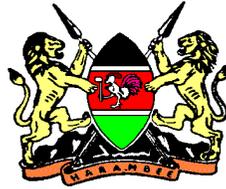


**REPUBLIC OF KENYA**



**THE PRESIDENCY  
MINISTRY OF DEVOLUTION AND PLANNING**

**PARTICIPATORY POVERTY ASSESSMENT V**

**ISIOLO COUNTY REPORT**

**BULESA CLUSTER**

**MARCH 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 including devolved funds.

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

From the community perspective poverty level has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note that many at the clusters visited did not understand how the pro-poor initiatives operate. The study further established that Cross-cutting issues such as HIV/AIDS, drug and substance abuse, gender disparity on property ownership, environmental degradation, poor governance on devolved funds and pro-poor initiatives were 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. These will be upgraded to other notable initiatives like Revolving loan, table banking concept and training Counties to benefit from other funding windows like 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**

## **ACKNOWLEDGEMENT**

The Isiolo County 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 the formation of County Governments after the general elections of 2013.

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,

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**ENGINEER PETER O. MANGITI**

**PRINCIPAL SECRETARY-PLANNING  
MINISTRY OF DEVOLUTION AND PLANNING**

## 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-4 in 2005/06.

Between November 2012 and February 2014, the National Government conducted PPA-V whose overall objective is to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the community perspectives on poverty dynamic diagnostics; and the provision and impact of selected wellbeing services including agriculture, education, health, social protection and devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

This report presents the findings of the PPA-V survey in **Bulesa** sub-location with the Singira community which was conducted in November/December 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly sub-county technical experts in the subject areas of the survey.

Isiolo County has a total area of 25,700 Km<sup>2</sup>. According to the 2009 Kenya National Housing and Population Census, the total county population was 143,294 comprising of 73,694 males and 69,600 females. The population was projected to increase to 159,707 by 2012, 178,097 by 2015 and to 191,516 in 2017. The population consists of predominantly Cushite communities (Oromo-speaking Boran and Sakuye) and Turkana, Samburu, Meru, Somali and other immigrant communities from other parts of the country. Of the total population, 71 percent are living in absolute poverty and contribute 0.2 of the national poverty. Further, it is worth noting that 77.4 percent of the total population are food poor.

From the existing literature, it is evident that Kenya has recorded a sustained 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 down interventions and programmes to improve service delivery to the poor and vulnerable groups and eradicate poverty. Some of these interventions include; setting up of devolved funds and Cash Transfer (CT) for the elderly, OVCs and extreme disabilities, among others.

Even with this, poverty still remains prevalent in the country and by extension in Isiolo County. Drawing from the above findings, some of the most important determinants of poverty as

perceived by the community include lack of access to basic services coupled with un-affordability and un-availability. Further, the poor road network was found to be a challenge facing community members to an extent of affecting their service seeking behaviour. Illiteracy, draught, retrogressive cultures, lack of information and insecurity were said to be significant determinants of poverty in the region.

The findings unearthed the need to construct/rehabilitate infrastructure facilities in the county to all weather status to ease on transport costs while reducing the travel-time involved. According to the community, there is need to be sensitized on the availability of devolved funds, other services and how to access them; the need to capacity build youths/women/PWDs on entrepreneurial skills, participatory monitoring and evaluation of government programmes/projects; the need to construct/rehabilitate and equip health centres; the need to provide treated nets/ or water treatment tabs (chemicals) to community members; the need to employ more qualified teachers to mitigate on shortage and reduce the burden of hiring by parents; the need to introduce school feeding programmes to increase retention rates, and mostly for the girl child.

Further, the government should provide extension services to the community, in addition to provision of adequate and subsidized farm inputs to spur agricultural growth. It should also create awareness on water harvesting and conservation in order to reduce distances travelled to the nearest water points. This should be coupled with the drilling of more boreholes to increase water adequacy for both domestic and livestock. The community also requested the government to expand cash transfer programmes to the whole county. Lastly, the community felt the need for their involvement in making decisions affecting them when it comes to selection of the beneficiaries of government programmes/projects.

## LIST OF ACRONYMS

AMREF	Africa Medical Research Foundation
CBOs	Community Based organizations
CDF	Constituencies Development Fund
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 Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

## **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 therefore 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.

### **1.2 History of Participatory Poverty Assessment (PPAs) in Kenya**

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 quantitative information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP).

The fourth PPA was conducted in 2005/06 alongside quantitative 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.

Since the fourth PPA, the government has initiated a number of programmes aimed at alleviating poverty, inequality and ameliorating the suffering of the vulnerable sections of the Kenyan citizens.

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

### **1.3 PPA V Objectives**

The overall objective of the study was to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In this context, the fifth Participatory Poverty Study (PPAV) focused on two main areas:

- i. The impact of the various policies, strategies, programmes and projects aimed at reducing poverty and improving welfare; and
- ii. 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 sought:

- 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 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.

## **1.4 Methodology**

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

For the purpose of collecting information, one cluster, *Bulesa*, was selected to represent the county. This 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 the 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.

### **1.4.2 Process, Study Instruments 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. Attempt was made to identify households 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 and vital 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.

### **1.4.3 Field Logistics**

The PPA-V study was conducted in two phases; Phase was conducted between November and December 2012 while phase two (2) was conducted between November and December 2013. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were 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. RAs were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle of the people.

The training for researchers ran for five (4) days and data collection and site 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. This report, therefore, presents the PPA V survey findings. It uses poverty perceptions as recorded from *Bulesa* to draw inferences about the county.

## **1.5 County/Cluster Profile**

Isiolo County has a total area of 25,700 Km<sup>2</sup>. According to the 2009 Kenya National Housing and Population Census, the total county population was 143,294 comprising of 73,694 males and 69,600 females. The population was projected to increase to 159,707 by 2012, 178,097 by 2015 and to 191,516 in 2017. The population consists of predominantly Cushite communities (Oromo-speaking Boran and Sakuye) and Turkana, Samburu, Meru, Somali and other immigrant communities from other parts of the country. Of the total population, 71 percent are living in absolute poverty and contribute 0.2 of the total poverty incidences in the country. Further, it is worth noting that 77.4 percent of the total population are food poor.

The county is hot and dry during most months in the year with two rainy seasons (short and long rains). The short rains occur in October and November while the long rains occur between March and May. The rainfall received in the county is usually scarce and unreliable with the annual average being 580.2 mm. The wettest months are November (average of 143 mm) and April (average of 149 mm).

Since rainfall is erratic and unreliable, it cannot support crop farming which partly explains the high food poverty levels witnessed in the county. Rain fed crops are grown in Bulla Pesa, Wabera and Kinna wards where the black cotton soil retains moisture long enough to make crops mature.

High temperatures are recorded in the county throughout the year, with variations in some places due to differences in altitude. The mean annual temperature in the county is 29<sup>0</sup>C. The county records more than nine hours of sunshine per day and hence has a huge potential for solar energy harvesting and utilization. Strong winds blow across the county throughout the year, with the peak being the months of July and August. The strong winds provide a huge potential for wind generated energy.

## **1.6 Study Limitations**

A major limitation in the PPAs design is the fact that they are not designed to collect quantitative information, and the qualitative information collected during the study in a cluster is not representative of the County or even the sub-county. However an aggregation of findings in a national report is expected to fairly represent the socio-economic problems, challenges and opportunities facing the Country

## **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 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.

## **CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS**

### **2.1 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. Of the total population in the county, 71 percent are living in absolute poverty and contribute 0.2 of the national poverty incidence. Further, it is worth noting that 77.4 percent of the total population are food poor.

To make development more inclusive and equitable, the government has rolled down interventions and programmes to improve service delivery to the poor and vulnerable groups to eradicate poverty. Some of these interventions include; setting up of Persons with Disabilities (PWDs) fund, Cash Transfer (CT) funds for the elderly and Orphans and Vulnerable Children (OVC) among others.

### **2.2 Definition of Poverty**

Generally, poverty can be defined as lack of accessibility to basic necessities such as food, shelter and clothing due to low purchasing power, caused by lack of income. However, different people have different perceptions about poverty. It is worth noting that what is necessary to satisfy basic needs vary across societies in Kenya. According to the community poverty is defined as the lack of livestock or when one has few livestock. To the community, being an orphan or disabled, one is considered as poor

### **2.3 Characteristics of Poverty**

According to the community, the rich have over 400 heads of cattle and or goats, while the poor have 15 and below. However, this varies with the size of the family; an individual may also be considered poor if he has 50 heads of cattle/goats, but has a big family, since to them, the bigger the family the bigger the need. The very poor or the vulnerable are said to be individuals surviving on the mercies of good Samaritans. They beg to enhance their survival.

### **2.4 Classification of Wealth groups**

The community classified itself into three classes of wealth groups namely, the rich, the poor and the very poor.

#### **The Rich**

The rich are those that have on average 400 cattle/goats, even though it is dependent on the family size.

## **The Poor**

The poor have less than 15 cattle/goats although a household with 50 cattle/goats is considered poor if it has more than 8 household members.

## **The Very Poor**

The very poor on the other hand are vulnerable and depend on well-wishers for their survival.

## **2.5 Causes of Poverty**

According to the community, the causes of poverty vary from men, women, youth, Persons with Disabilities (PWDs) and Orphans and Vulnerable Children (OVC). In men, poverty is caused by low level of education that deprives them of good jobs that can generate income for their families. Polygamy was also said to be another cause of poverty in *Bulesa*.

Amongst the women, lack of assets is one of the major causes of poverty. All assets in this community are owned by men. Cultural practices such as early marriages make girls drop-out of school and hence start experiencing early poverty. Women were said to lack entrepreneurship skills and thus cannot start small businesses even if they accessed devolved funds. The youth were said to be poor as they are unemployed due to lack education. They were also said to spend most of their time chewing miraa and idling.

## **2.6 Impact of Poverty**

From the community, the impact of poverty was indicated as follows;

- i. **Low Life Expectancy:** The community noted that, poor health among the poor reduces their life expectancy as most of them cannot access basic health services, hence the increased mortality rates;
- ii. **Prostitution:** Due to lack of basic necessities, the youth especially young girls seek alternative ways to satisfy their basic needs such as sanitary pads, and good clothing. This has pushed majority into prostitution, and mostly with married and elderly men;
- iii. **HIV/AIDS:** Due to promiscuity, HIV and AIDS incidence are on the rise and hence increased poverty due to high treatment costs and high dependency ratio;
- iv. **Low transition and retention rates:** Without school feeding program and given that majority of the households are food poor, high school drop-outs, low transition and retention rates have been recorded;
- v. **Family break-ups:** men abandon their families and run to towns to avoid responsibilities.

## **2.7 Coping Mechanisms**

Different people have different mechanisms to cope with poverty. Youth, especially young girls engage in prostitution while men abandon their families and run to towns to avoid responsibilities. Women on the other hand do casual jobs in people's households to provide for the family. The PWDs and the OVCs in the community are categorized as the very poor and the most vulnerable because they depend on others for survival. Some survive by begging while others benefit from the cash transfer for the orphans.

## **2.8 Assets, Ownership, Accessibility and Decision Making**

The main assets in the households included simple structured beds made of stick and cows/goats skin which most of them use as mattresses, utensils, cattle and goats. To the community, most of the household items such as utensils are owned by women while cattle and goats are owned by men. Accessibility of these assets depend upon who owns the assets. However, men had major accessibility since they hold most of the assets and are the key decision makers concerning the assets.

## **2.9 Poverty and Gender**

Women are the most affected by poverty in the community. This is so because, as evidenced from assets ownership and decision making, men make decisions as concerns assets in the household. Women only make decisions concerning utensils.

## **2.10 Poverty Trends Overtime**

Over the last ten years, poverty levels have remained high. Persistent droughts and erratic weather patterns have affected livestock and increased distance to water points. Due to high poverty incidences, high school dropouts and low life expectancy have been recorded in addition to family break-ups.

## **2.11 Interventions Targeting the Poor**

According to the community, over the last ten years, it has experienced tremendous changes with positive impact on their lives. There are a number of Non-Governmental Organizations (NGOs) initiatives such as Red Cross which provides food to children under-five and ACF, which restocks animals after the dry periods. They also provide seedlings and fertilizers to those who practice farming. ACF also provides water to the community while CDF provide bursaries to needy students.

According to the community, the major challenges include low quality of education, poor infrastructure, inadequate schools and health facilities and frequent floods.

## **2.12 Recommendations**

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

- i. Construction of more schools, health facilities and equipping them with adequate facilities;
- ii. Capacity building of community members to engage in meaningful economic activities;
- iii. The government should implement measures meant to control floods;
- iv. The government should further implement measures such as early warning systems to mitigate against drought and erratic weather patterns.

## **CHAPTER THREE: FINDINGS ON PROVISION OF GOVERNMENT SERVICES**

### **3.1 HEALTH CARE**

#### **3.1.1 Introduction**

Health is one of the key areas that is significant in development and economic growth of a nation. The PPA V study aimed at generating information on availability of health facilities and where they are located, management of the facilities, awareness of the kind of services offered, affordability and other health interventions which lead 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.

Over 70 per cent of the people in the county live in the rural areas where health facilities are inadequate, inaccessible, and unaffordable. There are two Level 4, five Level 2 and 34 level one health facilities in the county. Most of the public health facilities lack adequate personnel and facilities. For example, Garbatulla level two health facility has only one doctor. The doctor: population ratio for the county is 1:20,000.

The prevalent diseases in the county are: malaria, diarrhoea, stomach ache, respiratory diseases and flu. Majority of the cases of diarrhea and stomach ache are associated with the use of contaminated water; especially during the rainy seasons.

#### **3.1.2 Major Health Concerns**

Like in the entire county, the Bulesa community considers malaria, diarrhoea, TB and upper respiratory diseases as the main ailments afflicting the community. Majority of the cases of diarrhoea are associated with the use of contaminated water.

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

Health services are mainly provided by the government. Such services include polio vaccination for under-five, provision of mosquito nets to all the households and malaria treatment in the dispensary. Other health providers include NGOs such as ACF international which provides food and health education to the community, Kenya Red Cross which provides the community with water tanks, and chemicals like chlorine for water treatment. VSF (Belgium) creates awareness on health education and livestock diseases while Mid Programme provides transport whenever somebody gets unwell.

In the *Bulesa* Location, there is only one public dispensary managed by the government. Because of this, the community was of the view that the number of health facilities in the area is not enough. There is also the problem of accessibility, in adequate health personnel and medicine.

### **3.1.4 Interventions to Improve Health Standards**

According to the community, the government offers free under five health care, while the Kenya Red Cross provides water tanks and chemicals to treat water, as well as provision of health education mostly on proper waste disposal.

### **3.1.5 Household Involvement in Decision Making Process on Health**

Most of the households are headed by men and only few are female headed. In most of the households, decisions concerning health are made by the household head, while it is the responsibility of every member to observe proper hygiene.

### **3.1.6 Ideal Family Size**

A family size in Bulesa community depends on each and every household. To them, however the average household size is five to seven members.

### **3.1.7 Access to Family Planning Services**

There is one dispensary in the Bulesa Location. The dispensary offers family planning services. Community members access contraceptives like condoms, and advice on other family planning methods. Pills and injectables are also available.

### **3.1.8 Decision making on Family Planning**

According to the community, consultation between men and women on family planning issues takes place. As a household, they agree together on the number of children they would have and the best method to use for family planning.

### **3.1.9 Relationship of Household Size and Poverty**

Household size in the community varies greatly. There are those with four children and others up to twelve. Households with many children have low standards of living and are thus poor. The community was in agreement that poverty is closely related to household size.

### **3.1.10 Status of Health in the last 10 Years**

The community felt that there has been improvement in health services in the last ten years. This, they attributed to provision of water services and health education awareness. They also felt that health facilities have significantly improved over the same period.

However, the community identified several challenges in the health sector. These are:

1. Lack of adequate health facilities in the area despite the high population;
2. Insufficient drugs and lack of laboratory in the only one dispensary;
3. Lack of maternity services locally;
4. Inadequate medical personnel/staff to provide services; and

5. Low levels of literacy in the area.

### **3.1.12 Recommendation**

To improve health services, the community recommended the following:

1. The need to construct/rehabilitate health facilities to provide health services to the high population;
2. The need for a mobile clinic for those who live far away from the dispensary;
3. The need to employ more qualified medical personnel;
4. The need to introduce maternity services, laboratory services and Voluntary Counseling and Testing (VCT) in the area;
5. Upgrading of all roads to all weather standard;
6. The need for the provision of ambulance services; and
7. The need for provision of safe drinking water.

## **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 programmes, 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.

There are 142 public Early Childhood Development Education (ECDE) centres of which 29 are private. Total enrolment is 8,991 with 5,034 being boys and 3,957 girls. The teacher pupil ratio in the ECDE centres is 1:87. This ratio is far above the optimal of 1:40 implying that the county has few ECD teachers.

The county has 23,008 pupils enrolled in primary schools with 624 teachers. The teacher/pupil ratio is 1:37. Dropout rate is one per cent implying that most pupils are transiting to secondary schools. However, 74 per cent of the population walk/travel for over five (5) kilometers to get the nearest public primary school. Education is important for the development of any community. However, despite its importance, some communities in Kenya lack accessibility of good education.

### **3.2.2 Availability of Education Facilities**

There are three (3) schools; one (1) secondary school and two (2) primary schools. These schools were accessible to the community.

### **3.2.3 The State of Education Facilities**

The community was of the opinion that the state of the education facilities does not meet the required standard for quality education to be imparted since there are no enough classrooms to

cater for high number of pupils and students. Other facilities like desks are not enough as some pupils are forced to sit on the floor. There is also inadequate number of teachers due to high turnover since the county is considered a hardship area.

#### **3.2.4 Provision of Education Services**

The communities, through their community leaders, are sensitized on the importance of education in the community. The community leader engages all the households to ensure that all children who have reached the age of going to school are enrolled.

The community is aware of Free Primary Education (FPE). However, they felt that subsidized secondary education has no much impact since they are forced to buy most of the items. They noted that, even with FPE, they were forced to meet other costs such as money for exams, which is not affordable. When the school management are setting up these other charges, they do not normally consult parents and parents end-up hopelessly paying.

#### **3.2.5 Interventions Facilitating Improvement of Education Standards in the County**

According to the community, some of the interventions which have improved the standard of education include:

1. School feeding programme from the government and other no-state actors;
2. Provision of bursaries from the Constituencies Development Fund (CDF); and
3. Scholarship by NGOs for best performing pupils.

However, there are no specific interventions targeting the most vulnerable in the community.

Government, in conjunction with other no-state actors, implements a school feeding programme for all school going children. This has encouraged parents to send their children to school as food is not easily available at home. This increases retention rates. Besides, CDF Bursaries cater for fees for vulnerable students while NGOs play an important role in improving the level of education in the community by sponsoring best performing pupils.

#### **3.2.6 Relationship of Education and Poverty**

The community was of the opinion that the bigger the family size, the poorer the family was. They noted that those families with big family sizes struggle to meet their basic daily needs with little money left for development, including education. With little or no education, chances of getting employment opportunities is small hence poverty.

#### **3.2.7 Status of Education for the Last 10 Years**

According to the community, the quality of education had improved in the last 10 years. They noted that schools were in bad shape initially but rehabilitation was done, leading to improvement. CDF bursary has also helped in improving the status of education. On enrollment and retention, they noted that, over the last ten years enrolment has grown significantly due to

the active role played by the local administration in ensuring that all the school going children go to school. The school feeding programme has also attracted more children to school since they can have something to eat in school compared to when they remain at home.

### **3.2.8 Recommendations**

The community gave the following recommendations for improvement of education:

1. Construction of more classrooms to cater for the ever increasing number of pupils both in primary and secondary schools;
2. The government to consider employing more teachers to bridge the gap; and
3. The government to consider constructing other educational facilities such as laboratories.

### **3.3 AGRICULTURAL SERVICES AND INPUTS**

#### **3.3.1 Introduction**

According to the Isiolo County Development Profile, a large portion of the county is arid and therefore cannot support meaningful crop farming. However, maize, beans, cowpeas, onions are produced in the areas bordering Meru and Laikipia Counties. Mangoes, paw paws and other horticultural crops are produced in the existing private small-scale irrigated farm along rivers. With no rain fed agriculture, the hectares under food crops are few, with only 1,497 hectares under food crops production. With the completion of Rapsu and Makadaka Irrigations Schemes, the area under food crop will double to 3,000 hectares.

Livestock production is the backbone of the county's economy with over 80 per cent of the inhabitants relying on livestock for their survival. The main livestock breed is the Zebu cattle.

Agriculture provides means of livelihood, as community members practice both crop production and animal keeping for both subsistence and commercial purposes. This is the same in *Bulesa*.

#### **3.3.2 Status of provision of Agricultural Services**

Both the government and Non-Governmental Organizations provide extension services to the community. However, they are charged some small fees to get the service.

#### **3.3.3 Interventions for Improving Agricultural Production**

The community noted that both the government and NGOs provide agricultural services. These services include: educational services on good farming techniques, extension services, and the provision of seeds. These are offered at a cost, which is not affordable to many households.

#### **3.3.4 Target Group for Agricultural Services**

Both men and women are targeted for agricultural services. However in Bulesa location, these services were missing since they mostly target large scale farmers.

#### **3.3.5 Relationship between Agriculture and Poverty**

There is a significant relationship between agriculture and poverty. The Communal land tenure system is a contributor to the high level of poverty. Since the county economy is wholly dependent on livestock, pastoralists are under constant threat of poverty especially when drought strikes, making them lose large portion of their livestock due to starvation and lack of water.

### **3.3.6 Status of Agricultural Services in the last 10 years**

The community was of the opinion that over the last ten years, agricultural services have greatly improved due to provision of extension services by the government and other non-state actors. However, the services are not continuous.

In the provision of agricultural services, the community faces the following challenges:

1. Inadequate water supply for livestock and domestic consumption;
2. Persistent drought;
3. Lack of farm inputs;
4. Floods and erosion; and
5. Livestock diseases and crop pests.

### **3.3.7 Recommendations**

The following are the recommendations from the Bulesa community:

1. There is need for the government to provide farm inputs or subsidize them;
2. There is need to revive irrigation schemes in the region to reduce over-dependence on rain fed agriculture; and
3. There is need for more boreholes to be drilled to ensure adequate water for domestic, livestock and irrigation.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

Most parts of Isiolo County are Arid and Semi Arid (ASAL). However there are rivers such as Ewaso Ngiro, Oldonyiro, Bisan Springs in Kinna, boreholes, shallow wells, water pans and sand dunes, as the sources of water. In Bulesa Location which lies 200km North of Isiolo town, the major sources of waters are boreholes and the Ewaso Ngiro River which is seasonal.

Over 58 per cent of the water sources are boreholes, 17 per cent are shallow wells (not counting the numerous water-holes that are dug on stream beds during the wet season), 59 per cent of the total number of water sources are operational during the wet season, but only 36 per cent are operational in the dry season. Merti, Garbatulla and Sericho areas are poorly served with water sources, particularly during the dry season.

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

In general, water supply in the county can be divided into four majors categories: (1) direct use of natural water sources such as rivers, streams and springs; (2) developed surface water sources, such as earth dams, sand/subsurface dams, tanks and pans, (3) developed groundwater such as wells, waterholes and boreholes; and (4) emergency water supply by the government using tankers. Fifty (58) per cent of the sources are saline hence limiting the availability of safe water especially for domestic use.

Sanitation is wanting in some parts of the county. Approximately 81 per cent of the households have pit latrines and 56 per cent of those latrines are uncovered, hence open defecation is still rampant in most rural areas of the county. Currently, only six (6) per cent of the households are connected to the sewerage line in Isiolo Town.

### **3.4.3 Types of Water and Sanitation Facilities**

The major types of water facilities found within the community include; protected boreholes which have been fitted to a generator to supply piped water to the residents. Ewaso Nyiro River which is seasonal is also another source. The sanitation facilities in the community are the pit latrines which are inadequate.

### **3.4.4 Water and Sanitation Programmes**

Isiolo County has Isiolo Water Service Board, a statutory body which oversees the supply of water to Isiolo town. Unlike Isiolo town, Bulesa Location has boreholes which were dug through the help of NGOs and handed over to the locals to run and manage. However, there are no programmes or projects in the areas on sanitation. Pit latrines are dug and constructed by the individual owners or interested persons at their own expenses. The provincial administration through the chiefs ensures that people construct pit latrines.

### **3.4.5 The Role of the Community**

The community manages the boreholes once they have been dug. After handover, the community manages and maintains them through their elected leaders. Money from the sale of water is used to maintain the projects.

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

The community noted that there is a relationship between water and sanitation and poverty. Many residents of *Bulesa* location cannot afford to pay Kshs. 230 per month as monthly charges levied on them for connection expenses. Only a few people can afford to pay and therefore the poor end up looking for alternative sources of water. On the other hand, those who cannot afford to construct pit latrine defecate in the nearby bushes. This has promoted water borne diseases. The majority of the residents live far away from piped water. The River especially for those who live in Golha Sub-Location (Bulesa Location) is also quite far. This makes it difficult to access water easily.

### **3.4.7 Status of Water Availability in the last Ten Years**

The community noted that water for both domestic and livestock use over the last ten years has decreased slightly. This is due to long dry seasons which forced people to use the same stream/borehole as water sources for their animals. This has led to cropping-up of water borne diseases.

The community cited the following challenges in the provision of water and sanitation facilities:

1. Illiteracy: Majority of the residents of **Bulesa** location are illiterate and hence utilize untreated water. This brings high incidences of water borne diseases;
2. Inadequate resources: majority of people in **Bulesa** location are pastoralist and depend entirely on animal products. Livestock rearing is adversely affected by drought; and
3. Insecurity: Poor security has led to loss of livestock and lives, in addition to affecting investments in the area as people live in fear.

### **3.4.8 Recommendations**

The following are the recommendations as provided by the community:

1. More boreholes should be dug to afford the community safe water for both livestock and domestic use. With water, community members will be able to engage in meaningful agricultural activities for subsistence and commercial purposes;
2. Awareness creation on sanitation and hygiene should be expanded;
3. Create awareness on the adoption of modern farming methods to increase production;
4. Create awareness for community members to shun outdated cultural practices like cattle rustling and early marriages; and
5. Beef up security in the area so that residents can focus more on development and attract investors.

## **3.5 HOUSING**

### **3.5.1 Introduction**

The Public and Private Sector investors in Kenya require information on the state of the housing market in order to effectively address housing needs and demand of the nation. However, this information is rarely available in adequate and relevant format. This is due to inadequacy of policy framework in the housing sector. Housing is an economic good and encourages development of a nation.

In Isiolo County, most of the houses are constructed of mud, grass and wood. These houses are called "**manyata**" and are temporary in nature. 9,850 *manyatas* are made of mud and stick walls while 5,491 are made up of grass and stick walls. Permanent housing structures are only found in Isiolo Town and other urban areas. There are 3,220 stone wall houses and 2,090 brick wall houses in the county. **Bulesa** location is in rural Isiolo.

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

The community of the **Bulesa** location use different building materials to construct their houses. There are households that live in thatched houses made from palm leaves which cover the whole house, and others in houses made of iron-sheets, mud, sand, loam, wood and nails. Institutions like dispensaries are built using cement and iron sheets for roofing.

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

Most of the households are headed by males. Female-headed households in this community are few. Most of them live in iron sheet and mud houses, thatched with grass.

There are a number of cases of PWDs within the community. Some are blind, deaf and others have physical disabilities. Like female headed households, these households live in grass thatched houses.

#### **3.5.4 Status of Housing in the Last 10 Years**

For the last ten years, the community has retained its way of constructing dwellings using mud for walling and grass for roofing. There are no changes in the house structure. Instead, some households are now living in thatched house while previously they lived in iron sheet/mud house. This has been brought about by strong winds which blow off the iron sheet from the roof of the house. In such cases, the household head is not able to roof it again, considering high poverty incidences in the community.

While constructing, the community faces the following challenges:

1. Building materials, for example, iron sheets, woods and nails are not available in the location. People travel long distances to purchase them. The nearest being Merti town which is 50 kilometres away with bad road network or Isiolo town which is also 200km away;
2. Poor road network which makes it difficult to get to the market and purchase building materials; and
3. Sometimes strong wind that blow off the iron sheets from houses forcing them to roof again thus leading to double expenses.

#### **3.5.5 Recommendations**

The following are some of the recommendations given by the community to improve on the status of housing in these areas;

1. There is need to upgrade roads to all weather to make transportation of building materials easier and cheaper; and
2. Enhance security to attract investors in the region.

## **CHAPTER FOUR: PRO-POOR INITIATIVES**

### **4.1 Introduction**

The government initiated programmes to protect the vulnerable from extreme poverty and deprivation. The programmes include but not limited to cash transfers to the OVCs, PWD and the elderly, Kazi Kwa Vijana, Road 2000, and the Devolved Funds. Below are the findings on the implementation and impact of these initiatives

#### **4.1.1 Cash Transfers**

The community indicated being unaware of Cash Transfers (CT) or ever coming across anyone who has benefited. The programme was explained to them and based on this, they made the following recommendations.

#### **Recommendations**

1. Since most of them are extremely poor, the programme should be expanded to cover the whole region and probably consider everyone; and
2. The selection criteria for the beneficiaries should be made open, transparent and the local leaders be made accountable.

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

Kazi Kwa Vijana (KKV) was started in 2008/2009 by the government to curb high levels of unemployment in the country. In Isiolo County, Kazi Kwa Vijana has done a lot in improving the lives of many youths who have no essential skill to acquire job elsewhere. However in Bulesa, Kazi Kwa Vijana was for a short time although it helped the youth very much. The youths did labour intensive works and were paid Kshs. 200 per day. After the job has been done, the casual workers collect and sign the voucher.

In Bulesa location, many youths lack essential skills to acquire employment. They noted that the money was however not enough. On selection of beneficiaries, they noted that it was free and fair.

#### **Impact**

The Kazi Kwa Vijana (KKV) programme has impacted positively on the livelihood of the casuals. More needs to be done to make it continue for a longer period so that many more youths could be involved. Youths should be trained on finance matters so as to make good use of their hard earned income.

#### **Recommendations**

Despite the above impact, the community was of the opinion that Labour intensive programmes needed to be introduced to create employment for the unemployed.

#### **4.1.3 Roads 2000**

The community noted that road 2000 strategy is not present in the county, and the area in particular hence could not comment about.

## **4.2 Devolved Funds and Financial Management and Accountability**

### **4.2.1 Introduction**

According to the community members interviewed, devolved funds in Isiolo County include Youth Enterprise Development Fund (YEDF), Women Enterprise Fund (WEF) and CDF. The community members were aware of these funds but few had benefited from CDF bursaries.

### **4.2.2 Target Group for Devolved Funds**

Devolved Funds target both men and women in the community whether disabled or not. The National Funds for Persons with Disabilities (NFPWDs) targets people with severe disabilities but this community has not yet received those funds especially in *Bulesa* location.

### **4.2.3 Access to Devolved Funds**

Many people in the community do not know how to access the funds for example, the YEDF. They recommended for sensitization from persons in charge of these funds so that they can also benefit from them.

### **4.2.5 Impact of Devolved Funds**

The interventions have made minimal contribution to the community. This is because the community does not know how to access them. However, they said that some people in other parts of the county have been benefiting.

### **4.2.6 Challenges**

The only challenge recorded was lack of information on how to access the funds.

### **4.2.7 Recommendations:**

The community recommended the need to create awareness on how to access these funds.

## **CHAPTER FIVE: CROSS CUTTING AND EMERGING ISSUE**

### **5.1 Introduction**

PPA V established the presence of cross-cutting issues in the county and presents the proposed ways to mitigate their impact. The following are the cross cutting issues identified in the county; high poverty rates; high prevalence of HIV&AIDs; gender inequality, environmental degradation and climate change. This section provides an analysis of the issues together with their proposed mitigating measures.

### **5.2 High Prevalence of HIV&AIDS**

According to the Isiolo County Development Profile, HIV and AIDS has been a major problem in the county due to movements of men from one area to another in search of pastures while leaving their families behind. As presented by the Key Informant on health, medical reports from Isiolo Level 3 hospitals indicate that HIV and AIDS prevalence has reduced from 6.1 per cent in 2008 to 4.9 per cent in 2012. The threats posed by HIV and AIDS include increase in the number of OVC and death of productive population. It also increases demand for health services and health care provision.

To mitigate its impact, interventions should be multidimensional and must mobilize all stakeholders to the fight against new infections and promote community based care for those infected and affected. HIV and AIDs related issues must further be mainstreamed in all the development activities in the region. There is also need to focus more on education for prevention of mother to child transmission.

### **5.3 Gender Inequality**

Women in the area are more vulnerable to poverty than men. They spend most of their time searching for water and firewood. They virtually do not own or control assets like livestock and rarely take part in decision making, as this is a preserve of men. They take a backseat on development matters. It is also notable that men benefit more from formal education, as young girls remain at home to help in household chores and herding. Because of this, women are not able to develop skills that would enable them to find gainful employment or engage themselves into business. They are therefore not able to compete with men in all aspects of life.

There is minimal recognition of the role of women in development. Dropout rate of girls at primary school level is higher among girls than boys. Most girls never complete primary education or secondary education. Cultural practices such as early marriages, makes girls drop-out of school and hence early poverty. Women lack entrepreneurship skills and thus cannot start small businesses even if they accessed devolved funds.

To address the prevailing gender disparities, there is need for capacity building initiatives and deliberate efforts aimed at women empowerment to enhance their status. In addition, the mainstreaming of girl child education in development, with great emphasis on the improvement

of girl child enrolment and retention in schools, should be given more focus. Efforts should also be directed towards strengthening and supporting the existing women groups to initiate income generating projects.

Provision of potable water sources should be undertaken for the purpose of reducing the distances and time taken by women and girls in fetching water, while involvement of women in peace and conflict resolutions in the area should be intensified. Sensitization of the community members to discard negative cultural attitudes and practices towards women and to also encourage gender balanced development should be given priority.

#### **5.4 Environmental Degradation**

Drawing from the Isiolo County Development Profile, the main challenge in the area remains the poor management of natural resources. There are no controls over grazing lands, spread of settlements and water points. Further, there are no mechanisms to ensure a fair distribution and protection of the wealth from the natural resource base. This has led to localized degradation of the environment and intensified community conflicts over natural resources.

Land pressures in the rangelands are increasingly becoming acute due to influx of pastoralist from the neighbouring counties leading to more degradation of many dry-season grazing areas on which the locals depend on.

#### **5.5 Climate Change**

The county is classified as Arid and Semi Arid and has very minimal vegetation cover. This makes it vulnerable to wind and water erosion. Some of the dangers of climate change experienced in the county include droughts and unpredictable rainfall, floods, and spread of water borne and vector borne diseases, loss of wetlands ecosystems, land degradation and desertification, and scarcity of potable water.

There is vulnerability in depletion of underground water, land degradation and desertification. This will be worsened by; deforestation, unsustainable land use practices and intensified grazing. It will lead to reduced crop yields, community migration and loss of livestock productivity. As a mitigation measure, rehabilitation of degraded lands will be essential. The county also needs to do afforestation, production of fodder for goat breeding, making use of zero grazing techniques as well as changing grazing routes.

## **CHAPTER SIX:**

## **RECOMMENDATIONS AND CONCLUSION**

### **6.1 Recommendations**

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

1. The government should construct/rehabilitate infrastructure facilities in the county. There is need to construct/rehabilitate roads to all weather status;
2. There is need to sensitize community members on the availability of devolved funds, other services and how to access them;
3. There is need to capacity build youths/women/PWDs on entrepreneurial skills, participatory monitoring and evaluation of government programmes/ projects;
4. There is need for capacity building initiatives and deliberate efforts aimed at women empowerment to enhance their status
5. The government should construct/rehabilitate and equip health centres. The facilities should further be provided with adequate drugs;
6. There is need to provide treated nets/ or water treatment chemicals to community members;
7. There is need to employ more qualified teachers to mitigate on the shortage and reduce the burden of hiring from parents;
8. There is need to introduce school feeding programmes to increase retention rates, and mostly for the girl child;
9. The government should provide extension services to the community, in addition to provision of adequate and subsidized farm inputs to spur agricultural growth;
10. The government should create awareness on water harvesting and conservation in order to reduce distances travelled to the nearest water points;
11. The government should drill more boreholes to increase water adequacy for both domestic and livestock;
12. There is need to implement HIV&AIDS interventions that are multidimensional and mobilize stakeholders to fight against new infections and promote community based care for those infected and affected;
13. There is need for capacity building initiatives and deliberate efforts aimed at women empowerment to enhance their status;
14. There is need for increased awareness for the community members to shun outdated cultural practices, such as cattle rustling and early marriages;
15. Expand cash transfer programmes to the whole county; and
16. There is need to involve the community in making decisions affecting them when selection of the beneficiaries of government programmes/projects is taking place

## 6.2 Conclusion

Generally, poverty can be defined as lack of accessibility to basic necessities such as food, shelter and clothing due to low purchasing power. According to the community poverty is defined as the lack of livestock or when one has few livestock. Additionally, being an orphan or a person with disability, one is considered as poor in the community.

Some of the most important determinants of poverty as perceived by the community include lack of access to basic services coupled with un-affordability and un-availability of the services. Further, the poor road network was found to be a deterrence facing community members, to an extent of affecting their service seeking behaviour. Illiteracy, drought, retrogressive cultures, lack of information and insecurity were said to be significant determinants of poverty in the region.

The rainfall received in the county is usually scarce and unreliable with the annual average being 580.2mm. Since rainfall is erratic and unreliable, it cannot support crop farming and livestock keeping which partly explains the high poverty levels witnessed in the county. Rain fed crops are grown in Bulla Pesa, Wabera and Kinna wards where the black cotton soil retains moisture long enough to make crops mature.

The main health concerns in the community are malaria, diarrhoea, TB and upper respiratory diseases. Majority of the cases of diarrhoea are associated with the use of contaminated water.

Health services are mainly provided by the government and NGOs. Such services include polio vaccination, provision of mosquito nets and malaria treatment in the dispensary, provision of food and health education to the community, provision of water tanks and chemicals like chlorine for water treatment and awareness creation on health education.

The schools are accessible to the community although the state of the education facilities does not meet the required standard for quality education to be imparted since there are not enough classrooms to cater for high number of pupils and students. Other facilities like desks are not enough as some pupils are forced to sit on the floor and there is inadequate number of teachers due to high turnover since the county is considered a hardship area.

The government and NGOs provide agricultural services such as educational services on good farming techniques, extension services, and the provision of seeds at a fee which is not affordable to many households.

The major types of water facilities are protected boreholes which have been fitted to a generator to supply piped water to the residents and Ewaso Nyiro River which is seasonal. The sanitation facilities in the community are pit latrines which are inadequate.

There are households that live in thatched houses made from palm leaves which cover the whole house, and others in houses made of iron-sheets, mud, sand, loam, wood and nails.

The community indicated being un-aware of Cash Transfers (CT) or ever coming across anyone who has benefited.