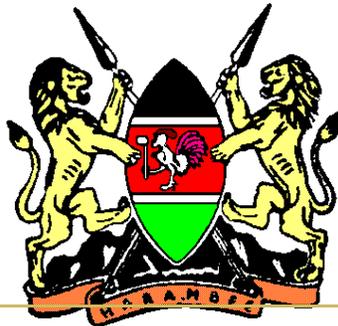


REPUBLIC OF KENYA



**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

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

KENYA 
VISION 2030
Towards a Globally Competitive and Prosperous Kenya

OCTOBER 2014

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FOREWORD

Participatory Poverty Assessment (PPA) V 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 voices 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 on; health, education, agriculture, housing, water and sanitation, pro-poor initiatives and devolved funds.

The definition of poverty varies from the 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.

This study found out that level of poverty from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many at 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. Communities for example, 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 Bungoma Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the amalgamation of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5th National Participatory Poverty Assessment (PPAV) 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 (Principal economist), Joseph Njagi (Senior Economist), Michael Mwangi (Senior Economist), Samuel Kimote (Senior Economist), Erick Kiilu (Senior Economist), Chrisantos Okioma (Economist I) and Douglas Manyara (Economist I).

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Finally, the Ministry is grateful to the respective County Governments and their staff, National Government staff in the Counties, communities and their leaders as well 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

EXECUTIVE SUMMARY

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 poorer sections of the population especially with regard to social poverty and provision of selected wellbeing services including agriculture, education, health, social protection and social security. The survey sought the community's perspective on poverty and provision of selected wellbeing services including agriculture, education, health social protection and other devolved funds in particular, perspectives of the community were sought on the awareness of the availability of services, accessibility and affordability.

The report presents the findings of the PPA V survey in Sio C cluster in Bungoma County. 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 subject areas of the survey.

It emerged that the poverty levels in the area have risen overtime, this was attributed to the high cost of living, lack of employment opportunities, laziness, alcoholism, insecurity, poor state of the roads, high cost of living, poor leadership and witch graft. The people affected include vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers, the elderly, the sick, street families/children, widows, internally displaced people and HIV and AIDS orphans.

The provision of health services has greatly improved overtime; this is because of the numerous interventions. The HIV prevalence has reduced, malaria related deaths have also gone down and that child mortality and diarrhoea incidence have also reduced. The existence of Community Health Workers who act as a link between the community households and the hospital have also helped improve the health status in the community. This has considerably improved affordability and accessibility of basic health services.

Education services have improved over time due to interventions such as MDGs, Education for All and FPE. However there has been a challenge in the quality of education due to factors such as congestion in classes, few number of teachers and dropouts due to lack of fees and food.

ABBREVIATIONS AND ACRONYMS

AIDs	Acquired Immuno-Deficiency Syndrome
BCC	Behaviour Change Communication
CCC	Comprehensive Care Centres
CDF	Constituency Development Fund
CHWs	Community Health Workers
CTs	Cash Transfers
DDO	Sub-County development Officer
DSO	Sub-County Statistical Officer
ECD	Early Childhood Development
ESP	Economic Stimulus Project
FGD	Focused Group Discussion
FPE	Free primary Education
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
IGA	Income Generating Activities
IPRSP	Poverty Reduction Strategy Paper
ITNs	Insect Treated Nets
JICA	Japan International Cooperation Agency
KCB	Kenya Commercial Bank
KDHS	Kenya Demographic Household Survey
KIHBS	Kenya Integrated Household Baseline Survey
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
KWFT	Kenya Women Finance Trust
LATF	Local Authority Transfer Fund
MOE	Ministry of Education
NACC	National Aids Control Council
NALEP	National Agriculture and Livestock Programme
NASSEP IV	Fourth National Sample Survey and Evaluation Programme
NASSEP V	Fifth National Sample Survey and Evaluation Programme
NER	Net Enrolment Rate
NGO	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
PPA V	Poverty Participatory Assessment Five
PRA	Participatory Rural Appraisal
PRSP	Poverty Reduction Strategy Paper
PWDs	People Living With Disabilities
RAs	Research Assistants
SCAO	Sub County Agriculture Officer
SSDE	Subsidized Secondary Day education
TBAs	Traditional Birth Attendants

URTI	Upper Respiratory Tract Infection
VCT	Voluntary Counselling and Testing
VIP	Very Important Person
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE: INTRODUCTION

1.1 Background of Participatory Poverty Assessments (PPAs)

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. Hence PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty. Four PPAs have been undertaken in Kenya so far.

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

1.2 PPP V Study Objectives

The overall objective of the study is to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative data base on the living standards, aspirations and needs of the poorer sections of the population. In this context, the Fifth Participatory Poverty Study (PPA V) focuses on two main areas:

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

More specifically, the participatory study seeks to:

- i. Gain deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups.
- ii. Broaden the process through which policies are developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty.
- iii. Identify and prioritize policies, strategies, programmes and projects which support poor communities would improve their wellbeing, focusing on pro-poor initiatives.
- iv. Integrate the respective contributions of participatory and qualitative approaches in the overall M&E strategy for Kenya.

- v. Monitor impact to identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change.
- vi. Enrich 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.

1.3 County/Cluster Profile

According to Bungoma County Integrated Development Profile (CIDP), the County covers an area of 3032.4 km². It is divided into nine (9) Sub-Counties namely; Webuye West, Webuye East, Tongaren, Kimilili, Kabuchai, Sirisia, Mt Elgon, Kanduyi and Bumula. It is further divided into 21 divisions, 81 locations and 179 sub-locations.

The county experiences two rainy seasons, the long and short rains. The long rains are from March to July, while the short rains are expected from August and continue up to October. The annual rainfall in the county ranges from 400mm (lowest) to 1,800mm (highest). Most farming activities take place during the long rains. However, with the introduction of short season variety seeds, most farmers plant food crops during both long and short season rains. The annual temperatures in the county vary from 0°C to 32°C due to different levels of altitude.

The 2012 projected population for Bungoma County based on the growth rate of 3.1 per cent is 1,506,276 (male 735,602 and female 770,674). The projections for 2015 give the county a population of 1,650,750 (Male 806,157, Female 844,593) and by 2017 the population is projected to be 1,751,499 (male 856,916 and female 894,583), Male to female ratio is 1: 1.2

The county labour force at 2012 figures is 731,887 (Males 350,242, Females 381,645) representing 40.2 per cent of the county population. This means that about 60 per cent of the population is either too young or too old to be engaged in productive activities and thus depend on this group for sustenance. Most of this labour force is semi-skilled and are engaged as casual laborers in agriculture and construction works. There is need to provide skill-based training and income generating activities (IGA) training in polytechnics and farmer training centres to enhance the productive capacity of this group.

The population of Bungoma County is of mixed demographic characteristics across all the nine (9) Sub-Counties/Constituencies. Most of the people are concentrated in major towns and urban centers such as Bungoma town, Sirisia, Malakisi, Bumula, Chwele, Kimilili, Kapsokwony and Cheptais.

1.4 Selection of the Cluster

Selection of the cluster was done using two stage purposive sampling that was super-imposed 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 Fourth National Sample Survey and Evaluation Programme (NASSEP IV) maps from Kenya National Bureau of Statistics (KNBS) were used to demarcate the boundaries of the selected cluster because the county had not been covered during the Fifth National Sample Survey and Evaluation Programme (NASSEP V) due to security reasons.

Sio C community (Urban) cluster 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.

1.5 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 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 technical experts in the subject areas of the survey. The main policy areas of focus were Health Care, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, Devolved Funds such as Constituencies 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 Sub County Development Officer's (DDO) and Sub County Statistics Officer's (DSO) office. 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.

1.6 Process, Study Instruments and Field Work

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

Ranking was used to establish how the community categorizes itself economically. There was an attempt to identify households which were benefiting from the cash transfers so that they could participate during the administration of the specific data collection check lists so that accurate information was received to inform the discussions.

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

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

1.7 Report Organization/Outline

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

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 Introduction

Poverty is a major development challenge that cuts across the County. According to KNBS Basic Report on Well-being in Kenya (2007), absolute Poverty is widespread in the County and currently stands at 52 per cent, rural poor are about 53 per cent, while the food poor are estimated to be about 42 per cent. Poverty of all types is particularly rampant in urban areas among the unemployed and casual labourers. Both urban and rural areas have considerable proportions of poor people. They include people in urban areas without means of fending for themselves and vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers and the aged as well as the sick, street families/children, widows, displaced people and HIV and AIDS orphans.

The following are notable as the key characteristics of poverty: inadequate income to meet their basic needs , food insecurity, inability to pay school fees, regular incidence of hygiene related illness, not able to pay hospital bills, poor shelter and not having decent clothing, limited access to clean and safe water, hopelessness, few or no livestock and small land size, unemployment, social misfits, laziness, idleness, poor environmental conditions, witchcraft, harmful cultural practices, insecurity and bad governance. The causes of poverty are complex and keep changing based on existing socio-economic conditions.

2.2 Definition of Poverty

The community defined poverty as the deprivation of food, shelter, money, and clothing and occurs when people cannot satisfy their basic needs. They also perceive poverty as the lack of money and therefore a barrier to living well. The community associated poverty with the deprivation of a range of other key human needs like health care.

2. 2 Classification of Poverty

They classified the residents of the community into three social classes, namely the poor (omutambi), the very poor (omumanani) and the rich (omuyinda).

2.3 Characteristics of Poverty

On a broader perspective, it is perceived that the poor are those who are exposed to greater personal and environmental health risks, are poorly nourished, have less information and limited access to health care. These groups of people are prone to higher risks of illness, disability and death.

According to the community members, the very poor can be characterised as those who lack; shelter, good clothing, recognition, have no wives, lack good health and land. This class of people mostly beg for food and other necessities. The poor in the community

are those that stay in rental houses, earn minimal salaries and wages, own very small pieces of land, are not well educated and are able to access some food though in insufficient amounts. The rich on the other hand are those individuals that own vehicles, permanent houses and big pieces of land. They work in good jobs earning salaries and their children are able to attend good schools.

2.4 Categorization of Poverty

According to the community, those who are very poor comprise around 20%, the poor are 70% and the rich are about 10%.

2.5 Causes of Poverty

The community members said that some of the causes of poverty in the area include lack of employment, laziness, alcoholism, insecurity, poor state of the roads, high cost of living, poor leadership and witchcraft.

Insecurity

The community ranked insecurity as a major cause of poverty for the reason that there are many cases of theft and people being mugged especially in evenings. There were reports of shops that had been broken into and livestock and chicken being stolen when left unattended to. This has seen investors shying away and businesses relocating.

Lack of employment opportunities

It emerged that there are many youth who are unemployed despite the fact that they have gone to school. They attributed unemployment to nepotism, lack of skills that can enable children in their community get employed. They said that some of their children go the university to learn courses that are no longer relevant in the current job market. They added some parents are ignorant and are not even aware of the subjects their children are taking in secondary schools. Since most youths are unemployed, some have resorted to committing crimes hence posing a security risk to community.

High cost of living

The community indicated that the cost of the basic needs has tremendously gone up and this coupled with lack of employment has worsened their wellbeing. They can longer comfortably afford basic needs as they used to in the past.

Poor leadership

They said that the leaders in the community are not attending to the people as expected. They do not consult the community members regarding initiation of projects in the community. People are not involved in decision making. Furthermore, resources are distributed on based on clanism and nepotism.

Laziness

It was observed that even with good leadership, poverty will never be eradicated in the area if community members continue being lazy. Many youths in the area were reported to be lazy and overly dependent on others. These individuals lack interest and the motivation to pursue their own goals hence engaging in time wasting activities.

Alcoholism

Since most youth are idle, they resort to alcohol for relaxation and as a pass time. Furthermore others engage in idle talk while sipping on alcohol at the end of a day's hard work (for those working) in what they referred to as (*unakunywa kupigia mwili pole baada ya kazi*).

Poor state of the roads

The roads in the area are all weather and muddy especially during the rainy seasons. They are narrow thus giving an opportunity to thieves resulting to people being waylaid and mugged in the evenings when walking along the dark alleys. This limits access to basic services such as markets, health care and education.

2.6 Impact of Poverty

The community noted that poverty has affected them in many ways namely; poverty has forced young girls and single mothers to engage in prostitution, it has led to poor health, poor sanitation, high illiteracy levels, untidiness and insecurity. Poverty also creates enmity amongst neighbours due to failure to meet ones obligation.

It was articulated that the PWDs/OVCs were the most vulnerable group of people who were mostly affected by poverty since in most cases they are dependent on people for their up keep. This lot is constrained in meeting its basic needs due to its incapacitation. Sometimes, the caregivers have to meet expenses while undertaking special medical care such as HIV/AIDS treatment, mental care and surgeries/operations which are unaffordable.

The youths have become drunkards and cases of domestic violence have increased. Many girls are impregnated and drop out of school. The population of street children has also increased as a result of poverty.

2.7 Coping Strategies/Mechanisms

The community members have devised ways of ensuring they meet their needs through selling of bricks, groceries and other farm products, selling of illicit brew, *mitumba* cloth, firewood and initiating groups like merry-go-rounds. Those who have donkeys and carts hire them out to transport water, tomatoes, onions and vegetables to the market for a small fee. Some engage in hawking of wares.

2.8 Assets Ownership, Access and Decision Making in the Household

According to the residents, men own most of the valuable assets such as bicycles, electronics, boreholes, housing units and land. Women on the other hand own assets of low value such as utensils, poultry and household furniture. Decision making on disposal of the assets is majorly left to men.

2.9 Poverty and Gender

Cases of domestic violence where men abuse their wives were reported to be rampant, asset ownership and decision making is also seen as the preserve of the men putting women at a disadvantage. Early pregnancies which end the education of female teenagers contribute to poverty as the girls only option is to get married or live a difficult life of being a single parent.

2.10 Poverty Trends over Time

The community said that in the last 10 years poverty has increased because of the increase in the cost of living. Most of them cannot afford to cater for their basic needs. They also associated increase in poverty to the high rate of witchcraft in the community. They said that when somebody becomes successful, you will soon hear people sing '*uwere*' meaning people will be mourning his/her death. Many families that are single parented are most hardly hit by poverty. There are many OVCs in the area and though this has been minimally helped by the small amount of cash transfers which is hardly enough to cater for their needs.

2.11 Interventions Targeting the Poor

The community identified the following programs present in the area that are targeted towards poverty alleviation.

The Constituency Development Fund which has assisted them in paying school fees for their children mostly the vulnerable groups like orphans. It has also enabled building of classrooms and latrines in schools which parents were required to pay annually as development contribution. Some children in secondary schools and colleges have had their school fees settled through bursaries from the fund.

There were some elderly persons receiving the cash transfers and this money has enabled them meet their basic needs. Cash Transfers to People with Disabilities has assisted them to purchase wheel chairs, buy uniforms and books for their children and meet the basic needs.

The Kazi Kwa vijana initiative has engaged the youths who are unemployed. The program has created employment in the community by engaging the youths in roads

construction, digging of boreholes and fish ponds thus enabling them to get an income of Kshs. 200 per day.

There are also women self- help groups that give out soft loans to people to improve their livelihoods. The loans are given to the members at low interest terms. The women also run projects such poultry keeping that help the vulnerable in the community including people with disability, the elderly and the orphans.

2.12 Recommendations on Poverty Reduction

The community recommended that there is need for:

- The community to be represented in the management of programmes associated with CDF since such a representative understands their needs and to ensure fairness and equality in the funds allocation;
- Community members should come out and volunteer to improve on the quality of roads in the area. They should not depend on availability of hand-outs to motivate them in taking part in community development programs;
- Women should be encouraged to form and join merry - go-rounds to enable them get money to cater for their daily needs;
- There is need to shun tribalism and nepotism;
- The youth should be encouraged to take courses that are relevant in the job market to increase their chances of getting good employment.

CHAPTER THREE: FINDINGS ON THE PROVISION OF GOVERNMENT SERVICES

3.1 HEALTH CARE

3.1.1 Introduction

The county has eight tier 3 hospitals, 12 private hospitals, 6 nursing homes and over 140 private clinics and 3 mission hospitals. The doctor to population ratio is 1: 64,000 while the nurse to population ratio is 1:13,333. The average distance to the nearest health facility is 1.5 km. According to KIHBS 2006/2007, 8.6 per cent of the community reside within a distance of 0-1 km of a health facility, 49.1 per cent within 1.1-4.9 km of a health facility and 48.4 per cent within 5 km and more.

According to KDHS 2008, the five most common diseases in order of prevalence in the County include; malarial fever (36.1 per cent), diarrhoea (26.5 per cent), respiratory tract infection (7.9 per cent), typhoid/cholera (7.75 per cent) and skin diseases. Most of the diseases are caused by poor hygiene practices. Therefore, communities need to be sensitized on the importance of primary hygiene, including the need to wash hands after visiting washrooms and changing children nappies to avoid contamination. There is also need to treat drinking water sourced from unsafe sources with chlorine based chemicals.

The PPA V study aimed at generating information on availability of health facilities and where they are located in the communities, management of the facilities, awareness of the kind of services offered, affordability and other health interventions which have led to improvement in the health standards of the community. It also sought to establish the trend of health services for the past ten (10) years and recommendations for improvement.

3.1.2 Major Health Concerns in the Community

The community noted that there is frequent and recurrent outbreak of typhoid, malaria and at times dysentery and cholera due to poor waste disposal and drainage that contaminates their water sources. They said HIV/AIDS has claimed a lot of lives because many have not come out freely to be helped and access ARVs. Other health concerns are asthma and skin diseases. According to public health officer, statistics and hospital diagnosis indicate that the most prevalent diseases in the area is malaria. Other health concerns in the community include, dog bites, minor and major injuries due to bicycle and motorcycle accidents.

3.1.3 Provisions of Health Services

The community mostly accesses Bungoma Sub-County Hospital which is a few metres away for health care services. They also go to a private hospital and a dispensary that is still under construction. According to the community, the private hospital has fewer

facilities and lacks professional nurses and doctors to handle the many cases of sickness. They also indicated that the Sub-County hospital which is the nearest hospital is not well equipped and it is always congested due lack of enough doctors and nurses. This has led to incurring high travelling expenses to seek medical services elsewhere like in the referral hospital in Eldoret and Webuye. According to the Public Health Officer, Bungoma Sub-County Hospital is located opposite Bungoma Law courts, 500m from Bungoma town. There are also several dispensaries across the Sub-County like Mabanga, Mayanja and Bukembe.

Expectant mothers go to the Sub-County hospital and the private hospitals for antenatal and prenatal care; others seek the services of traditional birth attendants. They are charged Kshs. 1,290 shillings at the Sub-County hospital and Kshs 3,000 in the private facility. According to the KI, maternity services are free but patients pay a small fee for bed occupancy to help purchase linen. Immunization is also free. Most of the health facilities are owned and managed by the government. The health services are accessible to most of the community members and are affordable, for instance they pay 20 shillings for registration. Consultation, diagnosis and treatment are free. The KI added that quality of the services offered is up to standard since diagnosis is done before treatment. This ensures that patients get right medication.

3.1.4 Interventions towards Improvement of Health Services

There are governmental and non -governmental organizations that have carried out a number of interventions in the area. The National Aids Control Council (NACC) is assisting in mitigating HIV/AIDS by giving mosquito nets and ARTs to the community members who are infected and affected.

The key informant noted that there are community health workers (CHWs) in the Sub-County who are trained and appointed by the community health units and the public health facility. Their role is to deliver health messages and provide a link between the health providers and the community. These individuals have therefore ensured there is a social structure to reach the household especially when there is a policy change.

The interventions that have facilitated the improvement of health standards in the community include; free health care for children under five, anti- malaria drugs, treated mosquito nets, and anti natal care (ANC).

The hospital offers two categories major services that include; Curative (antenatal clinic, treating and management of ailments) and Preventive services (Immunisation, vaccination and health education).

3.1.5 Decision Making on Health Issues in the Family/Community

According to the community members, the woman is in charge of ensuring the household members are healthy. However, as far as house hold decision making is

concerned, men make most of the decisions including those that involve health issues. This in most cases has an effect on the welfare of the household because most of the health problems affect the growing children.

The community is involved actively in decision making as far as health services are concerned. The health providers usually dialogue with the community in forums and give a way forward.

The youth are energetic and sexually active and therefore need special attention and sensitization through education. They are exposed to the dangers of drugs, sexually transmitted diseases and early pregnancies. The community also said that men are responsible for meeting the cost of health care in the home.

3.1.6 Ideal Family Size among the Households in the Community

The community members pointed out that the actual family size in the area consists of between six and ten members. This was attributed to the notion that many children are a sign of wealth. According to the Sub-County Public Health Officer, an ideal family size is 4 members per household. This is because a small family is easy to manage as far as provision of health and other services are concerned. Conversely, illness can reduce household savings, lower learning ability, reduce productivity, and lead to a diminished quality of life, thereby perpetuating or even increasing poverty.

3.1.7 Relationship between Household Size and Poverty

The larger the family size, the higher the poverty level in the family as it is hard to provide for their basic needs. However, this is entirely dependent on one's income. It was pointed out that health and poverty are inseparable since poverty is a determinant of health. The community members noted that large families in the area were not well off. Disease control cannot be achieved if people are poor. Unhealthy population cannot engage in developing the community. Further, in the definition of poverty the community members noted that lack of food was a major concern. Poor households are most likely to have children with extreme cases of malnutrition because they cannot provide balanced diets in adequate proportions to their family members.

3.1.8 Access and Decision Making on Family Planning Services

The KI indicated that family planning services are easily accessible to all members of the community and that they are provided free of charge in the health facilities. The decisions regarding family planning are jointly done by men and women in the household and this include; the method of family planning and when to use it. This is because the decision on the size of family will affect both the spouses.

The community on the other hand indicated that family planning techniques are readily available but a majority do not use them due to lack of knowledge. The community

members said that women are the ones who make decisions on when/if to use family planning methods since the burden of pregnancy rests with them.

3.1.9 Opinion on Status of Health Services Overtime

According to community members, the health services have greatly improved overtime. This is because of the numerous interventions such as vaccination/immunization, free provision of Insect Treated Nets (ITNs) and supply of water life straws for water purification. In addition, there is a new health facility which is under construction but already functional. The health care provider noted that most health indicators show a positive trend. The HIV prevalence has reduced, malaria related deaths have also gone down and that child mortality and diarrhoea incidence have also reduced. The existence of Community Health Workers who act as a link between the community households and the health facilities I have also helped improve the health status in the community.

3.1.10 Recommendations

The community members recommended that the government should designate various locations for waste disposal in order to improve the health sector. It should also sensitize the public on washing of hands before and after using the toilets and ensure that the Health officers visit the community regularly for quality control. They also suggested an improvement of the sewage conditions within the locality. Other crucial recommendations made include equipping facilities with drugs. Supplies should be broadened and the issue of standard supplies be revised because some drugs cannot be supplied in health facilities.

Increase education to the public to demystify the perception that services are costly.

3.2 BASIC EDUCATION

3.2.1 Introduction

According to Bungoma County Development Profile (CDP), the County is well equipped with Early Childhood Development (ECD) centres as well as teachers. The gross enrolment and net enrolment rates are 86 per cent and 34 per cent respectively. The net enrolment is low because pre-school education has not been mainstreamed into primary education which benefits learners through Free Primary Education (FPE). Thus parents and guardians of pre-school education children are forced to pay for the provision of teaching/learning materials, feeding programmes and ECDE teachers.

There are 9,127 primary teachers (male 5,100, female 4,027). The teacher pupil ratio is 1:51. There are 9,127 (Male 5,100 and Female 4,027) primary teachers. The teacher pupil ratio is 1: 51. The county has 1,000 primary schools (699 public and 301 private).

On average, every classroom in primary school holds about 56 pupils, which is a high number for effective teacher pupil contact.

The number of primary schools increases every year because of CDF support. The enrolment stands at 449,147 (boys 241,417 and girls 207,730). The discrepancy between total enrolment and eligible primary population is due to the Free Primary Education programme which has opened up access to primary education to persons beyond the primary age bracket and the enrolment of those from neighbouring counties.

According to Kenya National Human Development Report (KHDR) 2009, the National literacy rate is 71.4 per cent. The Kenya Integrated Household and Budget Survey (KIHBS) 2005/06 shows that 80.5 per cent of the population in the county aged 15 and above can read and write, while 14.4 per cent cannot read and write. This implies that the population can effectively participate in the social, economic and political affairs of the county. It also means that most households value education as a futuristic investment since overreliance on agriculture as the main economic activity is no longer viable. The county has 31 non-formal (adult) education centres which impart life skills learning and further contribute to increasing literacy rates in the county.

The county has 3,228 secondary school teachers (male 2,155 and female 1,083) and 260 secondary schools (252 public and 8 private). The enrolment stands at 78,481 (46,600 boys and 31,881 girls) representing 63.42 per cent of the eligible population. The secondary school gross enrolment rate is 78 per cent while net enrolment is 63.4 per cent against a national enrolment rate of 70.5 per cent. This is a low figure and thus, the county needs to establish more day secondary schools and review the secondary bursary scheme.

During the FGD the community noted that there is only one school which is a public school, where they take their children.

The school is managed by the government, and parents are involved in the running of the activities of the school. Furthermore they highlighted the role played by the provincial administration in implementation of Free Primary Education through mobilizing parents to take their children to school and ensuring parents own their obligations of ensuring that children go to school unless with suitable reason.

3.2.2 Status of the Education Facilities

The community members said that education facilities are satisfactory because of the recent renovation of classrooms in addition to construction of new ones by the government through the CDF program. Furthermore, with assistance from the CDF, some primary schools had the privilege of having new toilets which have reduced costs associated with payment of development fee.

3.2.3 Provision of Education Services

Though the community members are aware of FPE, they still incur charges in Primary education. Some of these charges include paying for additional fee for their children to undertake computer studies; this is despite having no visible evidence of their children ever being trained. They pay some money for teachers' tea and another 1,300 shillings for tuition. Such charges are not affordable by most parents since it depends on the ability of the household to pay.

The Community indicated that there are other extra charges they pay without being consulted. In many cases the poor are not involved in decision making concerning extra charges (*maskini hana chake wala hana sauti*), translated to as the poor have no rights and their opinions are never sought.

Parents normally agree to have remedial tuition but the tuition fee is set without considering the poor within the community who cannot afford to pay.

3.2.4 Interventions towards Improvement of Education Standards

According to the community the CDF program is one of the interventions towards improving education standards. The fund has undertaken renovation and construction of new classrooms and toilets, and provision of bursaries to needy students.

Apart from CDF other interventions targeting the poor included WEF which has benefited the women in the village by giving them loans which they use to pay school fees at the same time investing in income generating activities hence improving their lives both socially and economically. Free Primary Education has enabled primary education become affordable to most parents. Resources that were being used for primary education can now be diverted to providing for other necessities.

3.2.5 Relationship between Education and Poverty

Poverty and education are positively correlated in that lack of basic necessities results to poor education which is linked to poor performance, for example lack of food affects the concentration of a student in class hence poor performance. On the other hand someone who has not gone to school is unlikely to get a good job hence is doomed to live in poverty.

3.2.6 Opinion on Status of Education Services Overtime

The Sub County Education Officer reported that education services have improved over time due to interventions such as MDGs, Education for All and FPE. However, there has been a challenge in the quality of education due to factors such as congestion in classrooms , few number of teachers and dropouts due to lack of fees and food.

Furthermore, it was reported that the chief's orders have helped in increasing the enrolment rate as parents fear stringent punishment on the part of parents.

The community members on the other hand felt that education standards have dropped and this is attributed to increased enrolment, high poverty to the extent that teachers have to be paid to offer remedial classes through payment of tuition fees. Some teachers ask for side payments before they enrol children in school. This has seen bright students from poor backgrounds miss opportunities to join good schools.

There is also misuse of funds like that of CDF. This has led to decline in the amounts allocated for bursaries and as a result, pupils from poor families who need assistance are left out.

3.2.7 Recommendations

It was recommended that FPE should be absolutely free and not hearsay such that the responsibility of the parents is to only provide for other needs of the pupils like uniforms, medication and food. In addition, the amount allocated for bursaries should be increased to enable a greater number of pupils from poor families access such funds. The community members need to be educated on how to access bursaries. It was reported that, in many instances the beneficiaries are the friends to the CDF Committee members or the committee members themselves.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.3.1 Introduction

The main crops produced in the county include maize, beans, finger millet, sweet potatoes, bananas, Irish potatoes and assorted vegetables. Sugar cane, cotton, palm oil, coffee, sun flower and tobacco are grown as cash crops in the county. Most cane farmers are contracted by the Nzoia Sugar Company with a total acreage of 100,000. Cane farmers face the risk of food insecurity because the crop takes an average of 18 months to mature. Therefore, it is necessary for such families to be encouraged to diversify their agriculture production, including going for other economic activities.

The area under food crops is 201,654.6 ha, while that under cash crops is 86,423.4 ha. Nzoia Sugar Company has about 50,000 hectares of land under sugar cane. Most of the agricultural activities are rain-fed, meaning that farmers only plant during the rainy seasons. Dependency on rain-fed agriculture exposes families to food insecurity because of unpredictable weather patterns. It is therefore important for efforts to be directed towards diversification from agriculture to other economic activities, while also embracing irrigation and greenhouse farming technologies so as to boost food production and productivity.

The average farm size (small scale) is 1.5 acres (0-6 ha). However, in the land schemes of the county such as Tongaren, the average size is 2 hectares. The subdivision of family land into un-economical units is still rampant, and is the main reason for declining land sizes and productivity.

Main livestock in the county include; cattle, sheep, goats, donkeys, pigs, indigenous chicken, commercial chicken and bees. The average land carrying capacity is 3 livestock units per acre (LUs/acre). Indigenous chicken and cattle are the most common livestock kept by families. However, their productivity is low, given the pressure on pastures and water, hence there is need to introduce superior, fast growing breeds to increase productivity and family incomes.

Bungoma County has a relatively developed fisheries sub-sector through Government funded Economic Stimulus Programme. This saw every constituency in the county get an average of 200 fish ponds. The programme provided training and initial fingerlings and fish feeds to beneficiary farmers. In addition, the Fisheries Development has several fish ponds and hatcheries in the county. The main type of fish produced is tilapia and mud fish. Apart from fish farming, communities residing close to main rivers engage in fishing activities for subsistence use.

The Sio 'C' cluster is a peri-urban cluster within the outskirts of Bungoma town. The only farming activity there is kitchen gardening for subsistence use.

3.3.2 Provision of Agricultural Services and Inputs

The region is generally conducive for farming and agricultural services. The community indicated that agricultural extension services are mainly available in the neighbouring locations like Bukembe Township. Farmers in those areas do access agricultural subsidies in form of fertilizers. According to the Sub-County Agricultural Officer (SCAO), the community is aware of the agricultural services being offered through their involvement in capacity building exercises by agricultural officials. They are normally advised to buy farm inputs like fertilizer and maize seeds from the Bungoma Cereals Board. During seminars, the farmers are advised on cost – effective measures of farming.

The SCAO said that the agricultural services are readily available to the community since they normally inform them through the provincial administration like in the chiefs Barazas, agricultural shows and other agricultural seminars. She also emphasized that the services offered were free of charge.

3.3.3 Interventions towards Improvement of Agricultural Standards

The Ministry of Agriculture through its field office is implementing various agricultural interventions targeting farmers in order to improve food security within the Sub-County and the nation at large. Some of the interventions include:

Subsidized fertilizers through the National Cereals and Produce Board (NCPD) provided to farmers within the county. Farmers are given a voucher by the Ministry to enable them buy fertilizers from NCPD at subsidized prices.

The One acre fund and one village is a NGO funded project targeting community groups with one acre of land and above. The NGO funds half of the farm inputs which include fertilizer and seeds. They also supervise the crop life up to harvesting, storage and marketing of the produce. The programme also gives four indigenous chickens to each individual within a group. They have provided rechargeable lamps which have reduced cost of electricity. The organization has also assisted in the construction of fish ponds.

The Njaa Marufuku project is another initiative by the government that was meant to fight hunger. It was informed that the project did not take off well and half of the funds went back to the government and little was left for the project. It was reported that Youth groups who were funded misappropriated the funds.

Other interventions that were discussed include; World Bank which gives farmers free farm inputs like seeds and fertilizer through grants. Japan International Cooperation Agency (JICA) that is promoting rice production within the Sub-County.

It emerged that the road network within the Sub-County has improved overtime leading to better access to the market by farmers.

3.3.4 Relationship between Agriculture and Poverty

Lack of farm inputs as a result of increased prices has led to an increase in the cost of production, as a result people have scaled down agricultural production from intensive farming to small scale farming which is a factor of poverty. For example, it requires farm inputs of Kshs.15,000 to harvest 15 bags of maize which most farmers cannot afford and therefore are forced to sell the same maize during the harvesting season at a cheap price. They cannot afford to store the maize until the price improves to fetch a higher price. Subdivision of agricultural land into uneconomical units has increased the cost of production. Most people in the area with small pieces of land practice subsistence farming, hence minimal farm revenue.

Most people in the area depend on sugar cane which is the predominant cash crop. This crop takes too long to mature before it is harvested thus there is the need for crop diversification to accrue maximum benefits.

3.3.5 Opinion on Status of Agriculture Overtime

In last ten years agriculture has improved though land has reduced because of increased population leading to subdivision of land. In addition to networking, introduction of special programs and the technical assistance has improved with time which has led to increased food production in the region, however, farm inputs have reduced leading to higher cost of production. Though the prices of major agricultural products have increased the benefits have been counteracted by the increasing cost of inputs and further subdivision of land.

The SCAO said that the agricultural services have improved overtime since the Ministry has employed more staff to educate the farmers at village level. She also said that agricultural subsidies have enabled more farmers to acquire farm inputs and thus increase on production.

3.3.6 Recommendations

The community members recommended that that the government should allocate more resources to the agriculture sector to enhance on capacity building of farmers on modern technologies. The funds can also be used to employ more extension officers. There is need to encourage farmers to diversify on the crops they plant by growing both food for consumption and for sell. There is also need to curb corruption.

There is need to increase the level of agricultural subsidies for farm inputs to make them more affordable. The government should also provide cheaper credit facilities to the farmers so as to enable them purchase farm inputs.

3.4 WATER AND SANITATION

3.4.1 Introduction

According to Bungoma CDP, the main water resources in the county include rivers, streams, springs, roof catchment and ground water. The quality of water from rivers, streams and unprotected springs is poor. However, water sourced from protected springs, covered boreholes and wells is safe from contamination. Most households source their water from springs and apply domestic treatment mechanisms using chemicals such as water guard and purifying devices such as life straw.

According to 2009 Population and Housing Census 0.3 per cent households in the county source their water from ponds/dams, 9.5 per cent households from streams, 77.8 per cent households from springs/wells/boreholes, 10.4 per cent households from piped schemes while 0.1 per cent households source water from rain harvesting and 1.2 per cent households from water vendors. Households should be encouraged to embrace rain water harvesting.

There are four urban and six rural water supply schemes in the county. Urban schemes are mainly piped and are operated by the Lake Victoria North Water Services Board. The water service provider in Bungoma County is Nzoia Water and Sanitation Company. Rural water schemes are operated by the Ministry of Water and Irrigation through its field water offices.

Most households in rural areas depend on individual piped, roof catchment and communal water points such as boreholes, springs and wells. In some areas, schools with water sources also serve the neighbouring communities.

According to the Kenya Integrated Household and Budget and Survey (KIHBS) of 2006/2007, 90.5 per cent of the households in the county rely on pit latrines, 0.9 per cent on flush toilets and 7.9 per cent on VIP latrines. In addition 0.8 per cent of households have their waste/ garbage collected by local authorities, 28.55 per cent rely on garbage pits, 0.9 per cent on burning, 10.5 per cent on public garbage heap, while 59 per cent dispose of waste in farm gardens.

The community draws water from boreholes, tapped water in the school and from the rivers. The local authority also sinks boreholes and wells and ensured that they are protected. Some of the water sources do not have water throughout the year. The community understands safe water to be water from the tap, water from the spring, and water treated with water guard or boiled.

3.4.2 Status of Provision of Water and Sanitation Facilities

Water is affordable and every member of the community can buy (Kshs.5 per a 20 liter can). The average distance to the nearest water source is 1.5 km in rural areas while in urban areas it is less 0.5 km. Previously, it was reported that one fetching water would take about one hour to fetch water but is now taking less time because the water sources have increased. About 80% of the residents in the area have water within a distance of 50 metres. Generally, women are tasked with water collection in the community and sometimes they are assisted by their children.

It was reported that the town was poorly planned such that sewerage system does not cover all places in the town. One pays 75% of the water consumed for sewerage services. Those who want sewerage connection pay a fee of Kshs. 3,000.

3.4.3 Types of Water and Sanitation Facilities

The community indicated that there are several water programmes in the area. LATF was involved in sinking boreholes and wells as well as protecting them. Nzoia Water and Sanitation Company is supplying piped water from Kuywa River to the residents, schools and churches. European Union is funding the sector by protecting wells and boreholes. Other types of water and sanitation facilities in the community included:

- East Bukusu water project which is funded by the government. The project started in year 2012 and mainly deals with the construction of storage tanks and piping;
- There is a protected stream in Sikata which serves about 2,500 people with piped water;
- Nzoia Water and Sanitation Company supplies water from various rivers;
- Lwanda Community water project funded by the Government of Kenya and the Community;
- Musikoma Community Water project which sinks boreholes and pumps the water to a tank where it is then pumped to other tanks;
- Mvule water project which has also sunk boreholes in the community; and
- Catholic Diocese which funds small water projects sinks boreholes, wells and gives hand pumps to the community.

The community members are consulted before the projects are started. They contribute building materials and labour. After completion of the project, the community is left to manage it.

The community has various sanitation facilities such as; toilets, latrines and taps for washing hands, and sewerage services and compost pits. Latrines are found within the community's homesteads, chief's camps and in churches and school compounds. They dig up compost pits and burn the waste when full. Sewerage facilities are available in the area though most individuals in the cluster access latrines. The Municipality has a place where waste is dumped and sewage is treated before being discharged into rivers.

3.4.4 Relationship between Environmental Degradation and Water Availability

Environmental degradation and water availability are strongly linked since with deforestation, the water level goes down leading to decline in water overtime. At the same time, poor disposal of waste has led to pollution of the ecosystem. Water availability has decreased as one has to drill boreholes deeper to access water compared to the past. One community member said that Sio primary school was full of indigenous trees but the place has been cleared to pave way for construction of structures.

The municipal council has established points to dump the wastes but they do not have a vehicle to collect the solid waste.

3.4.5 Relationship between Water and Sanitation and Poverty

The community members felt that water availability and poverty are closely related. Water unavailability and poor waste disposal leads to pollution of the water sources.

3.4.6 Opinion on Status of Water and Sanitation Overtime

Water availability has improved due to increased borehole drilling though there are negative changes to the environment. One has to go deeper to access water during sinking of boreholes and wells. One member of the community also said that he decided to sink a borehole because he imagined how his pregnant wife would go fetching water six kilometres away which has been taking him three hours.

Provision of sanitation in the community has improved in the past ten years. Sewerage flow was in the past uncontrolled and overflows were common, but overtime this has been rectified. The Ministry of Water and Irrigation has expanded its network thus services in the community are sufficient. The Ministry has also extended sewer pumps to the prison area.

3.4.7 Recommendations

Some of the recommendations made include:

- The community should be encouraged to plant more trees in order to protect water catchment areas. Accordingly, tree seedlings should be made available for this.
- Drilling of more boreholes should be undertaken to increase access to water;
- The county government should purchase garbage trucks to ease transfer of waste to dumping sites; and
- The government should assist in quality control in the management of water and sanitation facilities, instead of letting the community to manage them after six months of completion.

3.5 HOUSING

3.5.1 Introduction

According to Bungoma CDP, over 75 per cent of the population in the county stays in temporary shelters. The most dominant roofing material is corrugated iron sheets (81.8 per cent), walling material; mud/wood (79.5 per cent) and floor material; earthen (80.9 per cent). Also; all major urban centres have not been properly planned, thereby giving way to mushrooming of structures haphazardly and encouraging the growth of unplanned settlements. This not only poses health risks due to poor and non-existent sanitation but also security concerns since the population pressure in the unplanned settlements comes with various social concerns such as high crime rates, prostitution, child labour/abuse and alcoholism.

The proposed strategy to solve this problem is to encourage use of local housing technology and materials to construct decent but affordable houses. All urban centres

should have comprehensive physical and spatial development plans to guide the development process. The county government will need to seriously consider investing in comprehensive spatial planning which will allow for development of quality places for all.

Housing forms a basic aspect in any given household. It is important in that, it gives both shelter and security to the households. The study sought to establish the sources of building materials, type, affordability and their availability in the communities. Secondly the study was expected to bring out the type of housing depending on the household head, the status of housing for the last 10 years and recommendations for improvement.

3.5.2 Types of Building Materials

The types of building materials used in the area are bricks, mud, timber, iron sheets and cement. The community members buy poles from neighbours at a cost of 200 shillings per piece. Slum upgrading decisions which are made in Nairobi have not targeted the area.

3.5.3 Types of Housing and Household Headship

Most of the households are headed by men but decisions regarding the household are made by both men and women. There are no household headed by PWDs and the elderly in the community.

3.5.4 Status of Provisional Housing

The building materials are readily available but not affordable according to the community members.

3.5.5 Opinion on Status of Housing Overtime

The community felt that the status of housing has improved over the last 10 years but more could still be done. This is because the community members have changed from living in grass thatched houses to iron sheet roofed houses. Some of the households are moving from semi -permanent to permanent structures. The key informant indicated that there has been an improvement in housing. People previously had grass thatched houses and it is costly to get grass at the moment since they are not available. Grass thatched houses are also expensive to maintain since they need to be re-thatched yearly. However, some communities like Teso are still having grass thatched houses.

The challenge facing the housing sector is that the cost of building materials has been increasing steadily and changes from time to time.

3.5.6 Recommendations

The community was of the opinion that the government should construct permanent houses and sell them to the poor people who in turn will be required to pay in manageable instalments. Government can also subsidize building and construction materials to make them affordable to the community.

Use of asbestos as building roofing material should be banned as it affects water collection. Versatile are good but are expensive. During house construction, all the departments/stakeholders should meet. For example lands, physical planning, survey and infrastructure departments should all plan together.

People should be involved during land acquisition. In addition, government departments should combine resources (money) and put up storey buildings and save on space.

People should use interlocking bricks which is about 50% cheaper since very little cement is needed. This technology is currently common with schools and churches. The ministry hires out the machine for making bricks at a small fee and is in charge of maintenance in case it is faulty.

CHAPTER FOUR: FINDINGS ON PRO-POOR INITIATIVES AND DEVOLVED FUNDS

4.1 Pro-Poor Initiatives

There were some elderly persons receiving the cash transfer and this money has enabled them meet their basic needs. Cash Transfers to People with Disabilities has assisted them to purchase wheel chairs, buy uniforms and books for their children and meet some basic needs.

4.1.1 Cash Transfer

The community members are aware of the cash transfer programs which they started 5 years ago. Since it started, 1 OVC, 6 Elderly persons, 1 PWD had applied for the cash transfer but only two people have benefited from the program this year. That is one person with disability benefited in form of a wheel chair, and an OVC has been taken to school and the rest are yet to benefit.

An elderly earn Kshs. 2,000 after every two months and added that the OVCs earn Kshs. 4000 monthly. The transfers are timely and are paid through the post office. The money is either collected by the beneficiaries themselves in the company of their caretakers. The beneficiaries sign for the money.

The community felt that the amount received by the beneficiaries is little and cannot cater for all their needs but they appreciate the little they are given because they can buy some food and other necessities.

The community noted it is not aware of the selection criteria, they normally see chiefs and village elders doing the selection of Elderly, PWDs and OVCs. The Children's Officer said that they use poverty level to identify household with OVC to be covered using the enumerators and the provincial administration at the grassroots. It also involves confirmation by the community members on which households need to be supported by the programme. The information is ranked and they dwell much on families headed by children, followed by the elderly then households with large number of orphans.

The amount given to the OVC households started with Kshs. 500K; then increased to Kshs. 1,000; Kshs. 1,500 and Kshs. 3,000. They are currently being paid Kshs. 4,000 after every two months (bi-monthly payment).

Though the beneficiaries have other sources of income and from well-wishers, it is not sustainable. The children's officer stated that the OVC beneficiaries have started income generating activities. For example one household bought a cow and is now selling the milk.

The cash transfers have generally benefited the beneficiaries by supplementing the little income they have in catering for their needs. One of the PWDs has purchased a donkey and a cart which he uses to transport water for sale to people in the community. It has benefitted the elderly in terms of enabling some put up shelter, buy food and clothing.

The children's officer said that most of the beneficiaries were happy with the programme though she was concerned about the delays in remitting the money.

Recommendation

The community recommended that the chiefs and village elders should sensitize the community in barazas on the existence of the cash transfer program and inform them on the criteria used to select the beneficiaries.

They also said that the gender officers should accompany the chiefs during selection so as to avoid discrimination because chiefs and village elders choose their relatives.

There is need for improvement in monitoring and evaluation of the programme and should be up-scaled in terms of increase in allocation and coverage. This is due to the huge number of needy OVCs, elderly and PWDs. There are more total orphans, partial orphans and vulnerable children whose parents might be there but are suffering from chronic illnesses like cancer and HIV/AIDS.

4.1.2 Kazi Kwa Vijana

According to the KI the KKV programme started in the year 2009 in the Sub-County with the Sub-County commissioner as the chairman. Although it is seasonal, it has managed to give some youths jobs.

The program involves the youths in tree planting through preparation of nursery beds after which they liaise with the Ministry of Forestry, public works and environment to purchase the tree seedlings. The beneficiaries include the youth aged 18- 35 years, 10 percent are youths with special needs (with disabilities), 60 percent includes both the needy and the not so needy, and 30 percent are the youths who must come from the area where the work is to be done. Those on wheel chairs normally help with watering the seedlings while those who are blind are only involved in seminars.

The youth are paid Kshs. 250 per day. The payments are timely as they are paid after finishing the job or on daily basis depending on availability of the funds. The rates of payment were derived from labour laws. These wages are paid to the individuals in cash. Nobody takes money on behalf of the other. If the owner is not around then the money is kept until he or she himself comes to pick.

The youth reported that the money is not adequate to meet their basic needs, although it has created some form of employment for them.

The jobs are usually advertised through the youth representatives and posters are put on the streets. Youths who are orphaned are required to show death certificates of the parents.

KKV has somehow impacted positively on the youths within the community in that some youths used to drink and commit petty crimes in town but some have now reformed, this has reduced insecurity in the community because there is employment for youths thus keeping them busy. Some youth live comfortably as they are now able to take care of some of their basic needs.

Recommendations for improvement of KKV

Some of the recommendations given were:

- The Programme needs to be up-scaled to be more consistent and to cover more working days. The wages paid should also be increased to match the cost of living;
- The Government should come up with clear selection criteria so as to differentiate between a graduate and a school dropout otherwise both will end up doing the same job;
- They government should create more employment opportunities for the youths so as to reduce congestion during recruitment;
- They should consider giving some youth transport incentive since some of them may come from long distance.

4.2 Devolved Funds

The community members reported that they are aware of the various funds that are available in the area, namely the Women Enterprise Fund (WEF), Local Authority Transfer t Fund (LATF), Youth Enterprise Development fund (YEDF), Constituency Development Fund (CDF), Economic stimulus Program, One acre fund Ambassadors self-help fund, CDFT, KESEP, SUB-COUNTY ERADICATION FUND, Community grants and funds from the National AIDS Control Council (NACC).

4.2.1 Constituency Development Fund (CDF)

The fund undertakes construction and equipping of classrooms and school laboratories. It has also funded power installation to schools that did not have electricity. The fund is supporting some community members to attain some technical skills like driving and tailoring. The funds also financed the construction of two dispensaries and building Samoya Bridge. Through the fund, every school in the area was given fifteen computers for computer studies.

4.2.2 Local Authority Transfer Fund (LATF)

The community reported that this fund has assisted in the funding of projects like lights, protecting springs, building schools, funding groups, beautification of the towns, and bursaries for orphans.

4.2.3 Women Enterprise Fund (WEF)

The community members noted that the Women Enterprises Fund (WEF) is under the Ministry of Gender and Social Services. The objective of the fund is to empower women in terms of financial resources by encouraging them to venture into income generating activities.

Since the inception of the program, the area has a total of 26 women groups that practice poultry. Table banking has also benefited from the kitty. For the women to benefit from these funds they should form and register a group and the group should have been in existence for the past three months. The group members are trained on proposal writing. A maximum of Kshs. 50,000 is given to each of the 26 women groups in the county.

There are challenges in the implementation of this programme in that, some groups default in paying back. More also, the start-up money is sometimes a challenge because, the group might be large and the project they undertake might not generate much money.

To improve the implementation of the fund, it was recommended that the Government should come up with a mechanism to monitor the bank accounts of the various commercial banks engaged in issuing loans to women groups. This will help monitor serious beneficiaries. The Ministry of Gender should sensitize women groups on how to access and apply for the loans.

4.2.4 Youth Enterprise Development Fund (YEDF)

Youth Enterprise Development Fund is managed at constituency level by the youth enterprise development officers and Sub-County youth officer. The constituency has disbursed a total of 2.5 million since the programme started. Some of the projects started by youths include; poultry keeping, retail shops and ICT centres.

The Ministry of Youth Affairs has been the overseer of the fund and it is liaising with organisations such as Equity Bank, KCB, Cooperative Bank, Chase Bank and A PHIA plus which offers training on entrepreneurial skills, in addition to teaching the community on HIV and AIDS.

These organisations ensure that the beneficiaries gain proper management skills in the use of the funds borrowed. In cases where problems arise within the groups they

consult the Sub-County gender officer who organizes youth barazas within the municipality.

A few of the youths are aware of how to access the funds and have been able to get loans. Through various seminars organized by the Ministry, and NGOs, and convened by youths, they learn about the funds and how to access the funds.

The youths from the area have come up with small businesses individually and in groups, these include informational technology businesses, tailoring, motorcycle transport, bicycle transport, car wash, table banking, poultry keeping and some are selling '*mitumba*' clothes. Some youths have bought cars and sell motor vehicle spare parts and washing machines. Others practice greenhouse farming in partnership with AMIRAN Kenya.

They community members noted that they have formed various committees that do consultative meetings and also use chief's barazas to air their views.

CHAPTER FIVE: CROSS CUTTING AREAS & OTHER EMERGING ISSUES

5.1 HIV and AIDS

According to Bungoma CIDP, HIV and AIDS is a major cross cutting issue in the development of Bungoma County. The HIV/AIDS prevalence is 5.9 per cent which is 0.4 per cent below the national prevalence of 6.3 per cent. The number of people living with HIV is 103,579. There are about 60,000 people accessing ARVs. The county has more than 50 VCT sites, 30 Prevention of Mother to Child Transmission of HIV (PMTCT) sites and 15 Comprehensive Care Centres (CCC) sites. There are five youth friendly centres which provide Voluntary Counselling and Testing (VCT), Behaviour Change Communication (BCC) and treatment services to young persons. The centres are in Bungoma, Sirisia, Webuye and Kimilili tier three and one in Chwele tier two health facilities.

Women and girls are more affected by this epidemic than males, due to biological factors and economic and social vulnerability. This means that the County is only supporting 3 per cent of those infected and affected by HIV and AIDS.

Some of the causes for the high prevalence rate of HIV and AIDS in the area and county include, drug and alcohol abuse, promiscuity, and negative influence from electronic media/videos, casual sex with long distance truck drivers and migrant populations from Uganda and neighbouring counties in search of job opportunities in the County's urban areas.

5.2 Persons with Disability (PWDs)

It was reported that the PWDs/OVCs were the most vulnerable group of people who were mostly affected by poverty since in most cases they are dependent on people. This lot is constrained in meeting its basic needs due to its incapacitation. Sometimes the caregivers have to meet expenses while undertaking special medical care such as HIV/AIDS treatment, mental care and surgeries/operations which are unaffordable.

5.3 Gender

Cases of domestic violence where men abuse their wives were reported to be rampant, asset ownership and decision making is also seen as the preserve of the men putting women at a disadvantage. Early pregnancies which end the education of female teenagers contribute to poverty as the girls only option is to get married or live a difficult life of being a single parent.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

6.1 Recommendations

1. The community members recommended that the government should undertake to improve on sanitation in the area by both sensitizing the community on importance of good sanitation and improving the sewerage and water status;
2. Health facilities should be well equipped and supplied with enough drugs;
3. It was recommended that FPE should be absolutely free such that the responsibility of the parents is to only provide for other needs of the pupils like uniforms, medication and food. In addition the amount allocated for bursaries should be increased to enable a greater number of students from the poor families access such funds;
4. The community members recommended that that the government should allocate more resources to the agriculture sector to enhance on capacity building of farmers on modern farming technologies. The funds can also be used to employ more extension officers;
5. There is need to encourage farmers to diversify on the crops they plant by growing both food for consumption and for sell.
6. There is also need to curb corruption.
7. There is need to increase the level of agricultural subsidies for farm inputs to make them more affordable.
8. The government should also provide cheaper credit facilities to the farmers so as to enable them purchase farm inputs;
9. The community members should be encouraged to plant more trees in order to protect the water catchment areas. Accordingly, tree seedlings should be made available for this.
10. Drilling of more boreholes should be undertaken to increase access to water;
11. The county government should purchase garbage trucks to ease transfer of waste to dumping sites;
12. The government should assist in quality control in the management of water and sanitation facilities instead of letting the community manage them after six months of completion;
13. The community was of the opinion that the government should construct permanent houses and sell them to the poor people who in turn will be required to pay in manageable instalments. Government can also subsidize building and construction materials to make them affordable to the community.
14. They recommended that the chiefs and village elders should sensitize the community in barazas on the existence of the cash transfers and inform them on the criteria used to select the beneficiaries;

15. They also said that the ministry of gender officers should be accompanying the chiefs during selection so as to avoid discrimination because chiefs and village elders choose their relatives.

The High cost of living as a result of increase in prices of basic commodities and services seems to be counteracting the fight against poverty thus making this a vicious cycle in the county. Though there are many commendable efforts by the government and other stake holders in providing free and affordable services, a lot still needs to be done in ensuring poverty is eradicated.

6.2 Conclusion

The community seems to be receptive to information that will enable them improve on their living standards; they have vague ideas of most of the government interventions that involve mostly some form of funding. A case in point is WEF and YEDF which although some of them have accessed the loans, they still have very little information about.

The major policy areas such as health, education and agriculture have recorded positive growth. The area is an urban cluster and is fast expanding in terms of settlements and population, as a result there is uncontrolled construction that has eventually overwhelmed the available public amenities and the sewerage system.

7.0 ANNEXES

ANNEX 1. PAIR WISE MATRIX RANKING

	1	2	3	4	5	6	7	8	9	10	Score	Rank
1		2	3	4	5	6	7	8	9	10	0	7
2			2	2	2	6	7	2	2	2	7	2
3				4	5	3	7	8	9	10	2	6
4					5	6	4	4	9	4	5	3
5						6	7	8	9	10	3	5
6							7	6	9	6	5	3
7								7	9	7	7	2
8									9	10	3	5
9										9	8	1
10											4	4

1. Lack of business opportunities
2. Lack of employment
3. Lack of hospitals
4. Laziness
5. Alcoholism
6. High cost of living
7. Poor leadership
8. Witchcraft
9. Insecurity
10. Poor road network