

REPUBLIC OF KENYA



MINISTRY OF DEVOLUTION AND PLANNING

**KAKAMEGA COUNTY PARTICIPATORY POVERTY
ASSESSMENT REPORT**



Towards a Globally Competitive and Prosperous Kenya

October 2014

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FOREWORD

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

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 for capture of voice of the poor in the communities with special focus on social protection initiatives. In particular the study covered the following broad issues: poverty dynamics and indicators; provisions of government services in health, education, agriculture, housing, and water and sanitation; and pro-poor initiatives and devolved funds.

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

These findings from the study will be used as lessons learnt. They will be a reference point in designing 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 Kakamega County Participatory Poverty Assessment is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of the Constitution of Kenya 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the fifth National Participatory Poverty Assessment (PPA-V) Report whose findings have been published simultaneously with the 47 County Reports.

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

The following team of officers without whose dedication and enthusiasm, the production of this Report would have been much more challenging deserve mention; Samuel Kiptorus (Chief Economist), James M. Kirigwi (Chief Economist), Leonard Obidha (Secretary, Poverty Eradication Commission), Cosmas Muia (Senior Economist), Joseph Njagi (Senior Economist), Michael Mwangi (Senior Economist), Samuel Kimote (Senior Economist), Erick 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 assisted by John 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 as key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

**Engineer Mangiti
Principal Secretary**

EXECUTIVE SUMMARY

According to the 2009 Population and Housing census the county population was 1,660, 651 consisting of 797,112 males and 863,539 females. The county population represents 4.3% of the national population. According to the Kenya population and housing census 2009 the County ranks number two after Nairobi County by population size. The projected 2012 population is 1,788,915 constituting of 858,679 males and 930,236 females and is estimated to be at 1,927,087, and 2,025,081 by 2015 and 2017 respectively.

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 Kakamega County, Kakamega North District, Kabras North division, Sirungai location and Tombo sub-location and used Shichave 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 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 ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMREF	Africa Medical Research Foundation
CBO	Community Based organization
CDF	Constituency Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBO	Faith Based Organization
FGD	Focused Group Discussion
FPE	Free Primary Education
HIV	Human Immunodeficiency Virus
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authority Transfer Fund
MDG	Millennium Development Goals
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWD	Persons with Disabilities
RA	Research Assistant
STI	Sexually Committed Infections
TOWA	Total War against AIDS
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 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 was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address. While 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 exist 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/AIDS, orphans and the elderly.

The first Participatory Poverty Assessment was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi). 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 to fill gaps that quantitative studies could not readily explain.

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

The fourth PPA was conducted in 2005/06 alongside the Kenya Integrated Household Budget Survey (KIHBS). The two were meant to complement each other. The PPA-IV 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 Assessment (PPA-V) 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 to:

- i. 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. 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. Identify and prioritize policies, strategies, programmes and projects which would support poor communities to improve their wellbeing, focusing on pro-poor initiatives.
- iv. Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.

- v. Monitor impact to identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change.
- vi. Enrich understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment.

1.3 COUNTY/CLUSTER PROFILE

Kakamega County is located in the western region of the country. It borders Vihiga County to the south, Siaya County to the west, Bungoma County to the north and Nandi County to the east. The county covers an area of about 3050.3 km². The southern part of the county is hilly and is made up of rugged granites rising in places to 1,950 metres above sea level. The Nandi Escarpment forms a prominent feature on the county eastern border, with its main scarp rising from the general elevation of 1,700 metres to 2,000 metres. There are six main rivers in the county, namely, Nzoia, Lusumu, Sasala, Viratsi, Yala and Isiukhu.

There are two main ecological zones i.e. the Upper Midland (UM) and the Lower Midland (LM). The Upper Midland covers central and southern parts of the County, and here intensive maize, beans and horticultural production is mainly by small scale farmers with a section of the population practicing large scale farming. The Lower Midland covers a major portion of the northern part of the county where the main economic activity is sugarcane production with smaller area practising maize, sweet potatoes and cassava growing. The county has high rainfall almost all year round. However, the rainfall is less in intensity between December and February. The annual rainfall ranges from 2214.1mm to 1280.1 mm per year. The temperatures range from 18^o C to 29^oC.

According to the 2009 Population and Housing Census the county population was 1,660, 651 (797,112 males and 863,539 females), and represents 4.3% of the national population. The County ranks number two after Nairobi County by population size. The projected 2012 population is 1,788,915 (858,679 males and 930,236 females), 1,927,087 in 2015 and 2,025,081 in 2017.

The county has 231.2 km of bituminous road network while gravel surface covers 1,701.7 km and the earth surface covers 1389.3 km. It has 30 km of railway line with 2 railways stations, but they are rarely used due to lack of strategic stoppages within the towns. The county has two airstrips in Kakamega and Mumias. There is no lake/sea within the county.

According to the Basic Report on the Wellbeing in Kenya (April 2007), the overall poverty level in the county was 51.3 percent, which is relatively high compared to the national level at 45.9 percent. This means that more than half of the county population is under poverty.

The county has 8 licensed commercial banks, 10 microfinance institutions and 20 village banks. There exist 307 SACCOs. The main economic activities include tea, coffee, dairy farming, milk processing firms, and maize millers.

Kakamega County has 1,943 ECDE centres with 1,621 ECDE teachers. There are 2,463 primary schools, 807 secondary schools, one public university, 2 public technical training institutions, one teacher training college, and two special training centres (Bukura agricultural college and Bukura farmers training college). There are 32 youth polytechnics and 4 accredited private colleges. Kakamega County has no referral hospital but has one provincial hospital, 4 county hospitals, 27 sub-county, 9 mission, 1 private, 8 nursing homes and 27 public health centres. It also has 1 private health centre, 66 public dispensaries, 31 private dispensaries and 107 private clinics. The total bed capacity in the county for all the public and private facilities is 3,949 with the public sector having 2,338 beds while the private sector owns 197 Beds. The bed capacity in the mission /NGO health facilities is 1,414. Out of the bed occupancy of 3,949 the public facilities have only 2,838. The doctor-patient ratio stands at 1:34,916.

1.4 METHODOLOGY

1.4.1 Selection of the Cluster

For the purpose of collecting information, 47 counties were selected to represent the country. One cluster was selected from each of the counties. This was done using two-stage purposive sampling that superimposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in a given County. The fourth National Sample Survey and Evaluation Programme (NASSEP-IV) maps from the Kenya National Bureau of Statistics (KNBS) were used to demarcate the boundaries of each of the selected clusters.

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 transfer

1.4.2 Process, Study Instrument and Fieldwork

This pilot study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. The specific tools used included resource mapping, wealth ranking, Venn/chapatti diagrams and pair-wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools, and Wealth Ranking was used to establish how the community categorizes itself economically. There was an attempt to identify households which were benefiting from the cash transfers so that they could participate during the administration of the specific data collection checklists.

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

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

14.3 Field Logistics

The PPA-V 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 Healthcare, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, devolved funds such as Constituency Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the survey, the supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer (DDO) and District Statistics Officer (DSO). The recruitment interviews were conducted 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 presents the PPA-V survey findings. The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty diagnostics while chapter 3 presents findings on provision of services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings 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) etc and any other pro-poor interventions. Chapter 5 covers crosscutting and emerging issues while chapter 6 outlines the conclusions, lessons learnt and recommendations.

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

2.1 INTRODUCTION

Kenya recorded an impressive economic growth rates in the past ten years. However, this growth was adversely affected by the postelection 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. Some of these interventions include setting up of poverty eradication fund, Persons with Disabilities (PWDs) fund, and 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, including suggested ways of improvement.

The chapter highlights definition of poverty, characteristics of the poor, classification of poverty, causes of poverty, coping mechanisms, poverty trend over time and the recommendations as given by the community and key informants.

2.2 DEFINITION OF POVERTY

The community described poverty in the fooling words “*Khubula, khunyalilwa, shohininashiota, khukhanywa khubula mkunda’*”, which is translated as “**having nothing to rely on or having no land**”. They believed that in their community everybody was very poor.

2.3 CLASSIFICATION OF POVERTY

The community classified poverty into three categories: very poor, poor and rich. The very poor comprise 70 percent of the population and are mostly the aged, widows, PLWD and OVCs. The poor are estimated to be about 25 percent while the rich are about 5 percent of the population.

2.4 CHARACTERISTICS OF POVERTY

Very Poor

Some of the characteristics of the very poor include:

- Very old and aged;
- Have no land;

- Cannot afford all three meals in a day;
- No child/children;
- Have no household items e.g. furniture, utensils;
- No good clothing or even shoes;
- Unable to access basic education;
- No beddings; and
- No shelter- very tiny grass thatched huts, not maintained.

Poor/Middle Class

Some of the characteristics of the poor include:

- Have land but unable to put it to productive use;
- Have some livestock e.g. three cattle and chicken;
- Can afford two meals a day;
- Are casual labourers earning about Kshs 50 per day;
- Have grass thatched or semi-permanent houses;
- Very little household items;
- Cannot afford beddings;
- Highest level of education is primary;
- Have little assets e.g. bicycle;
- Can access government medical services; and
- Not well dressed but fairly dressed.

Rich Class

Some of the characteristics of the rich include:

- Have land and have put it to productive use;
- Can afford three meals;
- Have permanent houses;
- Own cars and motorbikes; and
- Highly learned some at university level.

2.5 CATEGORIZATION OF POVERTY

These were categorized according to the type of housing, education, source of finances, types of farming, and living standards. In each proportion it was estimated that the rich represents an average of 5 percent, the poor 25 percent and the very poor 70 percent.

2.6 CAUSES OF POVERTY

The community reported that most people are involved in manual jobs e.g. in sugarcane farming. The people complained of selective awarding of government interventions e.g. bursaries, women's fund, and money for OVCs and PWDs.

The causes of poverty were given for each sub-group. Among men the causes of poverty were joblessness, diseases or illnesses, polygamy, laziness, careless living (*raha*), drunkenness, old age, illiteracy, and low income from casual labor.

Among women the causes of poverty were misuse of resources, laziness, overdependence (many children and relatives), lack of land or land tenure systems, illiteracy; poor soils coupled with lack of farm inputs, and misplaced priorities.

Among the youth the causes of poverty were joblessness, illiteracy, drunkenness, drug abuse, laziness, lack of capital to start business, idleness, want of easy life, and indiscipline. Among people with disabilities, the causes are discrimination/abandoned stigma, physical weakness, joblessness, and illiteracy, physical disability that impairs them from taking up available jobs, isolation and fear. Among orphans and vulnerable children, the causes cited were death of parents, single parenthood, ignored by society and government, lack of property (may be sold), terminally ill parents, assets shared by relatives, low income from casual labor, mistreatment by guardians, aged guardianship, discrimination, and illiteracy.

2.7 IMPACT OF POVERTY

According to the community, most people have opted to drinking of busaa because of poverty. A very high percentage of men, women and youth are intoxicated. A large number of people in the district are engaged in temporary casual labour because of poverty. A few are able to access financial credit from friends.

The impact of poverty among men has been abandoning the family, disposal of property, quarrels and fights, adultery and unfaithfulness, contracting sexually transmitted infections, feeding from outside the homes (i.e. hotels), dishonesty, and resort to heavy casual labour. Among women, some of the impacts include stress and diseases associated to it, suicide, separation/divorce, adultery, fights and quarrels, petty crimes e.g. stealing, depression, strenuous casual labour, and poor health (i.e. malnourishment). The impacts among the youth include petty crimes e.g. stealing, loss of hope in life, venting anger on parents, early marriages, suicide, running away from home, joining criminal gangs, and turning to informal relationships i.e. sugar mummies and daddies. Among people with disabilities, the impacts include neglect from the society e.g. lacking clothing, low self-esteem, and not eating balanced diet; while among the orphans and vulnerable children it includes malnutrition and dropping out of school because they cannot to finance themselves.

2.8 COPING MECHANISM

These are strategies and mechanisms that enable one to adapt to poverty. Different sub-groups have different coping mechanisms. Among men, the strategies include leasing land, stealing, running away from home, turning to drunkenness, disposal of property, separation and divorce, become harsh/unapproachable, turning to heavy casual labor, and making ropes. Among women, the strategies include casual labor, sand harvesting, borrowing, pot making (clay work), disposal of utensils and household goods, commercial sex, separation and divorce, distribute children to relatives, stealing and reducing number of meals.

Among the youth, the strategies include stealing, casual labor, running away from home to relatives and friends or urban areas, turning to sugar mummies and daddies, giving up and committing suicide, and child labor.

Among orphans, the strategies include running away from home, child labor, early marriages, stealing, crying aloud for help, and turning to immoral lifestyle e.g. commercial sex. Among the disabled, the strategies include begging, praying to die early, singing to entertain for some pay, and crying aloud for help.

2.9 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD

The major assets identified in the household include vehicles, motorbikes, bicycles, livestock, children, poultry/chicken, banana trees, trees (various types) and land. Men own land, vehicles, motorbikes, bicycles, trees and livestock. It was also reported that men have the exclusive right of access to the same assets. These assets have immediate monetary value and are considered valuable in society. While their exploitation is by both genders they can only be disposed of or rented by men. However women in the community can own chicken and banana plants which are considered of little value.

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

The community indicated that over time poverty levels in the area have increased as there are very many households unable to have three meals in a day, leave alone a

balanced diet. Most of their children have dropped out of school and the crime level (petty crimes) has gone up while agricultural production has also dropped.

The reasons advanced for the deterioration include high illiteracy rate, lack of assistance from the government, increasing number of orphans and vulnerable children, land subdivision due to increased population per household, and insecurity as many youths have turned to stealing and joining criminal gangs.

Poor leadership especially from the elected (political) offices and those in charge of projects at all levels was also cited. The people felt that they have always been sidelined in grants allocation and projects. The people claimed that land fertility is low and they cannot afford inputs e.g. fertilizers and therefore suffer low farm production throughout the seasons.

Poor road network/feeder roads hinder the poor from accessing markets which are away from the village thus spending much money on transport costs including fares even when profits are very low. In general they cited lack of government-sponsored programmes in Sichave village as a key factor in the rising poverty levels.

2.11 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY

There are of a number of interventions that are targeting the poor in the district. However, these interventions are either not there within the community while those which are there are experiencing implementation challenges.

Cash Transfers

According to the community they have not been able to access these funds and in particular the cash transfer for the OVCs, the elderly people and people living with disabilities. However, they were aware of the programs and they had enrolled but nobody had benefited from the program.

Access to Bursaries

The community members reported that there was favoritism in terms of allocation of CDF bursaries, and even LAFT bursaries. The provincial administration and councilors only favor their own people and are corrupt in terms of allocation. The poor are not considered in the allocation of educational funds. Accessibility of information by the local people is also a major problem as they are unaware of the criteria used to get the funds.

Devolved Funds

It was reported that the funds do not reach them although they have heard about them. Political influence has shifted projects to other areas. The culture has also

affected the community because they cannot access the Women and Youth Funds because of fear that their land and other assets will be taken to repay the loans.

They recommended that the government should educate and train the community on the importance of the devolved funds and involve them in decision-making and implementation process. The government should also increase the kitty in the district to enable more people to access them.

Kazi Kwa Vijana

This project did not reach the community and the youths were left out. This was attributed to lack of political influence in Shichave village due to lack of influential people in the community.

2.12 RECOMMENDATIONS

1. The government should build more primary schools and rehabilitate others;
2. Provide safe clean water to the village to reduce the number of hours spent in fetching water;
3. The residents requested that a health centre be established within the area to reduce the long distances travelled to seek healthcare;
4. The community recommended that feeder roads be upgraded and more roads constructed to open up the area to trade and other development activities;
5. The community requested that a police post be established in the area to curb insecurity; and
6. The community requested the government to initiate development projects and consider the community in the grants programmes.

CHAPTER THREE: FINDING ON PROVISION OF GOVERNMENT SERVICES

3.1 HEALTHCARE

3.1.1 Introduction

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

3.1.2 Major Health Concerns in the Community

According to the community, the major health concerns were diarrhea, typhoid, communicable diseases, malaria, respiratory diseases and HIV/AIDS. However, it was noted that immunization programs were not being taken seriously by some members of the community especially those from a particular denomination such that medical officers were finding it difficult to promote the program. The other concern was the fact that a large number of people were not accessing health services provided at the district hospital, as many people were suffering from treatable diseases but were hesitant to visit government medical facilities.

3.1.3 Provision of Health Services

The community reported that health services are offered by the Government, private sector and FBOs. The nearest health centre (Malava Sub-district hospital) was 7 km away, and it was very expensive and there were no drugs. The services offered are curative.

Other services offered include maternity services, free treatment for under-fives although most drugs are not available, free immunization services for under-fives, and family planning services which are subsidized.

3.1.4 Interventions Towards Health Services in the Community

Some of the health interventions to improve health standards include:

1. The government has initiated free healthcare for children under-five years;
2. Increasing the number of health centers and dispensaries between 2002 and 2012;
3. Subsidizing health services and drugs;

4. Distribution of free long lasting nets to all households with the aim of reducing cases of malaria especially to children and pregnant women;
5. Providing food supplements to malnourished through Aphia Plus;
6. Disease surveillance officers, which is ongoing for tetanus;
7. Increasing the number of clinical officers, health officers, nurses, nutritionists and medical officers to improve healthcare services; and
8. Community health workers who check cleanliness and availability of sanitation facilities, especially in the fight against jigger infestations.

3.1.5 Decision Making on Health Issues in the Family

The decisions are solely left to the mother since according to society, they are the ones who deliver and therefore they should manage the size of the family. In very few cases do they have the couple making the decisions on issues regarding family planning. However, in case of a major disease or a convulsion, then the father steps in. Those who are married are assisted in settling the bills by the husbands.

3.1.6 Ideal Family size among the Household in the Community

According to the community the average family size in the district is 6 with some extremes in some areas where the Holy Spirit Church has taken root and people do not practice family planning at all.

It was however noted that many families are moving towards smaller families due to information on family planning and life constraints. It was observed that most family planning decisions are done by women after visiting prenatal clinics where they are educated on the need to plan their families. Most women who are informed make up their minds easily to plan the families. Very few men either offer themselves for family planning or even seek information on the same. It was noted that some women even do it secretly since some men are not ready to plan their families.

In most households, it was noted that women are more informed and involved in health matters by taking children to hospital but men only come in to pay bills. Family planning services are accessible and are offered in the dispensaries throughout the district and are free of charge.

3.1.7 Relation between Household Size and Poverty

It was observed that most households with many children were poor. According to the community, hunger results to poor health. Poverty leads to poor health because of poor eating habits. Big families are prone to poverty as compared to small

families. Large families are mostly affected by malnutrition due to lack of some appropriate nutrients.

3.1.8 Access and Decision Making on Family Planning

According to the respondents, there has been a lot of awareness on family planning services. The turnout to receive family planning services has been good. A lot of counseling is being done at the health centers and dispensaries on the best family planning methods for each individual considering even their health status. The various methods include LAM, IUD, condoms (both male and female), pills, monthly injection, etc.

3.1.9 Opinion on Status of Health Services Over Time

According to the community there has been improvement in health services over the last ten years as evidenced by:

1. Reduction in child mortality;
2. Improved morale for the workers;
3. Increased health interventions e.g. free cancer screening services;
4. Increased healthcare service providers;
5. Increased number of health centers;
6. Subsidizing the healthcare services;
7. Reduced stigma on HIV/AIDS infected and affected persons;
8. Provision of ART services for HIV/AIDS infected people and social groups;
9. Improved nutritional and general counseling services and the fact that HIV infected people have been able to go declare their status in public.

3.1.10 Conclusions and Recommendations for Improvement

While the health sector is doing well and has improved over the last 10 years, the community recommended:

1. Need to upscale awareness of the benefits of taking good care of ones health;
2. Need for proper disease diagnosis before treatment;
3. Need for faster services in hospitals; and
4. Drugs should be provided in the hospitals and health centres in the right quantities and type.

3.2 BASIC EDUCATION

3.2.1 Introduction

The PPA-V 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 years and recommendations for improvement.

According to Kakamega CDP 2013, Kakamega North district has 104 public primary schools and 12 private primary schools. It has 40 secondary schools which are public and 1 private secondary school i.e. Chebwai mixed secondary. The region has 2 tertiary institutions, namely, Shamberere Technical Training Institute (public) and Chebwai Technical training College (private). The area has 2 main Early Childhood Education Centres (Chebwai and Shitirira). The only boarding schools in the district are Malava Boys, Malava Girls and Samitsi secondary schools.

3.2.2 Status of Education Facilities in the Cluster/County

It was noted that only Malava Boys secondary school has good education facilities and is well equipped. All the other primary and secondary schools facilities were in a poor state of disrepair. Some have laboratories that are not equipped and some have moveable laboratories.

3.2.3 Provision of Educational Services

Both the government and the private sector offer educational services to the community. NGOs have also helped to support some programmes.

3.2.4 Status of Education Services

The community noted that over the last ten years, public primary schools have been performing averagely and private schools have been performing much better. Enrolment has been high but the facilities have not been expanding at the same rate. There has been also understaffing in most schools.

Secondary schools have also been performing poorly. This is attributed to lack of enough facilities, understaffing of schools, lack of funds and ignorance on the part of parents.

3.2.5 Interventions Towards Improvement of Education Status in the Community

There are various government intervention in this region e.g. bursaries, CDF and LATF which helps in the payment of school fees for some children. The government offers FPE and subsidized day secondary education where the parents only pay for few things including PTA levies, water bills, etc. Interventions from the government have improved the welfare of schools e.g. through the Economic Stimulus Programme (ESP). The NGO fraternity is also helping schools especially in poverty-stricken areas.

School feeding programmes have been implemented in various schools but some schools but the programme only supports the lower classes. There are also other scholarships accessed by students e.g. the Wings to Fly by Equity Bank.

3.2.6 Relationship Between Education and Poverty

The community noted that there is a relationship between poverty and education. They reported that the rich are more educated since they can afford to pay for the high levels of education unlike the poor who cannot afford to pay the fees. Poverty is influencing poor people to have a negative perception on education and believe that it is meant for the rich.

3.2.7 Challenges Facing Education

There are several challenges facing provision of education in this region. This includes (a) lack of enough facilities in schools, (b) understaffing of schools, (c) high dropout rates due to early marriages and pregnancies, (d) lack of parental cooperation, and (e) poor performance among majority of students.

3.2.8 Conclusions and Recommendations for Improvement

The community gave the following recommendations:

1. The government to employ more teachers;
2. Equip school with necessary facilities;
3. Government to increase allocation to FPE; and
4. Government to identify OVCs who are performing well and provide support especially for their education.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.3.1 Introduction

Agriculture is the main economic activity of the people of Kakamega North district. Most farmers practice subsistence and to smaller extent commercial crop farming. Livestock and poultry farming are also practiced in the area. The main cash crop grown is sugarcane which contributes to about 70 percent of total farming activities in the district. Food crops grown include maize which is the main staple food. However in recent times, more farmers are preferring sugarcane production. Other food crops include beans, sweet potatoes, bananas and cassavas which are grown on small scale.

3.3.2 Status of Provision of Agricultural Services and Inputs

According to the key informant, farmers have access to extension services from the agriculture extension officers. The extension officers visit the farmers mostly during market days across all the divisions within the district. It was also indicated that there are *agriculture information desks* that are normally placed near Agroveter shops and are accessible to farmers seeking information on farming. The office also organizes field days and baraza where farmers are trained and sensitized on good agricultural practices. Group training is also offered to the farmers.

However the community reported that they have never received the extension services.

3.3.3 Intervention Towards Improvement of Agricultural Standards in the Community

There have been various interventions to improve agricultural services. They include:

- 1) The **National Cereals and Produce Board** has been providing subsidized fertilizer to farmers in order to increase crop yields.
- 2) The **National Agricultural and Livestock Extension Programme (NALEP)** has been active in capacity-building on various agricultural activities which include fishing and livestock farming.
- 3) Under **Njaa Marufuku Kenya (NMK)**, farmers are required to form groups which are then able to access government grants to upscale agricultural activities. For example, the grant for livestock farming per group is Kshs 150,000 and for crops Kshs 120,000.
- 4) The **Natural Resource Management program** is a joint venture between the government and donors where a group by farmers advance a

project proposal and a requirement to raise 30 percent of the required funds.

3.3.4 Target group for Agricultural Services

The community noted that both men and women are usually targeted for agricultural services.

3.3.5 Relation Between Agriculture and Poverty

The community felt that due to overreliance on sugarcane production, poverty levels have gone up. This was because sugarcane takes a long time to mature and when payments are received for cane delivery men almost always misuse the money. They also said that the community had neglected production of other crops and this has contributed to poverty.

3.3.6 Status of Agricultural Services Over Time

Agricultural production has been on the rise over the last two years (2011-12). The volumes of root crops such as potatoes increased by about 10 percent while horticulture production increased by about 7 percent.

3.3.7 Recommendations

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

- Farmers should adopt and diversify to traditional crops like sorghum, millet, cassava and arrowroots owing to the fact that they mature fast, are disease-resistant, drought-tolerant and less costly in production; and
- Need for better coordination of the different ministries involved in the agricultural sector.

3.4 WATER AND SANITATION

3.4.1 Introduction

The main water sources are the major rivers flowing through the county such as Nzoia, Sasala, Viratsi, Isikhu, Yala and Lusumu Rivers. Boreholes are also another source of water. There are also several streams especially near major forests.

3.4.2 Status of Provision of Water and Sanitation

The DWO informed that water services are provided to the community by the water company jointly with water users associations which are mainly managed by community members.

However, the community felt that community has been left out since there was no water programme in place. They fetch water for domestic use from rivers, springs and boreholes.

3.4.3 Roles of the Community in Payment of Water and Sanitation

The community informed since they source their water from nearby streams and springs, and they do not pay for it. However, if one was to dig a borehole the individual would incur the cost.

3.4.4 Types of Sanitation Facilities

The residents noted that they have not benefited in any way in water and sanitation programmes from any organization. There are no sanitation programmes in place. It is the responsibility of every household to have a pit latrine and ensure that the compound and the environment are clean. Most of the households use pit latrines; and most are not in good condition.

3.4.4 Relationship between Environmental Degradation and Water Availability

The community noted that water availability is related to poverty in that if you are poor, you will not be able to pay for water services. Again if you have to buy water expensively or travel long distances, you waste time and resources that could have been used to generate extra income.

The community noted that there has been reduced productivity due to deforestation. The effects of climate change have increased vulnerability due to increased scarcity of resources such as water. They also noted that the climate has become unpredictable and rains do not come as they used to.

3.4.6 Relationship/impact between Water and Sanitation and Poverty

The community noted that in their region, there was no relationship between water and poverty because water was readily available especially for domestic use and

agriculture. However, they noted that sanitation standards were poor in their community due to poor incomes.

3.4.7 Opinion/trends on Status of Water and Sanitation Over Time

Water availability has been improving with time over the last ten years except in 2011 when there was a drought that reduced the water levels and water had to be rationed. The water services have also improved since most people can now access tapped water. Training and advocacy on the importance of clean water has also been intensified.

3.4.8 Recommendations

- More technical staff should be deployed in the water sector;
- The community members should be encouraged to plant more trees by enforcing the 10 percent forest/land cover policy.

3.5 HOUSING

3.5.1 Introduction

The main types of houses in the County are individual-owned, Government-owned and local authority-owned. In Shichave cluster, housing standards are low; most houses are small and grass thatched. A few households have small semi-permanent structures.

3.5.2 Types of Building Materials

The residents use grass, posts, iron sheets and mud. However, most of them cannot afford iron sheets because they are very poor. They instead use grass because it is relatively cheap and readily available.

3.5.3 Status of Provision of Housing

The community noted that most materials used for building houses are locally available and accessible to everybody. However, they reported that materials for construction of permanent structures are expensive and they cannot afford them.

3.5.4 Opinion on Trends

According to the key informant and the community, the standards of housing have not improved during the past ten years because of poverty.

3.5.5 Types of Housing and Household Headship

Most houses in the community are either temporary or semi-permanent. Most households are headed by men while the elderly (grandparents???) take care of households where both parents are dead.

3.5.6 Recommendations

1. The resident urged the government to intervene by creating job opportunities for them so that they can have some source of income to improve their standards of living; and
2. They desire to have schools in the area where their children may acquire knowledge to compete favorably in the job market.

CHAPTER FOUR: FINDINGS ON PRO POOR INITIATIVES AND DEVOLVED FUNDS

A cash transfer entails financial resources from the National Government to targeted groups and is mostly meant at improving the living standards of the elderly and the most vulnerable. These resources include money for the disabled/challenged people, the elderly people and orphans.

4.1 CASH TRANSFERS

4.1.1 Cash Transfer to the Elderly

According to the community, they were aware of the program and how much the beneficiaries get. However, they have not been benefiting from the program. They reported that nearby communities benefit.

The community reported to be aware of the criteria for selecting the beneficiaries. However, they did not know whether communities were involved in identifying the beneficiaries.

The community requested the government to consider them when allocating the funds.

4.1.2 Cash Transfer to Persons with Disabilities

According to the key informant, the program started in 2011 and covers the whole of Kakamega North district. The program targeted 10 beneficiaries and was later increased to 20. The district has a total of 70 beneficiaries who receive Kshs 2,000 per month paid after every two months through the Post Office. Caregivers collect the money on behalf of the beneficiaries.

According to the Government official, the criteria used to select the beneficiaries include poverty levels of the household, severity of disabilities and lack of assets.

The lifestyles of most of the beneficiaries have improved since the programme was started. The disabled have also been able to participate in income-generation activities and the stigma associated with the disabled has decreased and are able to appear in public. The challenge has been inadequacy of funds to meet the increasing needs in communities. The community requested the government to increase the funds so as to cover the increased demand.

4.1.3 Cash Transfer to the OVCs

The Cash transfer program for the OVCs started in 2008 in this district and supports the poor households taking care of Orphaned and Vulnerable Children (OVCs) with the main objective of improving the welfare of the OVCs. According to the key informant, this programme is operational in 3 locations in the districts of South Kabras (253 households), East Kabras (180 households) and Shivanga (110 households). The total number of households already under the programme in the district is 543. Each household receives Kshs. 4,000 after every two months and the payment is done through the Post Office through caregivers who are also accountable for the money.

The selection criteria involved identifying households with OVCs who are not benefiting from any other program. The criteria also consider families with parents who are chronically ill. However, the cluster sampled was not among the benefiting locations.

Through the program, the welfare of the Orphans and Vulnerable children has improved since they are able to access basic needs like education and health services among others. There has also been economic empowerment at the household level since the money is channeled directly to the household enabling them to meet their immediate daily needs.

Some of the challenges facing the program include:

1. Increased numbers of OVCs versus the available resources;
2. Inter-communal conflicts and displacement pushes beneficiaries out of the programme;
3. Delays in disbursement of funds from government which make beneficiaries suffer;
4. Inadequate funds that cannot support other needs of beneficiaries substantially; and
5. Inadequate coverage by programme as it only covers 3 locations and leaves out the other 11 locations.

The community requested the government to expand the coverage to all locations in the district.

4.2 KAZI KWA VIJANA

The programme began in 2010 and was targeting the youth who are 35 years and below. The youths were involved in public works, environmental conservation (planting of trees) and development of water springs in this district. They were paid Kshs 250 per day. However, there were several challenges that faced the programme

including corruption in selection criteria, misappropriation of funds and sexual harassment.

4.3 ROADS 2000

The community noted that this program was not available in their community.

4.4 DEVOLVED FUNDS

These are funds which target to empower specific target group in the community. Some of the programs include:

4.4.1 Constituency Development Fund

The community noted that they were aware of the existence of the program. They noted that the funds had been used to fund various programs in the district like provision of education bursaries. The community reported that they were involved in decision-making and on the selection of projects to be implemented within the community under CDF.

4.4.2 Local Authority Transfer Fund

The programme started in 2009 in the district and covers 4 electoral wards. It supports all essential services in the community like health, education and agriculture. The Malava Town Council is charged with the responsibility of implementing the projects on behalf of the communities and then hand them over back to the community once completed.

The projects are identified by the community and prioritized accordingly. It is the mandate of elected leaders and the community to make decisions regarding service delivery under the fund. Complains and reports are directed to the town clerk who handles them and orders for any action.

The community indicated appreciation of the programme especially support for jua kali sheds that has promoted self-employment thus significantly improving living standards.

The challenges encountered include political influence and interference, limited public participation and limited resources.

4.4.3 Women Enterprise Fund

The programme was started in 2007 in the district with the aim of empowering women through provision of cheap credit and thereby lifting their lives. Men can also benefit from the funds but only through women-led groups. The beneficiaries have used the funds to start small businesses.

However the community felt that the funds are not adequate.

The community needs to be sensitized that the funds are loans and not grants.

4.4.4 Youth Enterprise Development Fund

According to the key informant, these program started in 2007 in the district with an objective of empowering the youth. About 120 youth groups have benefited from the program in the period 2007-2012 and about 68 individuals have also received loans. The program targeted youth aged between 18-35 years and in registered youth groups. The youths have been able to access loans at an affordable rate set by the national government to initiate small businesses.

Some of the challenges faced by the fund include interferences from politicians, fear of taking loans, high illiteracy levels, corruption by administrators, and upfront charging on the loans.

CHAPTER FIVE: CROSSCUTTING ISSUES AND EMERGING ISSUES

5.1 HIV AND AIDS

The community and the key informant concurred that there are an increasing number of orphans and deaths due to HIV and AIDS. They also reported that cases of new infections are still high in the district. The key informant reported that despite continuous education and awareness the spread of the virus continues unabated.

The government has opened up VCT centers in the district. Currently, there are 4 active VCT centers which are serving the population in the district. Free drugs, counseling and testing services are offered in all the VCT centers across the district.

The main challenges are stigmatization among the affected and infected, inadequate facilities for counseling and testing, and increased poverty levels.

5.2 GENDER

In the sample cluster, men participated more in discussing issues affecting their community than women. The community noted that the gap between men and women in the community was high where men have an upper hand in about all matters affecting the community.

Women operate from the fringes including exclusion from ownership of key assets. In the community women do not own property. On the other hand women are the ones charged with taking care of children, orphans, the aged and even their husbands.

CHAPTER SIX: RECOMMENDATIONS CONCLUSION AND

6.1 RECOMMENDATIONS

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

1. Government to build more primary schools to reduce the distances travelled by children;
2. Provision of safe clean water to the village is paramount to reduce the number of hours spent in fetching water;
3. Residents requested that a health centre be established within the area to reduce the long distance travelled to seek healthcare;
4. Feeder roads be upgraded and more roads done to open up the area to trade and other development activities;
5. A police post be established in the area to curb insecurity experienced in the area;
6. Government should initiate development projects and consider the community in the grants programmes;
7. Government should employ more teachers at all levels;
8. Equip the school with necessary facilities;
9. Increase allocation to FPE; and
10. Identify vulnerable children and orphans so that they are catered for in the government pro-poor interventions.

6.2 CONCLUSION

Poverty is a major challenge in the county. This is despite attempts by the government and other development partners to address this problem through the introduction of various interventions in the various sub-sectors through pro-poor development projects and programs.

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 in the county and the cluster is closely linked to access to health services, water and sanitation, education and agricultural inputs.

To lower the poverty levels, development interventions must aim at accelerating economic growth in a sustainable manner that fosters unity, equity, equality and the protection of the environment.

From the findings of the survey, the bulk of the poor in the county are found in the 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.