic activities elsewhere. This affects all sectors of the economy.

It is estimated that HIV and AIDS patients now occupy about 10 percent of beds in all health facilities in the county. The quality of healthcare services is likely to deteriorate if the number of HIV and AIDS patients increase.

#### **5.2 GENDER MAINSTREAMING**

Female Genital Mutilation (FGM) is still very rampant in the county as it is still considered one of the rites of passage among some members of the community. Girls who undergo FGM often feel sidelined and this prevents most girls from completing their studies, thus leading to a high dropout rates.

FGM also encourages early marriages whereby girls are married off immediately after undergoing the rite to prospective men who may not have the capacity to educate them further. Early marriage is also an ingredient to gender based violence.

Food insecurity is another challenge that women have to face as they seldom own land and the small pieces available are utilised in the production of cash crops leaving a very small portion or none at all for food crops.

#### **5.3 DISABILITY MAINSTREAMING**

The community reported that poverty among PWDs/OVCs has led to begging, dropping out school and child labour.

#### **5.4 YOUTH ACCESS TO GOVERNMENT PROCUREMENT OPPORTUNITIES**

The youth in the community reported that they were not aware of YAGPO. However, a key informant reported that 400 youths have been sensitized and the process is ongoing.

## **5.5 THE LAPTOP PROJECT**

The community is aware of the upcoming laptop project. They recommend that Mismis primary be included in the pilot project. However, there is no electricity connected to the schools.

## **5.6 HUDUMA CENTRES**

The awareness in the community is very low and limited to few educated individuals or elders.

## **5.7 UWEZO Fund**

The community has heard about Uwezo fund but the problem is that they have not been sensitized at the local level on how to prepare to access the fund. They reported that they only hear advertisement messages on electronic media.

## CHAPTER SIX

### RECOMMENDATIONS CONCLUSION AND

#### 6.1 RECOMMENDATIONS

The following is a summary of recommendations for improvement to address poverty issues and provision of Government services:

1. Increase access to education through infrastructure development, bursaries and employing more teachers;
2. There is need to establish markets for the farm produce to prevent exploitation by middlemen;
3. Encourage financial deepening through groups, savings mobilization and credit provisions;
4. More health and boarding education facilities should be constructed to improve access;
5. There should be regular preventive and promotive health campaigns and education;
6. The Government should employ more medical, teaching and agricultural extension officers/personnel;
7. Put mechanisms to curb corruption to ensure bursaries are allocated to deserving cases;
8. Government should control prices of farm produce and farm inputs;
9. Subsidized agricultural inputs such as certified seeds and fertilizer should be provided to the community;
10. More dams be built for irrigation;
11. Formation of common interest groups by farmers to facilitate easy training;
12. Increase awareness on proper sanitation and hygiene issues;
13. Increase environmental conservation programs such as tree planting and education on environment issues;
14. The Government should provide subsidized building materials for poor households;
15. The community should be sensitized on low cost building technology i.e. making interlock blocks/bricks;
16. Increase funding for all cash transfer programmes to reach all deserving cases;
17. Greater awareness, training and education campaigns need be done to improve access to devolved funds;
18. Disbursement procedure for devolved funds need to be simplified to save on time e.g. be done at lower levels (e.g. constituency level); and
19. Shorten registration time for youth and women groups and make the procedures simple and youth and women friendly.

## **6.2 CONCLUSION**

The community described poverty in terms of asset ownership and affordability of basic needs. Some of the causes of poverty include illiteracy, large family size, retrogressive cultural practices, drug and substance abuse, poor health and inherited poverty. The poverty impacts differently on men, women and youth and thus they adopt different coping mechanisms both negative and positive.

The community gave different opinions on access, availability and affordability of Government services. The facilities are accessible but the quality of the services was not satisfactory. The community felt that there was room for improvement in service provision.