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**THE PRESIDENCY  
MINISTRY DEVOLUTION AND PLANNING**

**KISII COUNTY PARTICIPATORY POVERTY ASSESSMENT REPORT  
RIYABO CLUSTER**

**KENYA**   
**VISION 2030**  
**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 ones which covered selected districts.

The main objective of this exercise was to establish the impact of various Government policies, strategies, programmes and projects aimed at reducing poverty. It further sought to capture the voice of the poor in the communities with special focus on the impact of social protection initiatives. In particular the study covered the following broad issues: poverty dynamics and indicators; provisions of government services in health, education, agriculture, housing, and water and sanitation; and pro-poor initiatives and devolved funds.

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

The study found out that poverty level from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many in the clusters visited did not understand how the pro-poor initiatives operate. On 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.

The findings from the study will be used as lessons learnt in designing County based programmes. For example, communities have come up with diverse coping mechanisms on poverty. Some of these include women merry-go-round and small scale business. This will be upgraded to other notable initiatives like table banking concept and training Counties to benefit from UWEZO and other related funds. They will be a reference point in designing current and future interventions on reducing poverty and regional disparities. I call upon our internal and external stakeholders to utilize the respective PPA-V county reports to inform policy and decision-making.

**Ann Waiguru, OGW**  
**Cabinet Secretary**  
**Ministry of Devolution and Planning**

## **ACKNOWLEDGEMENTS**

The Kisii 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,

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**Eng. Peter Mangiti**  
**Principal Secretary**

## **ABBREVIATION AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDF	Constituency Development Fund
CT	Cash Transfers
DC	District Commissioner
DDO	District Development Officer
DEO	District Education Officer
DPHO	District Public Health Officer
DSDO	Divisional Gender and Social Development Officer
DSO	District Statistics Officer
DWO	District Water Officer
DYO	District Youth Officer
FGD	Focused Group Discussion
FPE	Free Primary Education
GDI	Gross Domestic Income
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
KARI	Kenya Agricultural Research Institute
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
LATIF	Local Authority Transfer Fund
M&E	Monitoring and Evaluation
MLND	Maize Lethal Necrosis Disease
NASSEP	National Sample Survey and Evaluation Programme
NGO	Nongovernmental Organisation
PLWD	People Living With Disabilities
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
RA	Research assistant
SHOMAP	Small Holder Marketing Programme
TBA	Traditional Birth Attendant
URTI	Upper Respiratory Tract Infection
USAID	United States Agency for International Development
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund



## EXECUTIVE SUMMARY

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

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 dynamics and diagnostics and the provision and impact of selected wellbeing services including agriculture, education, health, social protection and other 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 PPA-V survey in Riyabo Cluster of Kisii County which was conducted in November/December 2013. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly sub-county technical experts in the subject areas of the survey.

Riyabo cluster is a rural community in Bassi Masige West Location, Nyamache Division in Nyamache sub-county. The county covers an area of 1332.7 km<sup>2</sup> and has nine sub-counties, namely, Masaba South, Kisii Central, Marani, Kisii South, Gucha South, Gucha, Nyamache, Kenyena and Sameta.

The poverty levels are estimated at 21.7 percent in Kisii County, with urban poor at 45 percent and rural poor at 27.2 percent. Although the poverty levels are lower than the national level, the community felt that poverty levels have been increasing over time. They said lack of enough farm land and high population growth are the major causes of poverty. Further, unemployment, lack of affordable farm inputs and ill health were blamed for high poverty levels in the area. As a result, school dropouts, early pregnancies, early marriages and vulnerability to diseases have been increasing.

Agriculture is the main economic activity with 1260.34 ha of land categorized as arable. The main crops produced in the county are maize, bananas, beans, potatoes, tea, sugarcane, coffee and horticultural crops. The study found out that agricultural productivity has decreased over time. The community attributed this to increase in prices of farm inputs, land subdivision, and unstable farm-gate prices. Agricultural production has also been affected by erratic weather patterns and perennial diseases especially maize lethal necrosis disease (MLND).

Riyabo community said that healthcare services have worsened for the last ten years. This was associated with high cost of medicine and medical services. The major health concerns are unavailability of reliable medical services and outbreak of common diseases. To improve the

health status, the community recommended that the government should improve the state of infrastructure, construct more health facilities, and equip the facilities with skilled personnel and drugs. The community health units' programme should be up-scaled as it has helped improve the health seeking behavior of the community. In addition, there is need to support periodic testing of water to help control waterborne diseases.

According to the people of Riyabo, there has been an improvement in education system overtime in terms of affordability. Since the introduction of free primary education and subsidized secondary education, most parents are now taking their children to school. However, they recommended that the Ministry of Education should employ more quality assurance officers at the sub-county level to inspect schools regularly.

On devolved funds and the pro poor initiatives it was established that community had benefited from them. However, they were not happy with the management of the initiatives and recommended for more community involvement in their management. They also said that political interference has limited the efficiency and effectiveness of the initiatives.

## **CHAPTER ONE: INTRODUCTION**

### **1.1 BACKGROUND**

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

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

The PPA-V study was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address. 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 disabilities, youth, people living with HIV/AIDS, orphans and the elderly.

### **1.2 PPP V STUDY OBJECTIVES**

The overall objective of the study is to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database 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:

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

More specifically, the participatory study sought to:

- Gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups.

- Broaden the process through which policies will be developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty.
- Identify and prioritize policies, strategies, programmes and projects which would support poor communities to improve their wellbeing, focusing on pro-poor initiatives.
- Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.
- 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.
- 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**

Kisii County is inhabited mostly by the Kisii community. The population in 2012 was 1226873 and is projected to rise to 1,306,653 by 2015 and 1,362,779 by 2017. The youth population is estimated at 360,942 with 163,048 males and 197,894 females, while the aged population (64+ years) is 42,375 with 18,026 males and 24,349 females. The study area was in Riyabo-IV cluster located in Bassi Masige West location of Nyamache Division in Nyamache sub-county.

The county covers a total of 1,332.7 km<sup>2</sup> and has nine sub-counties, namely, Masaba South, Kisii Central, Marani, Kisii South, Gucha South, Gucha, Nyamache, Kenyeny and Sameta.

Kisii has bimodal rainfall of 1500mm per annum. The long rains are between March to June while the short rain season is between September and November. July and January are normally dry. The temperatures range between 21 to 30 degrees Celsius, with the minimum temperature ranging from 15 to 20 degree Celsius.

Agriculture is the main economic activity with 1260.34 ha of land categorized as arable, the main crops being maize, bananas, beans, potatoes, tea, sugarcane, coffee and horticultural crops. Livestock reared is dairy cattle and zebu, goats, sheep and poultry. Gucha sub-county predominantly practice subsistence farming with the main crops being maize, beans, potatoes, tea, coffee and bananas. Annual individual incomes depend on the agricultural land one owns. Most producers are small scale farmers who depend solely on their farms.

The poverty levels are still high with 49.6 percent of the population living below the poverty line. Manifestation of household poverty includes poor health, low productivity, vulnerability to hazards, environmental degradation, and unsustainable urbanization. General quality of life is low because of the poverty in the area and the limited resources available.

### **1.4 SELECTION OF THE CLUSTER**

The selection of the cluster 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 fifth National Sample Survey and Evaluation Programme (NASSEP-V) maps from Kenya National Bureau of Statistics (KNBS) were used to demarcate the boundaries of the selected clusters.

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

## **1.5 FIELD LOGISTICS**

The PPA-V pilot study was conducted during the month of November 2013. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who 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 the Constituency Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the survey, the Research assistants (RAs) were introduced to the use of survey tools by the supervisors/trainers. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer (DDO) and District Statistics Officer (DSO). The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) Research Assistants were selected to assist in data collection in the county.

The training for researchers ran for two (5) days and data collection and report writing was done in three (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.

## **1.6 PPA-V METHODOLOGY**

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

PPA tools, 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.

## **1.7 REPORT ORGANIZATION/OUTLINE**

This report presents the PPA-V survey findings in Riyabo-IV Cluster of Kisii County. The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty and inequality in Kisii County while chapter 3 presents findings on provision of public services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings selected pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) etc. and any other pro-poor interventions. Chapter 5 gives the crosscutting areas and emerging issues, and finally Chapter 6 outlines the conclusion and recommendations.

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

PPA-V wished to understand poverty based on the perception of the community, how they perceive and characterize poverty and what they think the government, in conjunction with key stakeholders, need to do to alleviate poverty

According to Kisii CIDP, The main causes of poverty in the county are low agricultural production resulting in food insecurity, poor infrastructure, insecurity, lack of land title deeds, landlessness, environmental degradation, high disease incidence and unfavourable cultural practices, HIV/AIDS and alcohol abuse. Other factors include preference for formal employment over informal employment and farming especially among the youth. Most people cannot afford the basic minimum needs such as housing, clothing, food and education with women and children being the most vulnerable. Others are casual workers, female-headed households, physically disabled persons, HIV/AIDS orphans, *jua kali* workers, child headed households and landless women. Sustainable measures need to put in place to address poverty in the county.

### **2.1 DEFINITION OF POVERTY**

The Riyabo IV community defined poverty as a condition in which someone has little or no livestock, lacks proper housing, owns a very small piece of land and lacks food from time to time. Poverty was referred to as *obotaka* in the local language. They further defined poverty as having no source of income and pointed out this is critical especially for the disabled or aged. Further they argued that most people who are aged or have some form of disability cannot be able to work to earn a living.

### **2.2 CLASSIFICATION AND CHARACTERISTICS OF POVERTY**

According to Riyabo cluster members there are rich, poor and very poor people in the community. the very poor comprise 20 percent, the poor 70 percent and the rich 10 percent. The community further gave the characteristics of each of the above categories of people.

The community gave the characteristics of poor people as those living in grass thatched houses with mud walls, lack enough food, can only manage at most two meals a day, have small pieces of land mostly inherited from their parents, and have difficulties purchasing basic commodities such as cooking oil, paraffin, sugar, soap and even salt. These people sometimes lack school fees forcing their children to be sent home. During the deliberations, one of the youth shouted that the poor only can afford local brew (*ebusaa* and *echang'aa*). Most of these people were said to be casuals who work too hard on farms of the rich.

The very poor were referred to *asomotaka* or *omwere* in the local language. These were people who totally lack basic necessities such as food, housing, clothing and mostly beg for a living; and were also said to be landless and were mostly orphans, elderly or disabled. These people are infested with jiggers, are dirty as they almost do not bathe, and wear tattered clothes.

The rich own large tea and coffee plantations, drive big cars, own permanent houses, many have highbred livestock, their children go to expensive schools which charge high fees, and they reside mostly in towns far away from their home area. They are able to easily get their children good jobs regardless of their education status.

### **2.3 CAUSES OF POVERTY**

The community argued that generally poverty in the area is as a result of lack of enough land for farming due to the high population growth that has led to numerous subdivision of land to small unproductive sizes. Further, unemployment, lack of affordable farm inputs and ill health are blamed for high poverty levels in the area.

Other causes of poverty in men and youth are idleness, laziness and excessive consumption of local brew. The men in the community were said to have a belief that many women and children was a sign of richness.

Further, women said that men were misusing income from tea bonus and wages from casual work on alcohol, prostitutes and gambling. Other causes of poverty mentioned were school dropouts, early pregnancies, early marriages and vulnerability to diseases due to the poor living standards. The community argued that the most affected by poverty are PWDs, the elderly and OVCs.

### **2.4 IMPACT OF POVERTY**

The community members informed the study team that due to the high population in the area, residents had done a lot of subdivision of land and as a result they were mostly farming for subsistence consumption. To be able to get some income most families resort to subdividing and selling their ancestral land. Other impact is over-farming and grazing leading to poor yields.

During the focus group discussion the community said that poverty has resulted in alcohol abuse and infidelity among men and women. In the long run this has led to unwanted pregnancies, domestic violence, spread of sexually transmitted diseases and deaths. The community said poverty has led to increase in insecurity and petty thefts on livestock and farm produce by the youths. The community observed that there have been many school dropouts as more learners are opting out of school to help their parents to work as casuals in farms. The impact of poverty was perceived to be manifested heavily on PWDs, the elderly and OVCs.

### **2.5 COPING MECHANISMS**

The community members said that most of the poor people work in tea farms/plantations of the rich as casuals as a way of coping with poverty. Specifically men subdivide their land further and sell or lease it out to enable them cater for basic needs of the families. With little land at their disposal they end up continuously tilling their land immediately after harvest to

ensure sustainable supply of food. Women and some men form groups for table banking to enable them access cheap credit to start small businesses.

Children drop out of school to supplement their parents' income by assisting them as casuals in the farms. Further young boys and men have resorted to stealing and selling livestock and farm produce to cater for their needs. Young girls are opting or being married off early for dowry. The elderly and the disabled cope with poverty by begging for food and clothes from the neighbors and town centers.

## **2.6 ASSET OWNERSHIP AND DECISION MAKING**

The main assets in the community are land, livestock, houses, trees, tea and coffee plantations. Though Riyabo IV community agreed that these assets are jointly owned by men and women, the decision to rent out or dispose the assets is a mutual agreement between the two. However, when women were asked during the FGD about disposal of assets, they said that they were not consulted and these decisions are imposed on them by the men.

## **2.7 POVERTY TRENDS OVER TIME**

The Riyabo cluster community said that poverty was increasing each year. They retorted that they use poor quality farm inputs and as a result get poor output from their farms. They added that the current high inflation coupled with small land sizes was putting pressure on the quality of life.

## **2.8 INTERVENTIONS TARGETING THE POOR**

The community felt that no programmes have been implemented in the community specifically for alleviating poverty apart from Cash Transfers (CTs) targeting OVCs. They also believe that the Free Primary Education (FPE) and Subsidized Secondary School Education (SSDE) program has assisted a lot in enabling education be affordable to them.

## **2.9 RECOMMENDATIONS FOR IMPROVEMENT**

The community suggested that they needed government assistance on projects targeting the provision of clean water, healthcare and agriculture services in order to improve their livelihoods. They also want the government to increase access to cheap credit to enable them get loans to boost and expand their small businesses. They also want effective farm inputs to be provided at cheaper and affordable prices as their land has become infertile due to over-farming.

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

### **3.1 HEALTHCARE**

#### **3.1.1 Introduction**

According to Kisii CIDP 2013-17 There are 71 level 2, 18 level 3, 8 level 4 and 1 level 5 hospitals in the county which include private and mission hospitals. Most facilities especially those constructed by CDF in various constituencies lack personnel and even drugs. Due to the high population in the county, there is need to upgrade some of health centres and equip them to decongest Kisii level 5 hospital. Estimates show that if all the constructed facilities are equipped, the average distance to the nearest health centre will be reduced from the current 4 km to 2km.

The five most common diseases in the county in order of prevalence are malaria, diarrhoea, urinary tract infections, skin diseases, pneumonia and respiratory diseases. The county has about 15 percent of children with stunted growths due to low intakes of nutritious foods. The child immunization coverage is estimated at over 90 percent. Trends in family planning indicate that the current acceptance rate is between 70-75 percent. There are several health facilities in the county offering family planning services. Family planning campaigns need to be enhanced in order to help families have desirable number of children.

The Riyabo cluster community defined health as the physical and mental wellness of a person. They understood being healthy as having the capability of working in the farms. Health facilities in the community include a mobile health clinic by the Ministry of Health that comes once a week to Riyabo area to provide health services. For emergency and difficult health cases members access Nyamache level 4 hospital which is 4km from the area. There is a nonfunctional dispensary that was constructed within the area.

According to the sub-county Public Health Officer (DPHO) some of the roles they play in delivering health services to the district include running the health facilities, identifying and solving community health problems, and forming community health units to monitor community health.

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

The major health concern in Riyabo village is the unavailability of reliable medical services in the area. They said that the nearest health facility was a private clinic that forces residents to walk a distance of 4km to Nyamache public hospital.

According to the DPHO and the community the four major health concerns are pneumonia, diarrhea, malaria and upper respiratory tract infections (URTI).

Their main source of water is the river which is not protected, and the community felt that as a result they run a risk of contracting waterborne and water-washed diseases due to drinking and using untreated water. The DPHO informed the study team that more youths should be encouraged to engage in health activities like HIV/AIDS prevention.

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

According to the DPHO there are a total of 17 health facilities in the district, 15 are public while 2 are private. Among the public health facilities is 1 district hospital, 1 sub-district hospital, 3 health centres while the rest are dispensaries. These facilities are evenly distributed such that every location in the district has at least 1 dispensary. The district hospital is located in Nyamache town and the sub district hospital is located in Nyacheiki division 10 km from the latter. The 3 health centers are located 3 km apart within the district. The private hospital is 15 km from the district headquarters while the private dispensary which is operated by a church Mission is located 12km from the sub-county hospital.

The medical facilities are fairly distributed within the sub-county. The health facility nearest to Riyabo community is a private health center that is not well equipped to provide medical services. The people of Riyabo complained that they walk 5km to Nyamache sub-county hospital to get medical services, and it is expensive and one cannot get medical attention without having money.

The DPHO further informed that the Constituency Development Fund (CDF) has assisted in constructing the facilities though there is a shortage of staff. He further said that there is an improvement on supply of drugs since they get stocked quarterly unlike in the past.

According to the DPHO most of the preventive and promoter services are free, while curative services are offered at a subsidized cost and therefore affordable to the community. Drugs are given free of charge but when they are out of stock, patients are advised to buy. The other cost incurred by the patients is purchase of hospital card which is 40 shillings. The public hospitals offer free antenatal and postnatal maternity services.

The people of Riyabo are resorting to herbs and traditional medicine for treatment because the medical services and medicine are far away and not affordable and inaccessible compared to access of natural herbs.

### **3.1.4 Interventions towards Improvement**

The community said that there is a dispensary constructed in the area but is not functional. They however appreciated the services of a mobile clinic in the community as it saves them the cost of accessing healthcare. Further they pointed out that they are provided with insecticidetreated nets (ITNs) which has helped control malaria in the area. According to the DPHO some of the interventions they are undertaking are creation of community health units with the aim of training members on preventive and promoter health, information that is later passed on to empower the community members on health issues and how to prevent diseases.

These trained members carry out surveillance and monitoring and support health workers in the field.

The KI said that the area is predominantly known to hold on to their traditional practices of using traditional birth attendants (TBAs) during delivery, a practice that the office is trying to discourage through sensitizing the community on its dangers. Further the use of traditional medicinal herbs is common in the area, although the health seeking behavior of the community is slowly improving due to the subsidized and free services being offered in public health facilities.

### **3.1.5 Decision Making on Health Issues**

Men and women in the community sit together and make joint decisions pertaining to health. The final decision on health issues is a result of an agreement between the husband and the wife in the family.

### **3.1.6 Ideal Family Size**

The average family size is 5-7, but the DPHO encourages the community to have at most 3 children. The high number of family size was attributed to ignorance of the parents, idleness, drinking and poor family planning. There is also a general perception in the community that children are as a sign of wealth.

### **3.1.7 Household Size and Poverty**

The community argued that a large household size has more needs as compared to a small household. Large households experience the sting of poverty because they fight to survive on the few resources and assets, and large families end up subdividing land into unproductive units. The DPHO said that in most cases bigger families report malnutrition cases due to lack of enough food and are vulnerable to diseases thus affecting the wellbeing of the families.

### **3.1.8 Decision Making on Family Planning**

The community was not aware of any family planning services because there are no facilities in the village that offer these. The decision on family planning is entirely a joint understanding between the husband and the wife, though most households admitted to have never discussed this issue.

The DPHO informed that all health facilities offer family planning services free of charge for both men and women. The DPHO said that though they claim to make consultative decisions on family planning, wives have the final decision on whether to use these services, and this was evident since it is mostly women who go for the services.

### **3.1.9 Status of Health Services overtime**

The Riyabo community said that health services have worsened for the last 10 years. They attributed this to high cost of medicine and medical services. They reported that there have been cases of deaths because of long distances covered to access specialized medical services such as Caesarian Section and surgery. In contrast, the DPHO stated that health status in the sub-county had improved greatly in the last ten years. This is as a result of increased medical facilities (from 13 to 17 in the past five years) and more health workers have been posted to the institutions though not enough. Drugs are more regular than they were in the past. Finally, the DPHO said that services are affordable accessible and improved. A case in point is the trend in decrease of malaria outbreaks.

### **3.1.10 Recommendations**

In order to improve the health status, the community recommended that the government should improve the state of infrastructure especially by tarmacking rural access roads and installing of electricity. They suggested construction of a health facility within the community equipped with skilled personnel and drugs. They also felt that programs meant to teach them on family planning and health issues should be introduced.

Similarly the DPHO recommended that the government should equip the existing facilities with enough drugs, machines and personnel. Up-scaling of the community health units programme should be done as it has helped improve the health seeking behavior of the community. There should also be further support on periodic testing of water to help control waterborne diseases.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

The literacy level is relatively high in the county, estimated at 89.5 percent. According to the 2009 Kenya Population and Housing Census, 27,151 males and 19,631 females had gone through basic education while 465,107 males and 502,953 females were in school. A total of 44,434 males and 74,063 females had never attended school. The population of primary school age was 312,844 representing about 25.5 percent of the total population of the county. There are 467 primary schools with 6,278 teachers. The teacher student ratio is 1:50. The county has 904 ECD centres with 1,184 teachers.

There are 334 private and public secondary schools and 3,940 teachers, and a teacher-student ratio of 1:48. The secondary school age population is 131,821 with 66,328 males and 65,493 females representing 10.7 percent of the total population. The tertiary institutions are not adequate to cater for the rising number of youths in pursuit of higher education, and there is therefore need to open up more middle level colleges, polytechnics and universities. There is need for the existing institutions to review their curriculum so as to meet the market demands. The community understood basic education as going to school and gaining the basic skills of reading and writing.

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

The community reported that there are only 3 basic educational institutions in Riyabo: Riyabo nursery school, Riyabo primary school and Riyabo secondary school. These educational facilities are old and cannot accommodate high rate of enrollment which has led to congestion of the classes. Though there are latrines within the school, they are few and not able to serve the population of learners.

The DEO informed that there are 120 primary schools and 50 secondary schools in the sub-county. Most of the facilities were put up as far back as between 60 to 10 years ago; but they have not been expanded or improved despite the high student population. The most affected are the primary schools and Early Childhood Development (ECD). Most of the private schools have taken up residential buildings and converted them into classrooms. The district has only 2 boarding secondary schools.

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

The community appreciates that the schools are near and accessible to the children in the area, as the farthest one can walk to reach the nearest school is about 2km. Further the community commended the subsidized secondary fees and free primary education in making basic education affordable. However, they complained that they pay for activity fees which keep on rising every year.

In spite of all these interventions, the community felt that ECD education was expensive and congestion in the schools was still a big problem.

The DEO confirmed that ease of access to schools has improved in the last 2 years due to increase of schools from 23 to 50 for secondary schools and from 90 to 120 for primary schools. Enrollment in secondary school has doubled from 5,000 to 12,000 and in primary by 40 percent from 20,000 to 36,000 thanks to the initiatives of FPE and SSDE.

In contrast to the community the District Education Officer (DEO) reported that all primary schools have affordable Early Childhood Development (ECD), though some ECD centres have double streams as a result of the high population in the district, and the government pays for only one teacher.

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

Shortage of teachers has forced the schools to resort to hiring Form Four leavers to teach in primary schools. As a result, most schools in the sub-county have in the past years registered poor results in the national examinations. The DEO informed that the performance of the sub-county is dismal due to shortage of teachers, overstretched resources and uncooperative parents. Further, the community complained that the schools are not well equipped and lack textbooks and other teaching materials, and desks are few and in a poor state. Some institutions lack enough food and parents are forced to chip in.

*A case is told of some teachers who are involved in businesses i.e. a teacher who operates a matatu during working hours and has employed a Form Four failure to teach on his behalf in agreement with the headteacher.*

The above case is just one of the numerous cases of regressive practices in the education sector. Despite the authorities being aware, the office cannot discipline the teacher since there is only one school inspector in the district and yet disciplinary cases require more than one inspector to form a quorum.

### **3.2.5 Interventions for Improving Education Standards**

Free Primary Education (FPE), Subsidized Secondary Day Education (SSDE) and CDF have assisted in improving the infrastructure and giving bursaries to school going children. This has made education affordable and accessible. This can be seen from the increased enrollment both in primary and secondary schools.

### **3.2.6 Education and Poverty**

The community said that due to dismal performance, most of the learner donot progress beyond basic education hence lack the necessary skills to qualify for white collar jobs. Further poverty and lack of enough food reduce concentration of children in class since they attend on empty stomachs. Most of them end up dropping out of school and post poor results. Those who drop out end up as casuals workers, hence the vicious cycle of poverty.

The DEO said that education is not a priority to the community members since some parents are not willing to supplement government funding despite having money because of the negative attitude the community has towards education.

Additionally, the DEO informed that on average, out 10 students who enter primary school, seven pupils proceed to secondary school, the others repeat or goto youth polytechnics or drop out thus contributing to illiteracy levels. There is a general perception by the community that it is the government's role to improve the educational services and facilities and they therefore donot invest a lot in education.

### **3.2.7 Status of Education overtime**

According to the people of Riyabo, there has been an improvement in education overtime in terms of affordability. Since the introduction of free primary education and subsidized secondary education, most parents are now taking their children to school. The DEO similarly said that education services had improved going by the increased numbers that are now enrolling. On the other hand performance in both primary and secondary schools has been declining, a factor that can be attributed to congestion and high teacher-pupil ratio.

### **3.2.8 Recommendations for Improvement**

It was recommended that the Ministry of Education should employ more quality assurance officers at the sub-county level who will inspect schools regularly. This should include auditors who must frequently check the expenditure of the institutions unlike now when there is only one auditor. More teachers should also be employed to equal the attrition rate. Furthermore the funding for FPE and SSDE should be enhanced to accommodate the high inflation rates. The community felt that there is need to post enough teachers and expand the schools to accommodate the expanding population.

## **3.3 AGRICULTURAL SERVICES AND INPUTS**

### **3.3.1 Introduction**

According to the County Integrated Development Profile 2013, the main crops produced in Kisii county are maize, bananas, beans, potatoes, tea, sugarcane, coffee and horticultural crops. The average farm sizes range from 0.2 ha to 2.1 ha. This has serious implications to the county in terms of food security and measures such as land policies on land use ought to be put in place and intensifying modern methods of farming like zero grazing which require small sizes of land. The acreage under cash crops is about 17,800ha while the area under food crops is about 72,500ha.

The main storage facilities include the Cereals Board, granaries, stores and sacks in the houses. However, only 30percent of the produce is stored in proper storage facilities due to low level of production as almost all the produce is consumed at household level. It is therefore important for the Ministry of Agriculture to strategize for ways of improving household storage such as grain storage silos so as to ensure proper handling and storage of food.

The main livestock bred are dairy cattle and zebu, goats, sheep, donkeys and poultry among others. The county has 677 fish farmers with 3,100 fish ponds with each of the seven constituencies having at least 300 fish ponds. Tilapia and cat fish are the main types of fish grown.

Agriculture is the main source of livelihood in Riyabo village. The community majorly practices subsistence farming and keeps livestock, and a good number of households own small tea and coffee farms.

### **3.3.2 Status of Provision of Agricultural Services**

According to the community, there are no agricultural services offered in their village, and they have to travel all the way to the nearest town center which is 6km away to access agricultural services. They informed the study team that they have never accessed subsidized farm inputs such as seeds and fertilizers. The community feels that the government is not doing enough to cushion or address the Maize Lethal Necrosis Disease that has prevented them from planting their staple crop as it completely destroys the crop.

The Nyamache District Agricultural Officer (DAO) reported that there are agricultural extension officers who offer various services which include crop production, livestock production and natural resource conservation. He further added that his office offers services such as pasture management, feed formulation (feeds which are important for animal health), crop protection and animal disease control.

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

The community members said that there have been few agricultural field days and baraza that were organized by the chief and Ministry of Agriculture officers on ways of improving agricultural productivity.

The DAO reported that there are various programmes meant to increase productivity of agriculture in the sub-county, namely, NALEP which used to be funded by donors but now its fully funded by the government; Njaa marufuku programme that is meant to address issues arising from poverty; KAPAP based on value chains that develops certain crops with economic values such as bananas, amaranth etc; and Small Holder Marketing Programme (SHOMAP) which addresses market challenges for horticultural value chains.

Further the government provides seeds and fertilizers at subsidized prices to farmers in the district through the National Cereals and Produce Board. The fertilizer is given to farmers through voucher systems whereby farmers in need of the fertilizer go to the agriculture office and are given a voucher which they take to the cereals board in Trans Mara for the fertilizer after payment.

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

The DAO said that various agricultural services target different groups of farmers. Notably are extensions services and animal disease control targeting livestock keepers, subsidized farm inputs for crop farmers, and natural resource conservation services which target all farmers.

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

Since agriculture is the main economic activity in Riyabo cluster, the community and the District Water Officer (DWO) said that if agriculture is doing well it means that there is poverty reduction and vice versa.

### **3.3.6 Opinion on Status Agriculture overtime**

The community and the KI felt that agricultural productivity has decreased over time. They attributed this to increase in farm input prices, as the farmer opts to use locally available input on land that has been extensively farmed thereby needing continuous replenishing. The DWO added that there have been low and unstable prices for farm produce coupled with land subdivision and high population growth. Agricultural production has also been affected by

erratic weather patterns and perennial diseases especially Maize Lethal Necrosis Disease (MLND).

### **3.3.7 Recommendations for Improvement**

The community recommended that the government should provide quality fertilizer and seedlings at further subsidized rates. Riyabo people requested that extension officers should be readily available at the community level to give technical advice when required. They also requested for more field days from the sub-county extension office so that they can be exposed to various technologies for higher productivity. The residents complained that they were left out on the fish farming project that the government had initiated in other areas.

The DWO recommended that in order to improve agricultural production, farmers should be advised to minimize land subdivision and farm as extended family units and eventually share the produce among family members. He finally recommended that the government should build satellite stores to supply farmers with farm inputs especially fertilizers.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

As indicated in the County Development Profile 2013, the county has several permanent rivers and streams which drain into Lake Victoria. Kuja which rises from Kiabonyoru Hills in Nyamira County is the main river and has adequate water for the development of a mini hydroelectric station. Other streams are Mogonga, Mogusii, Riana and Iyabe. Most of the water is untreated except for the Kisii Water Supply which is the main pumping station at Kegati in Nyaribari Chache constituency.

In Kisii County, the average distance to the nearest water point is about 2km. This is as result of the numerous wells, springs and streams, roof catchment and boreholes except along the Kisii/Transmara border.

The County does not have appropriate drainage system and most towns in the county have poor drainage. Waste is not properly managed because there are no designated sites for waste. Most households in the county use pit latrines.

There are two rainy seasons: long rainy season that goes from March to August, and short rains between October and November. According to the community, access to clean water and sanitation is important in order to lead a healthy and productive life. The main sources of water in the area are springs, rivers, roof catchments, boreholes and wells. Gionseri river passes to the south of Riyabo border, and its water is mostly used by animals for drinking.

### **3.4.2 Water Programmes**

The community informed that they had one protected spring established by the government through the CDF. They pointed out that they have been trained on harvesting and storing rainwater which is not sustainable unless there is rain. There are no other water programs in the community so far.

According to the DWO there are three water projects in the district, namely, APHIA Plus, the community based organisation (protecting springs), and Lake Victoria South Services Board. The projects include protection of springs and rivers, sinking of boreholes and provision of tapped water and are evenly distributed all over the district. Further the sub-county receives good rainfall all year round and some projects are aimed at encouraging rainwater harvesting and its storage.

The community has the role of manning the facility and protecting the water from contamination. The community members through the community health units are trained on water pollution, treatment and storage, and hence the community has the duty to protect and conserve the water source.

### **3.4.3 Sanitation Facilities**

The main facility for human waste disposal in Riyabo area is pit latrines. Those that cannot afford to sink latrines dispose their human waste in bushes. Most of the community members do not treat water before drinking despite knowing the dangers associated with this.

The DPHO shared that the Community Health Workers (CHWs) go round the community sensitizing them on the importance of having toilet facilities such as latrines within the household. He also pointed out that the government had planned to provide mobile toilets to the community but never did so.

The community noted that the available water in the area gets contaminated by pit latrines that are spread in the area due to frequent rainfall and high underground water levels. They further said that as a result of the topography of the region, surface water runoff into the river contaminates the water and they therefore get exposed to the risk of contracting water-washed and waterborne diseases.

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

The community felt that planting of blue gum trees has interfered with the water sources as it uses up copious amounts of water. They also said that because of overpopulation and lack of enough land, some pit latrines have been sunk next to water sources leading to water pollution and there is therefore no safe water for drinking and other domestic uses.

According to DWO water has been polluted by destructive human activities like construction of latrines near rivers, putting fertilizers in their farm near rivers, and waste emissions from factories in towns where the river flows through. This leads to environmental degradation and pollution of water. The community mostly uses wood fuel for cooking and as a result tree

cutting for charcoal and firewood is rampant in the area, and as a result water catchment areas are affected.

The DPHO and DWO informed the study team that as a result of brick burning in the area and the larger Kisii County, there are a lot of manholes that remain and these are a health hazard to the residents.

#### **3.4.5 Water and Sanitation and Poverty**

The community in Riyabo felt that water and sanitation is directly related to poverty in that when one contracts a disease related to drinking unsafe water he/she is likely to spend a lot of money on treatment that could have been used in developmental activities. They mentioned that some of the diseases caused by drinking unsafe water are expensive to treat.

Similarly, the DWO informed that use of polluted water is unsafe and exposes residents to waterborne diseases. This forces them to frequently use money for treatment thus succumbing to poverty.

#### **3.4.6 Status of Water and Sanitation Overtime**

The community reiterated that water has decreased because of interference of water sources by planting of gum trees and farming that is being done along the river banks. They also said that some people dispose waste along the rivers thus posing a health hazard. The DWO felt that water availability has decreased overtime because there has been interference of water sources by planting blue gum trees along river banks and even wetlands. Further the population is fast expanding and cultivation on river banks has increased.

He pointed out that the Ministry of Water has improved water services by protecting water sources, increasing water piping systems, drilling borehole, installing hand pumps on the rivers, and provision of water tanks to schools and churches.

#### **3.4.7 Recommendations for Improvement**

The community recommended that the government should assist them protect springs and boreholes and rivers through community development funds. Further the government should provide them with piped water and water tanks. To address sanitation problems, the government should assist the community sink more pit latrines and if possible enhance handwashing projects in the area especially in schools.

The DWO recommended that the government should allocate more funds to boost and complete water projects. The community should also be sensitized so as to know the benefit of the projects so that they can contribute land for construction of the projects and also provide labour.

## **3.5 HOUSING**

### **3.5.1 Introduction**

The community in Riyabo said that housing is one of the basic needs for a human being to lead a comfortable life. The region usually experiences regular rainfall and very cold temperatures all year round making good shelter a necessity.

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

Most of the community houses have used iron sheets for roofing and mud for walling, and a few use grass for roofing. Predominant also is the use of bricks for walling of houses.

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

Most houses in the area are made of iron sheets and mud-walled, and a few are grass-thatched. There are also a few permanent dwellings. Most households are headed by men, and a few by women who are widowed. In the community there are some orphans who stay with guardians such as uncles, aunts and grandparents.

### **3.5.4 Status of Housing Overtime**

The people of Riyabo said that their status of housing has improved overtime. They said that some years back most houses were built of grass which is a sign that poverty levels were very high but nowadays they have improved in that most houses are built of iron sheets.

### **3.5.5 Recommendations for Improvement**

The government should reduce the costs of building materials such as iron sheets and cement so that the poor can afford to build decent houses. The government should also increase the amount of money paid to farmers for their cash crops such as tea and coffee. This will enable them to build modern and decent houses. In addition, there is need for more information from the government and financial institutions on low cost housing to enable them know how to access loans to build cheaper houses.

## **CHAPTER FOUR: PRO-POOR INITIATIVES AND DEVOLVED FUNDS**

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

#### **4.1.1 Cash Transfers**

The resident of Riyabo said that orphans and vulnerable children are the only ones who have been benefitting from the cash transfers. They have been getting kshs 2,000 monthly since 2008 through the Post Office. The guardians receive the money on behalf of the orphans. The community claimed that elderly people have never benefitted from the cash transfers. The beneficiaries (guardians to the OVCs) and People Living with Severe Disabilities (PLWD) added that the little that they get is not enough for their basic minimum needs.

The District Gender and Social Development (DGSDO) said that her office carries out departmental reviews in sub-counties. She further gave the categories of the groups as women groups, youth groups, the self-help groups and community based organizations. The CBOs addressed issues that affect the larger community, especially issues on education and HIV/AIDS.

The cash transfers are disbursed from two departments of the office, namely, the department of social development and the department of children. The social department provides for the Older Persons Cash Transfers (OPCT), People with Disabilities (PWDs) and the Albinism Sun Cream cash transfers. These funds are also supposed to break intergenerational poverty by proving younger household members with the opportunity to go to school or work.

The department of social services is encouraging PLWD to go for their money and in other cases the caregiver after authority from the chief. The caregiver who is supposed to be either a parent or a spouse is registered if the beneficiary has severe disabilities. The main objective of the fund is to reduce poverty in households with at least one member who has severe disability through provision of regular and predictable cash transfers. The selection committee includes a youth representative, disability representative, District Gender and Social Organization representative (DGSO) and one ex-official member. They are trained on how to identify the OPCT and PLWD beneficiaries.

The conditions issued for one to qualify as a beneficiary of the money are that one should be above 65 years and the household must be extremely poor for OPCT. The PLWD also considers people who live with chronic diseases, orphans and people with severe disabilities (one who cannot go to the toilet alone, cannot feed and can harm oneself) as the qualified beneficiaries. The DGSDO went further and gave the statistics of people they target in each constituency: 70 with severe disabilities per constituency which gives a grand total of 210 PWSB beneficiaries and 750 OPCT beneficiaries from the three constituencies. The old are now looking younger. In addition she said that some of the old people have invested in small businesses and some have bought livestock and poultry.

*A case study is told of an old lady (identity was withheld) who was very poor, and she was not able to afford shelter as a basic necessity. She lived in a cow shed. After she got the cash transfers she made an extension of the house and bought beddings. She is now living better than before. She is able to sustain herself.*

USAID through APHIA Plus has also aided in capacity building in the three constituencies. The DGSDO recommended up-scaling of the fund to cater for more people. She further called for close monitoring of the beneficiaries and adding personnel for the work to make sure the money is used to the wellbeing of the beneficiaries.

She proposed that the ministry should explore an easier way to take the money to them. The county government should also come up with programs to ensure further aid to the needy. The OVCs should be school going to access the cash transfers and should not be beneficiaries from other programs. Bursaries for OVCs have been introduced in secondary schools, with Kshs 30,000 given to each OVC in boarding school and Kshs 16,000 today scholars. The community pointed out that the cash transfers to Orphans and Vulnerable Children have provided a lifeline to the children as they can now cater for basic necessities.

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

The Riyabo community said that the kazi Kwa vijana initiative has been taking place since the year 2008 though at the moment it has stopped. Men, women and youth from the community worked under the KKV initiative. They were paid Kshs 250 per day which they received at the end of the month in cash and accounted for by the workers. Selection was done without bias and their earnings were able to meet their minimum basic needs since the casuals had other sources of income. The community feels that it is prudent for the government to ensure that the Kazi Kwa Vijana initiative is revived in order for the youths to involve themselves in constructive activities instead of being idle since an idle mind is the devil's workshop.

It was informed by the District Youth Officer (DYO) that this program was initiated in 2008 and since then it has gained popularity among the people. In the sub-county, they mostly focused on environmental conservation through a program called tree for jobs although there is another initiative carried out by the Ministry of Roads concerned with making and maintaining rural access roads.

The District Youth Officer (DYO) noted that they targeted men and women 35 years and below. In this program, he emphasized that women and PWDs are given a special consideration. He added that they are paid Kshs 250 per day in cash which is done within a fortnight or monthly. With the current trends of inflation, he stressed that such an amount is not adequate to meet their basic needs. On the mode of selection, he informed that they use the ballot criteria and each location is given its quota and each gender allocated a specific number with a special consideration for PWDs.

The DYO noted that the program has improved the living standards of the beneficiaries and some have been able to build permanent houses and initiated income generating projects for

themselves. In addition, he noted that the program has helped improve the environment provided by the trees that have been planted in public areas.

Some of the challenges he noted were that this program has had political interference, inadequate funding, high population of unemployed and underemployed youths, and environmental and climatic conditions.

### **4.1.3 Roads 2000**

The people of Riyabo said that the Roads 2000 was important to the community during the time that it used to exist but nowadays it does not exist. They requested the government to revive the Roads 2000 initiative as it used to contribute to the development of the community. The DY0 informed that the ministry used to undertake the opening up of rural access roads where they employed local youths to assist for some wages.

## **4.2 DEVOLVED FUNDS**

### **4.2.1 Constituency Development Fund**

The community said that CDF has been of great importance to the community since it has helped them construct classes and a laboratory in their local secondary school (Riyabu secondary school). They also said that their children have benefited from the CDF bursaries.

According to the CDF manager in Nyamache Sub-county, CDF has played major role in improving people's lives. The fund has financed the construction of health facilities, and in particular 10 dispensaries have been built from the funds and equipped with medicine and medical equipment. He further added that CDF has contributed in improving the education services by funding construction of classes in primary and secondary schools, colleges and universities. Other projects funded through CDF included water projects (digging boreholes, connection of water lines), road construction, electricity connection to schools and dispensaries, and construction of latrines.

The CDF manager said that the community is normally involved in decision making by closely working with the Project Management Committee (PMC) which is drawn from the community. The mechanism for public reporting and complaints involves the locals going in person to the CDF offices to make complaints if they are dissatisfied with the services that are being offered.

The CDF manager recommended that the county government should stop duplicating projects which have already been undertaken by CDF. He said that instead of duplicating they should cooperate with them to harmonize the development programmes in the sub-county. He recommended that the PMCs should be facilitated in order to boost their morale of working with CDF management. He also urged the government to increase the amount of money meant for CDF.

#### **4.2.4 Youth Enterprise Development Fund & Women Development Fund**

The community in Riyabo are aware about WDF and YEDF but have never accessed the funds.

According to the DYO, the YEDF was introduced to the district during fiscal year 2007/2008, and the DGSDO informed that WEF was introduced in 2010. Since then these offices have not had any modality for public reporting and complaints. The requirements for application of the loans are: having a registered group with a certificate, list of members, and the group should be active with an active bank account.

The community members said that they are not involved in decision making concerning the management of these funds, which is the reason they have not accessed the funds. They felt that these funds have not been of help to the community since they have not realized any impact.

According to the DGSDO, the women groups who have accessed these funds are doing well and are able to sustain their programs after payment of the loans. In contrast, the DYO informed that the YEDF has not had any positive impact to the beneficiaries in the district.

The DYO named some of the challenges as being political interference, minimal funds and delays in sending the funds. He added that there has been no clear plan of the individual funding programs. The DGSDO emphasized that WEF has had adequate money but applicants are few as few people are willing to apply for the loans.

The members urged the government to involve the local people on decisions concerning the distribution of these funds within their community. In addition, the members proposed that there should be a management committee at the community level to facilitate allocation of these funds and that such committee should be nonpartisan. Further, they stressed the fact that these programs should not be politicized.

The DGSDO and DYO felt that there should be nationwide sensitization at community level in order for people to penetrate these programs as coverage of the funds was still a big problem. The Riyabo community members urged the government to involve the local people on decisions concerning the distribution of pro-poor funds within their community. In addition, the members proposed that there should be a management committee at the community level to facilitate allocation of these funds and that such committee should be nonpartisan. Further, they stressed the fact that these programs should not be politicized.

## **CHAPTER FIVE: CROSSCUTTING ISSUES**

### **5.1 HIV AND AIDS**

The high level of poverty has led the community to be vulnerable to HIV/AIDS mostly due to lack of privacy. Majority of the community live in single units shared by the family exposing children to early sex. Further, early marriages as a result of school dropouts and the promise of benefit of dowry exposes youth to risks of contracting HIV/AIDS in the area.

### **5.2 PERSONS WITH DISABILITIES**

The community argued that the most affected by poverty are the PWDs, the elderly and OVCs. Due to poor standards of living the impact of poverty has manifested heavily on PWDs, elderly and OVCs, and various diseases and jiggers has affected them. Most of them have resorted to begging for food and clothes.

The cash transfers given out are disbursed from two departments of the office, namely, the department of social development and the department of children. The social department provides for the Older Persons Cash Transfers (OPCT), People with Disabilities (PWDs) and the Albinism Sun Cream cash transfers. The main objective of this department is to introduce these transfers to the affected persons.

The PWDs include people who live with chronic diseases, orphans and people with severe disabilities (one who cannot go to the toilet alone, cannot feed and can harm oneself) as the qualified beneficiaries. The statistics of people targeted in each constituency is 70 with severe disabilities per constituency which gives a grand total of 210 PWSD beneficiaries and 750 OPCT beneficiaries from the three constituencies. The Kazi Kwa vijana initiative which involves afforestation has been taking place since the year 2008 where women and PWDs are given a special consideration.

### **5.3 GENDER**

The community felt that men had backward perceptions that having many women and children was a sign of being rich.

Though members agreed that they jointly own assets, in case of lending or disposing assets there is no mutual agreement between the two and most women feel that the decision to dispose the asset is just imposed on them by men. Men and women in the community and households sit together and make joint decisions pertaining to health. The final decision on health issues is a result of an agreement between the husband and the wife in the family.

The average family size is 5-7 and this is due to poor family planning, ignorance of parents, idleness and drinking. There is a general perception in the community that children are as a sign

of wealth. There have been cases of deaths because of the long distance covered to access specialized medical services such as Caesarian Section and surgery.

The community informed the study team that they are not aware of any family planning services because there are no facilities in the village that offer them. The decision making on family planning is entirely a joint understanding between the husband and wife, though most households admitted to have never discussed this issue.

The DPHO said that though they claim to make consultative decisions on FP, women have the final decision on whether use FP services, and this was evident since it is mostly women who go for the services..

## **CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION**

### **6.1 RECOMMENDATIONS**

The study shows that poverty has a great impact on the people of Kisii County. It is therefore important to allocate more funds to boost agriculture and complete water projects. The community should also be sensitized on how to improve on agriculture production. To mitigate the effect of unpredictable weather patterns, farmers should practice irrigation as a way of improving production, while the government should build satellite stores to supply farmers with farm inputs especially fertilizers.

In education sector, the ministry should employ more quality assurance officers at the sub-county who will inspect schools regularly. Apart from creating awareness and educating people, improving the health status of the community requires the government to improve the state of infrastructure especially in tarmacking rural access roads and installation of electricity. There should be great sensitization and creation of awareness on family planning.

### **6.2 CONCLUSION**

Poverty was manifested as having no source of income and especially to someone who is disabled or aged. From the field data, the very poor comprise of about 20 percent, the poor 70 percent and the rich 10 percent, showing that poverty has categories in itself. It is further attributed to lack of enough land for farming due to the high population that has led to numerous subdivision of land to small unproductive sizes.

The poverty situation in the cluster is worse for men and youth since they are idle, lazy and excessively consume local brews. The impact of poverty was found to manifest heavily on PWDs, elderly and OVCs as they are affected by various diseases and jiggers. The level of school dropouts was increasing with time due to poverty.

Notable programmes designed to assist in alleviating poverty are Cash transfers to OVCs and nationwide FPE and SSDE programs which have assisted a lot in enabling education to be affordable to the community.

The medical services in the area have not been able to cater for the growing population, a situation that made the community feel that health services are now worse compared to ten years ago. This was attributed to high cost of medicine and medical services.

The high enrollment rates in education has led to congestion of classes against the high number of school going children benefiting from Free Primary Education, Subsidized Day Secondary Education and CDF bursaries.

Agriculture is the main source of livelihood in the area though there has been a challenge in the small land sizes and access to farm inputs. Members informed the study team that they have never accessed subsidized farm inputs such as seeds and fertilizers.

The main sanitation facilities in the area are pit latrines and septic tanks. The town lack sewerage systems.