



REPUBLIC OF KENYA

MINISTRY OF DEVOLUTION AND PLANNING

PARTICIPATORY POVERTY ASSESSMENT PPA V

ELGEYO MARAKWET COUNTY

KAMOI CLUSTER

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/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 mury-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 Elgeyo Marakwet Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation 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 Ogolla, the Director Social & Governance Directorate. The Directorate of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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

The Ministry also recognizes varied support provided from time to time by the following officers; Director, KNBS (for cluster sampling and identification), Florence Juma (Secretary), Matilda Anyango (Secretary), Florence Natse (Secretary), Tallam (driver), Dequize (Driver) and Alphine (Office Assistant).

The ministry is also indebted to the team of dedicated consultants comprising Munguti K. Katua as the lead Consultant assisted by J.T Mukui and George Mbate. Their experience and policy 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 individual 47 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 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.

Eng. Peter Mangiti
Principal Secretary

EXECUTIVE SUMMARY

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

According to 2009 National Population and Housing Census, the County's total population was 369,902. The 2012 population projection was 404,736. The population growth rate for the county is 3 percent per annum.

In 2012, the Ministry of Devolution and Planning conducted the fifth Participatory Poverty Assessment (PPA V). The study aimed at gaining 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. This was meant to 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. It also aimed at identifying and prioritizing policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.

This study used PPA tools and instruments including semi-structured oral interview questionnaires, Focused Group Discussions (FGDs), key informant interviews and observations. In Elgeyo Marakwet County, the study was conducted in Marakwet District, Tirap Division. Sambirir location, Chemworor sub-*location* and Kamoi community as the respondents.

The findings indicate that poverty has been of a major challenge in the county. However, attempts have been made by the government and other development partners to address this problem through the introduction of various interventions in the various sub-sectors. Programmes/projects which are pro-poor have had a great impact on poverty levels. It is worth noting that poverty affects the living standards of the locals.

The findings further indicated that, the bulk of the poor is found in rural areas. The most affected categories of persons are mainly the disabled, women headed households, slum dwellers, the

landless, the aged, the OVCs and unemployed youth. It has also been observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs.

To mitigate this situation, there is need to construct/rehabilitate infrastructure facilities in the county, most to roads to all weather status. There is also the need to sensitize community members on the availability of devolved funds and other services. This further calls for the need to capacity build youths on entrepreneurial skills, on co-ordination and participatory monitoring and evaluation of government programmes/ projects. Together with this, efforts should be made to construct/rehabilitate and equip health centres, provide treated nets/ or and water treatment tabs to communities. On education, there is need to employ more qualified teachers to mitigate on shortage, introduce school feeding programmes to increase retention rates and rein on scrupulous teachers who impose illegal levies in schools thus hindering access to education. Under agriculture, there is need to provide extension services to the community, in addition to provision of adequate and subsidized farm inputs to spur agricultural growth. The government should further create awareness on water harvesting and conservation. Due to the ever increasing cost of living, there is need to increase the amount of money given under the cash transfer programme and the coverage to meet the basic needs. To enhance public participation as enshrined in the constitution, there is need to involve the community in making decisions affecting them when it comes to selection of the beneficiaries of government programmes/projects.

ABBREVIATIONS AND ACRONYMNS

AMREF	Africa Medical Research Foundation
CBOs	Community Based organizations
CDF	Constituencies Development Fund
CDP	County Development Profile
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBOs	Faith Based organizations
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 Authorities Trust Fund
MDG	Millennium Development Goals
NACC	National Aids Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWDs	Persons with Disabilities
RAs	Research Assistants

STI	Sexually Committed Infections
TOWA	Total War against AIDs programme
VCT	Voluntary Counselling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fun

CHAPTER ONE: INTRODUCTION

1.1 Background

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

The PPA V study was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address.

Further, whereas substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exists large disparities in incomes and access to education, health and to basic needs, including; clean water, adequate housing and sanitation.

In addition, there exist other remarkable intra and inter-regional and gender disparities in quality, accessibility, affordability and availability of services. These disparities become more pronounced among vulnerable groups such as people with disability, youth, people living with HIV and AIDS, orphans and the elderly.

The first Participatory Poverty Study was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi). Its objectives were to understand poverty

from the perspective of the poor and those providing service to the poor and start a process of dialogue between policy makers, district level service providers and the poor.

The second PPA was carried out in 1996 and covered 7 districts with the purpose of providing a deeper understanding of poverty from the perspective of the poor and fills the gaps quantitative studies could not readily explain.

The third PPA was carried out in 2001 and covered 10 districts with the objective of enriching the information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP).

The fourth PPA was conducted in 2005/06 alongside Kenya Integrated Household Budget Survey (KIHBS). The two were meant to complement each other and focused on three main policy areas; 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.

The Fifth Participatory Poverty Assessment will mainly focus on the impact of the various pro-poor policies, strategies, programs and projects aimed at reducing poverty and improving welfare.

1.2 Objectives

The overall objective of the study was 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 (PPAV) will focus 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 will seek:

- i. 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.
- ii. To 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.
- iii. To identify and prioritize policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.
- iv. To integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.
- v. Monitoring 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. Enriching 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

Elgeyo/Marakwet County covers a total area of 3,029.9 Km² and borders West Pokot County to the North, Baringo County to the East, Trans Nzoia County to the Northwest and Uasin-Gishu County to the West. The county has an elongated shape and is wedged in between the large scale farms of Uasin Gishu County on the West and the Kerio River on the East.

The county is divided into three topographical zones namely: the Highlands, the Valley and the Escarpment. There is variation in altitude which causes considerable differences in climatic conditions. The temperatures in the highlands are cold with a low of 15°C during the rainy seasons and high of 23°C during the dry seasons. In the escarpment and the valley, temperatures can be as high as 30°C during the dry seasons and as low as 17°C during the rainy seasons.

There is also marked variation in the amount of rainfall in the three zones. The highlands receive between 1,200mm and 1,500mm of rainfall per annum while the escarpment receives rainfall ranging between 1,000mm to 1,400mm per annum. The Kerio Valley receives between 850mm-1,000mm of

rainfall per annum. Long rains are usually experienced between the months of March and July every year while the short rains fall between August and November.

According to 2009 National Population and Housing Census, the County's total population was 369,902 persons and was projected to have risen to 404,736 persons by 2012. The population growth rate for the county is 3 percent per annum, slightly above the national average of 2.6 percent.

The County has a total of 355 primary schools, 74 secondary schools, 13 Youth polytechnics, 1 Teacher Training College and 1 private Medical Training College.

The main crops grown vary with ecological zones. In the highlands, food crops such as maize, wheat, Irish potatoes and beans are produced. Cash crops in the highlands include tea, pyrethrum and coffee. In the Kerio Valley, mangoes, pawpaw, watermelon, oranges and bananas are produced. High value cassava, millet and sorghum are also cultivated.

The main livestock herds are Zebu, Boran and Sahiwals cattle supplemented by merino sheep and goats and are mainly to be found in the Kerio Valley and within the forests in the highlands in permission from the Kenya Forest Services (KFS).

Indigenous and exotic forests are the main forest types in the County occupying a total area of 93,692.48 Ha. There are a total of 16 gazetted forests in the county. The County has two water towers; Embobut forest and Cherangany Hills.

1.4 Methodology

This pilot 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 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, DDOs and the District Commissioner.

1.4.1 Selection of the cluster

For the purpose of collecting information, one cluster was selected from each of the counties. This was done using two stage purposive sampling that 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 (Kenya National Bureau of Statistics) were used to demarcate the boundaries of each of the selected cluster.

A sample of forty seven clusters, one per county, was selected for the detailed study in which all specially designed participatory assessment tools were implemented.

In all the clusters, a household survey was undertaken and a household questionnaire administered to about 15 households, especially those benefiting from cash transfers.

1.4.2 Process, study instrument and field work

This 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 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.

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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, DDOs and the District Commissioner.

14.3 field logistics

The PPA-V study was conducted between November and December 2012. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were 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 supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) research assistants per county were selected to assist in data collection in that specific county.

The training for researchers ran for five (4) 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

This report therefore presents the PPA V survey findings. The report is divided into five (6) chapters including chapter one (1) which covers introduction. Chapter two (2) highlights the survey findings on poverty diagnostics while 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 (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) e.t.c and any other pro-poor interventions. Chapter five (5) covers cross-cutting and emerging issues while chapter (6) outlines the recommendations and conclusions.

1.6 Study limitations

A major limitation in PPAs design is the fact that they are not designed to collect quantitative information and therefore the quantitative data collected during the study is not representative of the country or even the district level, although the qualitative data could be representative of the sampled clusters.

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.0 Introduction

Kenya recorded an impressive economic growth rates in the past ten years. However, this growth was adversely affected by the post election violence of 2007/08, high commodity prices and increased oil prices globally. Despite the impressive growth rate, poverty still remains a challenge, inequality has continued to increase and there have been insufficient job opportunities for the youth. To make development more inclusive and equitable, the government has rolled out interventions and programmes to improve service delivery to the poor and vulnerable groups to eradicate poverty. Some of these interventions include; setting up of poverty eradication fund, Persons with Disabilities (PWDs) fund, Cash Transfer (CT) for the elderly and Orphans and Vulnerable Children (OVC) among others. The main objective of the survey was to assess the impact of various government pro-poor initiatives and getting the voices of the people themselves, get their understanding of programs and for them to suggest ways of improvement.

This chapter highlights key findings on poverty diagnostics, community definition of poverty, classification and characteristics of poverty as well as causes and coping mechanisms and recommendations as given by the community.

2.1 Definition of poverty

According to the **key informant**, poverty is defined as lack of basic needs. It also refers a situation where a household or an individual is not able to access basic services.

According to the community, poverty is defined as ***"deficiency or insufficiency of basic needs and not able to access basic services"***.

2.2 Classification of poverty

According to the community poverty can be classified into three categories the poor, the very poor and the rich characterized by physical and emotional or psychological characteristics.

2.3 Characteristics of poverty

2.3.1 The poor

According to the community, the poor are characterized by the following characteristics;

Shelter

- Live in houses that are semi-permanent, construct houses using sticks, grass-thatched, mud-walled and earth floors;
- The roofs of their houses leak during the rainy seasons;
- Houses are invaded by jigger causing pests, cockroaches and bugs;
- Normally share one small house with all the family members; and
- Live in poorly constructed and un-kept houses

Food Security

- Are food insecure most of the time; and
- Sometimes have to feed on game meat.

Clothing

- Clothes are tattered, old, patched and do not protect the body from cold.

Social, Psychological

- Most of the time, they use traditional/medicine for treatment;
- Use traditional birth attendants;
- They preferred informal education to formal education;
- They recognized outdated traditional way of living;
- Prefer walking than riding vehicles properly because they cannot afford bus fare; and
- Focus much of their time making arrows and bows, spears, hoes, and knives.

Emotional Characteristics

According to the community emotional factors include;

- Do not associate freely with other members of the community who they perceive as rich and mix freely with those they perceive of their social class;
- Do not participate in communal work nor attend school meeting where their children go to school;
- Do not recognize their inadequacies; believe their status is a normal thing such that even when assisted by relatives or well wishers, they sell everything they have been given and use the money for drinking alcohol;
- Do not have focus or plan of their future;
- They spend much of their time in social cultural activities instead of economic activities;
- Together with their offspring, they tend to utilize more of their time in celebration of such events as marriages, circumcision and birthdays;
- They are exposed to the abuse chang'aa and busaa with a respondent describing a place called "**Zero Zero**" in Chesoi centre as a drinking den for many of the poor often reporting there at 6.00 a.m. and leaving late at night.
- Feel victimized and marginalized and as such get stigmatized exhibiting arrogance and disrespect for the other members of the community;
- Most are illiterate;
- Most hunt for bush meat;
- Most are affected by simple ailments such as malaria, typhoid, diarrhoea, pneumonia where children often succumb to the diseases;
- Domestic conflicts such as wife-beating are common; men feel superior to women;
- Women have no voice and judgments always favor men;
- Women do not own property; land and produce is wholly owned by men; and
- Depend almost wholly on farm produce for upkeep.

2.3.2 They very Poor

The community reported that the very poor are characterized by the following:-

- Live in very small huts with cracking walls and floor, leaking roofs, without windows and if the windows exist, they have no window boards;
- They own virtually nothing; they said in their huts "*hata kijiko*", does not exist. This means, the very poor do not have even the cheapest of basic cutlery or any goods of value;
- They own very small pieces of land which are often not cultivated;

2.3.3 The rich

According to the community the rich in the community are perceived to:-

- They own 1-10 cows and at least 10 sheep and about 3 acres of land or more;
- Majority of them are literate and often employed in formal set-ups; and
- They have decent houses often stone and corrugated roofs.

2.4 Causes of poverty

The community highlighted the following as the major courses of poverty in the community;

- High unemployment;
- Poor farming practices and storage methods;
- cultural practices such as cattle rustling;
- Increased insecurity- theft, armed robberies, burglaries targeting farmers and business persons was highlighted as a common experience;
- Natural calamities such as drought, landslides and soil erosion;
- Low mobile telecommunication coverage;
- Land tenure systems; the community noted that most land is communally owned;
- Increased population which exerts pressure on the available resources;
- Alcoholism;
- Old Age, Disability and Orphan-hood;
- Limited time devoted to economic activities; men and boys spend much of their time hunting for game in the forest while women and girls fetch fire wood;
- Lack of basic services like clean water; community spends too much time searching for and fetching water;

- HIV and AIDS; nursing patients is expensive and affects the productive population;
- Illiteracy;
- Poor road network; and
- Increased cost of farm inputs.

2.6 Impact of Poverty

According to the community, different groups of people are affected differently by poverty

Men

According to the community the impact of Poverty on men includes:-

- Stress due to poverty;
- Family neglect;
- Increased cases of suicide;
- High abuse of cheap alcohol;
- Doomed to perform manual work to earn a living;
- Frequent family break-ups;
- Surviving on a single meal per day;
- Boggled down by small loans from friends and relatives; and
- Low self-esteem.

Women

- End-up in immoral activities like prostitution to earn a living;
- Increasing cases of single-parenthood due to family break-ups and early pregnancies; and
- Increased cases of stress.

PWDs

- Neglected by society;
- Exhibit low self esteem; and
- Suffer malnutrition due to lack of balanced diet.

OVCS

- Recruited into child labor;
- Increased school dropout; and
- Increased malnutrition.

2.7 Copping mechanism

- Exploitation of forest resources: The poor often illegally burn charcoal in the forest and also harvest tree products (logs, firewood, twigs) for sale to be used as fuel and building materials.
- Early marriages particularly on young girls in exchange for livestock.
- Alcoholism to avoid responsibility.
- The poor beg from neighbors, friends and relatives.
- The youths migrate to towns in search of employment while others hunt for game meat.
- Women engage in market gardening, brewing of chang'aa and busaa for incomes.
- Women beg for food and other items from relatives and
- Women go for loans from financial institutions to set-up small businesses.

2.8 Asset ownership, access and decision making in the household

Major assets identified in the households include;

- Livestock.
- Bicycles.
- Farm equipment and tools.
- Electronics.
- Utensils.
- Chicken.
- Land.

Those assets with high monetary value are owned by men like; land, livestock, bicycles, farm equipment and tools, electronics while women own utensils and chicken which are not considered very valuable.

2.9 Poverty and gender

Men tend to control most valuable assets in the community and have more rights to their usage than women. Therefore women are more affected by poverty than men since they cannot dispose any asset to meet the needs of the family.

2.10 Poverty trends over time

According to the **key informant**, over the last ten years, poverty has declined significantly. However the community indicated that the decline would have been faster but is challenged by increasing

population, decreasing land size, increase in demands like in education and healthcare and worsening soil fertility.

2.11 Interventions targeting the poor in the community

Among the interventions identified by the community include:-

CDF Bursary

A few children have benefitted from the CDF bursary fund.

Women Fund

Women who are in groups have been given some money to start small businesses.

2.12 Recommendations

The community gave the following recommendations.

- That the National Land Commission, through the County lands office fast-track land adjudication in the area to change land ownership to private rather than communal; this will enhance ownership rights to land and give the people freedom to access credit facilities.
- The government up-scales up pro-poor initiatives like rural roads construction and electrification and expansion of education bursaries and scholarships among poor households.
- Government to build road networks in the community.
- Government to strengthen security in the area to curb cattle-rustling and inter-community conflicts.
- Train farmers on better farming methods.
- Put up schools near communities to reduce the distance traveled by children to and from school.
- Expand agricultural extension services to the community.
- The national AIDS control council to scale up campaigns on HIV and AIDS.
- The government to fast track implementation of laws governing transfer of property such as land and as well implement laws empowering women to own matrimonial property.
- The government to reduce cost on farm inputs.

CHAPTER THREE: FINDINGS ON PROVISION OF GOVERNMENT SERVICES

3.1 HEALTH CARE

3.1.1 Introduction

The PPA V study sought to find out 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.

Elgeyo Marakwet County has two district hospitals, six sub-district hospitals, one mission hospital 16 health centres, 79 dispensaries and 10 private clinics in the county. The doctor to patient ratio at the county is 1:15,548 whereas that of nurse to patient is 1:2,241. The average distance to a health facility is 8 Km.

3.1.2 Major Health concerns in the community

The major health concerns in the area include; antenatal healthcare, postnatal healthcare, human waste disposal, TBAs, and malaria.

3.1.3 Provision of Health services (access, affordability and availability)

During the FGD, the community reported that health services are offered by the government and the private sector. However, the health facility is not accessible due to the nature of the landscape and poor road network. The community has to travel long distances to access the service. Moreover, the facility was not able to respond to all the emergencies because it has only one ambulance.

The community however was full of praise to government for the provision of services such as polio immunization for under-five and provision of insecticides treated nets (ITNs) to expectant mothers.

3.1.4 Interventions towards improvement of health services in the community

Some of the interventions include:

- Provision of insecticide treated nets (ITNs);
- Civic education on health issues;

- Bringing VCT services closer to the people; and
- Employment of more community health workers.

3.1.5 Decision making on health issues in the family/community

According to the community, both parents have a role to play when it comes to family health. However, men are the heads of households and have a bigger role to play although in most cases the couple consults one another.

3.1.6 Ideal family size among the household in the community

According to the community, ideal family size depends on the individual's ability to bring up the family. They noted that the ideal family size is five children per household although the older generation preferred bigger families of about 10 while the younger generation preferred smaller families with few children.

However, there was consensus that poor families tend to have large families when compared to the rich.

3.1.7 relation between household size and poverty

The community was in agreement that there is relationship between household size and poverty. They noted that household with big families exert pressure on the available resources. They reported that it is difficult to provide for a large family than for a small one. Poverty leads to poor health care because of poor eating habits.

3.1 8 Access and decision making on family planning

Access to Family Planning Services

The community reported that family planning services are offered by the government through the ministry of Public Health and Sanitation. These services include provision of condoms, injections and pills and advice on safe sex practices. These services are accessible but uptake rates were low especially among men.

However, some people in the community reportedly did not utilize family planning methods claiming that it is God who plans for their families.

Decision-Making on Family Planning

There were divergent views on who should make decisions on family planning. Some were of the opinion that it is the husband who has the control on the number of children and the wife should be submissive to this order of things. Others indicated that they consult one another on the number of children they should have. However, majority agreed that consultation in the family was the best way to go.

Maternal and Child Healthcare

The community reported that the nearest medical facility was about ten kilometers posing a challenge in accessing the facility especially during emergency. Apart from the distance, they informed of being charged Kshs. 3,000 for delivery services and hence a times mothers choose to deliver at home instead. However men reported that when the women are given the money they prefer to deliver at home and retain the money and use during the earlier days of child care.

The community also reported that there have been cases of maternal and child mortality although not many. There were also cases of still births reported in the community.

3.1.9 Opinion on status of health services over time

According to the community, the last 10 years have witnessed substantial improvement in the delivery of health services as demonstrated by the availability of modern equipment in the health facilities although none was available in their area. These services include; free immunization for the under-five, provision of insecticides treated nets (ITNs) and accessibility to TBAs services. Prior to these improvements, the community used medical services from a Mission hospital in Kapsowar which is approximately 20km away.

3.11 conclusion and recommendation for improvement

The following are some of the recommendations given by the community:-

- Government to provide them with an ambulance to cater for the emergencies;
- Provision of clean drinking water;
- Improvement of the road network for easier accessibility to health facilities;
- Put-up a health center in their community to avoid traveling long distances; and
- Hire and retain more medical personnel.

3.2 BASIC EDUCATION

3.2.1 Introduction

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

The county has 513 ECD centres with total enrolment of 21,062 with a teacher population of 797 translating to teacher/pupil ratio of 1:26.

The county has also a total of 355 primary schools with an enrolment of 105,274 pupils and a teacher population of 3,156 resulting in a teacher/pupil ratio of 1:33. School infrastructural developments have been expanded markedly in the county by devolved funds like CDF, LATF and development partners like World Vision and Child Fund

There are a total of 70 secondary schools with an enrolment of 17,889 students and a teacher population of 719 giving a teacher/pupil ratio of 1:25. School infrastructural developments have been done by the education sector practitioners within the county although more investments need to be undertaken to improve the access and the quality of education in the county.

On tertiary institution, the county has several tertiary educational institutions which include: one Teachers Training College at Tambach, eight youth polytechnics, and one private Medical Training college at Kapsowar. Medical Training College at Iten is under construction and Keiyo Technical Institute has been proposed to be built at Chepsirei in Keiyo South through funding from the government through the Ministry of Education

3.2.2 Status of education facilities in the cluster/county

The community reported that the general state of education facilities was poor. There are no ECDE centres in the nearby primary school and they have to depend on temporary structures attached to **Kapsichia primary school**. The centre did not however have any teachers or teaching materials, a situation arising from the fact that **Kapsichia primary school** has no permanent structures, no adequate teachers or learning materials and was not connected to the electricity grid.

They also reported that the primary school in their community was not accessible to everybody and some children have to go to nearby community schools.

The only and nearest secondary school, **Sambirir girls** which is one of the centers of excellence in the entire Marakwet East District was reported to lack enough teachers with most of them being paid by the parents..

3.2.3 Provision of educational services

Both the government and the private sector offer educational services to the community. Some of the partners in the sector are World Vision and Child Fund.

3.2.4 Status of education services

The community was of the opinion that education services over the past 10 years have improved especially with the introduction of FPE and subsidized secondary education. As a result, enrolment has increased. However, the increased enrolment has overstretched the resources although most of the educational facilities have average teaching and learning materials and facilities. For primary education, each pupil is charged Kshs. 150 per term for teachers under PTA. Parents also buy school uniforms, some text and exercise books.

For private institutions, parents meet the cost since private institutions were believed to be institutions of the rich.

The subsidized secondary education had also not benefited the poor since they cannot afford the school fees and most of their children drop out of school. School performances were also rated poorly since in the last three years no student from the area has scored 300 marks in primary or mean grade of C+ and above in secondary school.

It was also reported that there were no vocational training centers in the whole district that can absorb those unable to continue with formal education.

3.2.5 Interventions towards improvement of education status in the community

Some of the interventions include

- **The CDF;** has played a key role in education improvement including construction of structures in ECDE centres, infrastructure in primary and secondary schools, partial scholarships to bright and needy children and financing of exams especially for candidates in primary schools. However, the fund faces numerous challenges like delays in disbursements, misuse of funds by both the beneficiaries and the CDF officials, lack of proper monitoring

systems and poor identification and selection of contractors; for example at Kapsicha primary school, there is a poorly constructed structure.

- **LATF;** finances education for bright and needy children in the community and has assisted in the construction of Chesoi primary school unit for the deaf.
- **MoE Bursary fund;** this is a fund administered by the Ministry of education and targets poor needy students particularly OVCs.
- **Scholarship by the state and non-state organizations;** includes the Kenya Education fund, Equity Bank, KCB, Jomo Kenyatta Foundation and USAID. In particular a case was given of Equity Bank scholarship which benefitted a needy student in Kapsicha sub-location
- School Feeding Program; is supported by the community and partially by the DC's office through relief food programs.
- **Harambee funds and church organizations;** funds raised this way often assist needy students and OVCs.

3.2.6 Relationship between education and poverty

The community noted a direct relationship between education and poverty citing the fact that even with FPE, children from the very poor families cannot access basic education due to extra charges for uniforms, food and salaries for PTA teachers. This contrasts with well to do families who take their children to private ECDEs, primary, and secondary schools where they are assured of quality education. Poor families take their children to public schools where the community mentioned that the quality of education was very low.

3.2.8 Conclusions and recommendations for improvement

- The government should employ ECDE teachers to uplift early childhood education in the community;
- Employ more teachers to meet the increased demand due to increased enrolment in schools;
- The poor should be empowered to participate in decision-making especially in pro-poor educational initiatives like FPE, CDF, LATIF and award of government and NGO scholarships to avoid misunderstandings;
- Feeding programs in basic education centers especially ECDE should be initiated to avoid frequent absenteeism and high drop-out rates;
- The government should monitor usage of CDF to avoid misuse of the funds;

- The government should fully sponsor needy students throughout their secondary education as they are not able to pay for the subsidized secondary education; and
- The community should be sensitized on various government policies like policies in the education sector

3.3 AGRICULTURAL SERVICES

3.3.1 Introduction

According to the CDP, Agriculture and livestock production are the main economic activities in the county. Main crops produced in the county vary with ecological zones. In the highlands, food crops such as maize, wheat, Irish potatoes and beans are produced. Cash crops in the highlands include tea, pyrethrum and coffee. At Kerio Valley, mangoes, pawpaw, watermelon, oranges and bananas are produced. High value cassava, millet and sorghum are also cultivated. The average holding size in the county is 7 Ha with the small scale farming acreage of 1.36 Ha. The total acreage under food crop farming is 88,639.3 Ha whereas that under cash crop farming covers 4,003.74 Ha.

Zebu, Boran and Sahiwals cattle types, merino sheep and goats are the main livestock bred with the majority of which are kept along the Kerio Valley and within the forests at the Highlands with the concurrence of the Kenya Forest Service.

This chapter introduces finding on agriculture and livestock, provision of agricultural services, interventions for improving agriculture and livestock production, targeting groups for the agriculture and livestock services, relationship between agriculture and poverty, status of agricultural services overtime and recommendations for improvement of agriculture and livestock services and inputs.

3.3.2 Status of Provision of Agricultural Services and inputs

The community noted that there has been improvement in agricultural services and inputs due to government intervention through the extension services offered to farmers which are done through identifying the problems and training them on how to overcome them and increase productivity.

3.3.3 Intervention towards improvement of Agricultural standards in the community

Njaa Marufuku Kenya: The objective of the program was to increase productivity and make the community food secure. The program worked through identified groups that applied for funding from the government through the Ministry of Agriculture. The groups that qualified got Kshs.120, 000 on crop production and Kshs. 130, 000 for livestock production. This program assisted farmers in four activities: subsidized fertilizers, Kilimo Biashara and the provision of extension service

Participating groups

Five (5) groups benefited from the program but none from Kamoi. The beneficiaries reported to have increased production, food security and increased income. The government makes regular follow-

up on the funds given to the groups to monitor whether they are being used on the intended purposes.

Subsidized Fertilizers

The government has been subsidizing fertilizers to farmers where the cost is shared equally. The communities have benefited from this program. However most of them felt that there was a lot of bureaucracy in the process.

Kilimo Biashara:

This is a loan facility to farmers from micro-finance institutions. Currently this service is not available to the community.

Extension Services:The community reported that it no longer benefits from the service although they used to have it at one time.

3.3.4 Target group for Agricultural Services

Men, women and youths have been targeted in agricultural and livestock services. For example, women were encouraged to improve poultry farming; the youth to improve their bee-keeping enterprises and men to improve and adopt modern dairy-farming techniques.

3.3.5 Relation between agriculture and Poverty

The community is very well aware that agriculture rests at the centre of their livelihoods and welfare. The community grows crops for food and keeps livestock also for food and in some cases for commercial purposes to supplement their living standards. They further noted that poverty levels are affected by agriculture such that when the prices of farm inputs are high, they are not able to access them and their yield is reduced significantly. They also noted that when their crop fails, they suffer from reduced incomes and food insecurity

3.3.6 Status of Agricultural Services over Time

The community reported that agricultural services have declined over time. This was because they no longer benefit from extension services like in the past. Worse still, even where there were extension officers, they rarely visited the farmers.

On the contrary, crop and animal production improved significantly in the last 10 years mainly because of new and improved farming methods. For example, crops like beans are being planted twice a year up from once per year. Milk production has improved.

3.3.9 Recommendation

The following recommendations were given by the community:

- Farmers should be taught modern agriculture and livestock production methods;
- Government should subsidize farm inputs;
- Government should reduce bureaucracy in the provision of services;
- The government should introduce better animal breeds to improve on milk production and
- Cash crops like coffee, tea, passion fruits be introduced instead of relying on maize.

3.4 WATER AND SANITATION

3.4.1 Introduction

The county has abundant water catchment areas, protected springs and rivers. There are 9 permanent rivers with the major ones being Kerio, Embobut and Arros Rivers. Other water sources include 62 water pans and 18 dams. The major water towers are Embobut Forest and Cherangany Hills. Kapsowar and Chesoi have Kipkunar and Kerer at Kabyego as water sources.

On sanitation, according to the CDP, the County's latrine coverage averages 71 percent which compares well with the national coverage. However, challenges remain especially along the valley and the escarpment where sanitation coverage is low thus exposing the communities to health hazards.

3.4.2 Status of provision of Water and Sanitation

According to the community, water for domestic and livestock use is drawn from rivers, springs, wells, boreholes and harvested rain water. However, nearby community like Kakimitian, Kapsero and Chesoi benefit from the Kapsicha water project which supplies the community with piped water. Overall, the most popular sanitation facility in the County is the pit-latrines.

3.4.3 Roles of the community in payment of water and sanitation

The community noted that sanitation facilities are constructed using own family labour while water for domestic and livestock use is drawn using family labour too. Water is drawn from nearby streams and springs; Embosee, Cheptuyeko and Embosos. In that regard, there is no direct cost associated with these actions.

3.4.4 Types of sanitation facilities

The following are the types of sanitation facilities found in the area:-

- Pit latrines, Rubbish pits, Taped water; Septic tanks and Placenta pits.

3.4.4 Relationship between Environmental Degradation and water availability.

The community was aware that the destruction of catchment areas has led to reduction in amounts of water in the streams and eventually in the major rivers. Soil erosion has also played a role in polluting waters in streams and rivers during rainy seasons.

3.4.6 Relationship/impact between water and sanitation and poverty

The community expressed the following views:-

- Water and sanitation are linked to poverty;
- Poor hygiene promotes spread of diseases;
- The poor are not able to construct sanitation facilities due to high costs; and
- Most pit-latrines are not roofed and become water logged and unhygienic during the rainy seasons.

3.4.7 Opinion/trends on status of water and sanitation over time

According to the community, water and sanitation in the area has improved in the last ten years. This is attributed to the fact that most people own iron roofed houses; this has enhanced harvesting of rainwater. In addition presence of piped water in adjacent villages has enabled some members to obtain water by paying a small fee.

Sanitation in the area has improved because it is a requirement by the local administration that every household should at least own a pit-latrine.

3.4.8 Challenges

The community identified the following challenges:-

- Expensive cost of materials for water projects; pipes and cement especially for dams;
- Lack of timber and iron sheets to construct latrines leading the community to improvise by the use of maize stalks to roof latrines; and
- Illiteracy and hence lack of understanding on the available options and opportunities especially to access finances:

3.4.9 Recommendations

The community gave the following recommendations:-

- Capacity building to equip the community on the importance of hygiene and sanitation;
- Employment of more community health workers;
- Allocation of more funds for hand washing programmes (WASH);
- Initiation of water projects in the community;
- Involvement of the community in decisions affecting them;
- Capacity building on tree planting and soil erosion prevention measures;
- Capacity in the preparation of project proposals;
- Creating awareness on dangers of consuming unsafe water and
- Support in the construction of sanitation facilities especially the pit-latrine.

3.5 HOUSING

3.5.1 Introduction

Most housing units in the County are owned by individuals, GOK and local authorities. The houses are categorized by the type of material used on walls, floors and roofs. Walls are generally done using quarry stone, bricks, mud, wood, iron sheets, grass or tin. Roofs are mostly made from thatch/grass, tiles, concrete, asbestos and iron sheets which are the most common.

According to the community income and the level of education plays a major role in determining the type of house that one owns. Majority of houses in the community of Kamoi are built with mud and also grass thatched. A few people permanent houses. The community complained of high prices of building materials.

The community acknowledged that the type of housing has improved over the last ten years which they attributed to the educated youth who want to live in better and modern houses.

3.5.2 Types of building materials

The following are common building materials in the area:-

- Sand, Bricks, Timber, Cement, Steel Bars, Iron Sheets, Mud, and Natural Stones.

3.5.3 Status of provision of housing (access and affordability)

The community noted that for semi-permanent structures, the materials are easily available and affordable since they are found within the community. However, quarry stones are expensive to obtain owing to the fact that they are not found locally but could be obtained from Ravine in Baringo County at great expense.

3.5.4 Opinion/ trends

The community noted that housing has improved over time. They attributed this to the availability of devolved funds like LATF and CDF that have supported in the construction of schools, dispensaries/clinics. These funds have also supported the improvement of the road infrastructure thus lowering transport costs especially of building materials.

3.5.5 Types of housing and household headship

The community stated that the head-ship in households was not a determining factor on the type of house to construct. However, income and the level of education were seen as major contributing factors to such decisions.

3.5.7 Recommendations:-

- i. Government to improve on infrastructure particularly that of access roads; and
- ii. Government to consider subsidizing the cost of building materials.

CHAPTER FOUR: FINDINGS ON PRO POOR INITIATIVES AND DEVOLVED FUNDS

4.1 PRO-POOR INITIATIVES

Cash transfers entail money which comes from the Central Government aimed at improving the living standards of the elderly and the most vulnerable. These include money for the disabled/challenged people, cash transfers to the elderly and to the orphans.

The community identified two (2) programs funded by NGOs; USAID and CORE (Community Road Empowerment).

CORE is an international NGO registered in Japan in 2006 and Kenya 2008. The main aim of CORE is to improve the rural communities to maintain rural access roads. CORE has greatly assisted the Kamoi community by maintaining the Chesoi Kapyego road. The community can now have access to markets.

The USAID helps the community to build bridges and supports groups to start small businesses; like the Kyapyap group which practice poultry keeping and supplies eggs, layer mash and broilers to the local residents while the Embosos group is funded to promote planting of trees.

Initiatives Supported by Government

The initiatives supported by the government include Free primary Education, Women Enterprise Fund, Youth Enterprise Development Fund, Kazi Kwa Vijana and Constituency Development Fund.

Free primary Education

The community noted that since the introduction of FPE in 2003, there has been noticeable improvement in school enrollment. However, it still incurs other costs such as money to pay for PTA teachers.

The **KKV initiative was** introduced in the year 2008 and helps the youth to improve on their living standards by getting employing them to plant trees, clear bushes along the roads and feeder roads that connect the interior part of the community.

The **National Fund for persons with disabilities program;** is also available in Kamoi and supports and empowers people with disability to improve their economic status.

The **Youth Enterprise Fund**: This is a pro-poor initiative in Kamoi cluster whose purpose is to ensure that the youth access cheaper loans to enable them improve their economic conditions.

The **Women Enterprise Fund**; offers loans to women in groups to uplift their standards of living.

The **Local Authority transfer fund (LATF) programme**; assists the community in improving the physical facilities. For example in Chemworor, LATF has assisted the farmers to come up with the SACCO building which has enabled them sale and store their farm produces.

Bursaries; Are available from a variety of sponsors especially in support of very poor students in the community.

HIV and AIDS Funds; for example the *Alpha Plus* has played a major role in the identification of orphans left unattended by the death of parents through HIV/AIDS. The orphans are offered various forms of support including their education.

Recommendations:-

- Government urged to increase funding for pro-poor programs.

4.2 CASH TRANSFERS

4.2.1 Cash Transfer Programme

The community was of the opinion that there was no beneficiary of cash transfer programme in the community. They were also not aware on how beneficiaries are selected.

4.2.2 Cash Transfer to People with Disability

According to the **key informant**, the funds are given through the Ministry of Gender, Children and Social Development. There were beneficiaries of the program in the cluster who reported that they receive Kshs. 2000 per month which they reported has helped them to meet their daily needs. However they said that it was not enough and requested the government to consider increasing it.

4.3 KAZI KWA VIJANA (KKV)

Kazi Kwa Vijana program started in the year 2008 and was conducted once by the Ministry of Roads. The main activity was to clear and rehabilitate the roads feeding to the community. This was done once in 2009. Both men and women were involved in the work and were paid Kshs 229 Per day for 5 days. The community noted that the money was not enough although it helped them to start small businesses.

Recommendations:-

- The government should consider increasing the amount allocated to the program as well as the daily allowances and
- The government to make the program more regular and include other activities in addition to the clearing of bushes along the roads.

4.4 ROADS 2000

The Roads Program was started in 2000 with the purpose of uplifting the living standards of the people by ensuring that all areas are accessible for wealth creation through access and sale of produce to the markets.

The Kamoi community noted that there was never such a program in the area. It indicated that the two road projects in the area connecting Kapsicha Primary school and Korion nursery school were done through community initiatives. However, they reported that the Chesoi-Kapyeyo road was done by the Kenya Rural Roads Authority (KeRRA) and CORE. They also noted that Chesoi-Kapyeyo road was poorly done and most of the bridges were poorly constructed making the road almost impassable in the wet season.

According to the community, most roads in Kamoi are inaccessible making it difficult to access the market for their produce promoting the use of donkeys and human labor in transportation which is a common feature in the village.

Recommendations:-

- Government requested to consider construction and upgrade of all roads in the area to enhance economic activities.

4.5 DEVOLVED FUNDS

Devolved funds are government financial transfers aimed at promoting development at the grass roots. These funds include, CDF, WEF, LATF, YEF and the HIV/AIDS Fund.

When accessed, the community utilizes the funds in some of the following projects:-

- Construction of water tanks;
- Building of classrooms;
- Building of access roads;
- Construction of public toilets;
- Construction of dispensaries;
- Construction of cattle dips and
- Funding education for needy students.

The community informed that:-

- The authorities should involve the community in the programmes as the current system is selective and favors men;
- Communities are mobilized to give opinion on what projects they want to initiate;
- Both men and women are responsible in decision making; and
- The community reported that it is knows how to access the funds that can improve their livelihoods.
- There has also been a suggestion box in place to receive complaints under which the council will react to by writing letters or sending their officers to the ground to address the issue; and
- Bursary issuance is marred by massive corruption and gender biases.

Recommendations for Improvement:-

- The government should ensure that ongoing projects are completed before a new one are started ;
- Take swift measures against corrupt practices to ensure efficiency in project implementation;
- National government to undertake regular monitoring and evaluation of the programs; and
- Get women involved at all levels of decision making.

CHAPTER FIVE: CROSS CUTTING ISSUES AND EMERGING ISSUES

This chapter examines cross-cutting issues such as HIV/AIDS, Gender and Disability. It critically looks at the impacts of these challenges in relation to poverty reduction policies and interventions.

5.1 HIV&AIDS

5.1.1 Introduction

According to the key informant there are some cases of HIV and AIDS in the county that have affected the communities negatively.

5.1.2 Prevalence of HIV/AIDS

According to the **key informant on public health**, the prevalence of HIV/AIDS stands at the rate of 3.7 percent in the county. He noted that over time the rate has been increasing. However, he noted that it is hard to establish the exact rate since people keep away from HIV testing and counseling except for mothers who come for ante-natal clinics.

The community on the other hand acknowledged that the disease exists but was not able to identify anybody who had died of the disease. They said it was difficult because even if somebody dies of HIV/AIDS, people substitute it with other diseases like cancer.

5.1.3 Knowledge on HIV/AIDS

The community acknowledged that they are aware of the disease but they fear discussing it freely. They also fear being identified with the disease as well as associating with infected persons.

5.1.4 Cause of HIV/AIDS

The community was aware on the various modes of transmission of the HIV/AIDS virus. They identified family conflict and separation in families as the major cause of increased incidences because during periods of separation, sexual rights are not met, thus each partner is forced to seek sexual satisfaction from other people. This leads to transmission of the virus to other parties.

5.1.5 Prevention Measures on HIV/AIDS

According to the community, preventive measures include behavior change, advocacy and counseling.

5.1.6 People infected in terms of Age and Gender

HIV/AIDS cuts across all gender and age. However, the most affected age is the middle-aged who are more sexually active. It was not possible to establish the right proportions since men do not go for testing often assuming that they do not have the virus when their spouses test negative.

In terms of social status, the most affected are the poor although even the rich have reported higher prevalence. According to the key informant, on average middle aged persons between the ages of 18-36 are the most infected.

5.1.7 The relationship between HIV/AIDS of Poverty

There exists a directly relationship between HIV/AIDS and poverty. According to key informant the poor are mostly affected. They are infected by the rich people. For example school going children are taken advantage of where money is exchanged for sex especially at Chesoi market.

The community also noted that poverty is a major factor in HIV/AIDS since the poor and the unemployed are much more infected than the rest of the community.

5.1.8 Challenges Facing the Health Facilities in dealing with HIV/AIDS

The following were identified as the challenges faced in dealing with HIV and AIDS:-

- Very few trained staff: they are not able to meet the health needs of the people efficiently;
- Facilities: such as laboratories to test HIV are inadequate;
- Stigma: people fear visiting the facilities for testing lest they be diagnosed positive thus affecting their lives in a dramatic manner and
- Female and male circumcision: use of unsterilized tools on a large number of people thus risking transferring the virus to those who are not infected.

5.1.9 Recommendation on HIV/AIDS

- The number of VCT centers to be increased;
- Continuous awareness creation on HIV and AIDs;
- The government should to improve the existing facilities to cater for the needs of the community and
- People to be encouraged to practice safe sex or abstain completely.

5.2 Persons with Disability (PWDs)

The community reported that PLWD were not many in the area. The common disability being physical . The community admitted that they do not take their disabled children to school because of stigma and that special schools are far from them.

5.3 Gender

The FGD focused on property ownership, decision-making and recommendations where:-.

- The community reported that men and women do not have equal rights in decision making process; The male youth are involved but the female youth are never given an opportunity;
- Women voices are not sought but men dominate all aspects of life and
- Gender discrimination and domination has contributed to increased poverty since men sell family properties without the knowledge of their spouses thus contributing to poverty.

CHAPTER SIX: RECOMMENDATION AND CONCLUSION

6.1 Recommendations

Based on the community perceptions, the following are the key recommendations:

- Government requested through the National Land Commission to fast-track land adjudication in the area to change land ownership to private status rather than communal. This will enhance ownership provide the opportunity for the community to access credit facilities;
- Upscale pro-poor initiatives like rural roads construction, rural electrification and expansion of education bursaries and scholarships among poor households;
- Building of road networks;
- Government should increase/strengthen security in the area to curb cattle rustling and intercommunity conflict;
- Government should increase allocation for the cash transfer programme;
- Training of farmers on better farming methods;
- Build more schools and upgrade school equipment;
- The government should expand extension services to the community;
- The national AIDS control council to scale up campaigns on HIV and AIDS;
- The government to fast track implementation of laws governing transfer of property such as land and as well implement laws empowering women to own matrimonial property;
- The government should reduce cost of farm inputs;
- The government should employ more teachers; and
- The government to continuously monitor projects to avoid misuse of funds.

6.2 Conclusions

- Poverty has been a major challenge in the county.
- Attempts have been made by the government and other development partners to address this problem through the introduction of various interventions in the various sub-sectors.
- Poverty affects the living standards of the locals. However, development projects and programs which are pro-poor have greatly reduced the poverty levels.
- The majority of the poor are found in rural areas.

- The most affected categories of persons are mainly the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth.
- It has also been observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs.
- In Elgeyo Marakwet County, the poor population are scattered all over the county.
- It is important that strategies in all the sectors be geared towards poverty eradication.
- To lower the poverty levels, higher economic growth rate must be achieved and sustained. Entrepreneurial skills should be imparted to the unemployed youths while farmers should be encouraged to diversify their agricultural production.
- Policies and programmes should be initiated to benefit the minority groups.
- It is noted the majority of the people in the community are aware of major government interventions targeting them but lack information on how to access them.

There were increased cases of immerging areas which needs further research including;

- High divorce rates;
- Increased consumption of alcohol by men and

Non involvement of women in major decision making processes.

From the findings of the survey, the bulk of the poor is found in rural areas. The most affected categories of persons being the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. The findings also indicate that prevalence of poverty is closely linked to access to provision of services. The study therefore recommends that efforts should be made by both the county and national government to ensure implementation of the community recommendations so as to graduate them from poverty.