**REPUBLIC OF KENYA**

**THE PRESIDENCY**
**MINISTRY DEVOLUTION AND PLANNING**

# KISUMU COUNTY PARTICIPATORY POVERTY ASSESSMENT REPORT

## KAMOKOWA 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 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 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 Kisumu 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 Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

**Engineer Peter Mangiti**
**Principal Secretary**

## EXECUTIVE SUMMARY

The overall objective of PPA-V is to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of proper sections of the population. The survey sought the community perspective on poverty and provision of selected wellbeing services including agriculture, education, health, social protection and devolved funds. In particular, perspectives of the community were sought on the awareness of the availability of services, accessibility and affordability.

This report presents the findings of the PPA-V survey in Kamakowa Cluster of Kisumu 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 technical experts in subject areas of the survey.

Kamakowa cluster is located in Nyawita sub-location, Kisumu East District in Kisumu County. The residents of Kamakowa cluster are mostly of the Luotribe. The cluster has 126 households. Since this is an urban cluster community members are involved in small-scale businesses and causal jobs.

The study reveals that women and children are the most affected by the high poverty levels. The PWDs and OVCs shoulder double burden due to poverty since they are vulnerable, marginalized and sometimes neglected. However, the community members describe men as having a "don't care" attitude and most of the time they desert their families due to poverty. Increase in street families, HIV/AIDS, crime and drug abuse are all as a result of the high poverty levels experienced in the area.

The area/cluster is congested vis-à-vis the high population. There is inadequate space to put up houses, build schools, health facilities and other amenities, and consequently most government services can only be accessed from outside the area.

The main health concerns are typhoid, malaria, TB, pneumonia, dysentery, amoeba and HIV/AIDS. Further, the state of sanitation is poor as a result of congestion and accumulation of waste in the area and hence diseases are common.

The area has access to clean water thanks to the efforts of Kisumu Water and Sewerage Company (KIWASCO). Most of them can access tapped water from common watering point/kiosk at a cost which they feel is affordable. The water points are evenly distributed within the area with the farthest distance an individual can cover being less than a kilometer.

It emerged that though the residents are aware of the cash transfer programmes, they were not being implemented in the area despite the huge population who qualify for them.

## ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| ADB | African Development Bank |
| CDF | Constituency Development Fund |
| CHEW | Community Health Extension Worker |
| CT | Cash Transfers |
| DDO | District development Officer |
| DSO | District Statistical Officer |
| ECD | Early Childhood Development |
| FGD | Focused Group Discussion |
| FPE | Free Primary Education |
| GOK | Government of Kenya |
| HIV | Human Immunodeficiency Virus |
| ITN | Insecticide Treated Net |
| KIM | Kenya Institute of Management |
| KIWASCO | Kisumu Water and Sewerage Company |
| KKV | Kazi Kwa Vijana |
| KNBS | Kenya National Bureau of Statistics |
| KPHC | Kenya Population and Housing Census |
| KYEP | Kenya Youth Empowerment Programme |
| LATF | Local Authority Transfer Fund |
| LVSWSB | Lake Victoria South Water Services Board |
| NGO | Nongovernmental Organization |
| NHIF | National Hospital Insurance Fund |
| OBA | Output Based Approach |
| OVC | Orphans and Vulnerable Children |
| PPA | Participatory Poverty Assessment |
| PWDS | People Living With Disabilities |
| RA | Research Assistant |
| SCDO | Sub-County Development officer |
| SCEO | Sub-County Education Officer |
| SCGCO | Sub-County Gender and Children Officer |
| SCLPO | Sub-County Livestock production Officer |
| SCYDO | Sub-County Youth Development Officer |
| SSDE | Subsidized Secondary Day education |
| TBA | Traditional Birth Attendant |
| WATSAN | Water and Sanitation |
| 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 previous Participatory Poverty Assessment (PPAs) studies were 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 exists large disparities in incomes and access to education, health and to basic needs including; clean water, adequate housing and sanitation.

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

## 1.2 PPA-V STUDY OBJECTIVES

The overall objective of the study will be 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:

- 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:

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

Kisumu County has six sub-counties, namely, Kisumu East, Kisumu West, Kisumu North, Nyando, Nyakach and Muhoroni. It has seven constituencies, namely, Kisumu East, Kisumu West, Kisumu Central, Seme, Nyando, Nyakach and Muhoroni. The County covers a total land area of 2085.9 $km^2$ and another 567 $km^2$ covered by water.

According to the 2009 Kenya Population and Housing Census, the population of the county was 968,909 persons with 474,687 males and 494,222 females.

The mean annual rainfall varies with altitude and proximity to the highlands along the Nandi Escarpment and Tinderet. The area has two rainy seasons, with the long rains occurring in April/May while the short rains occur in August/September.

Although there is no entirely dry month, the peak generally falls between March and May, with a secondary peak in September to November. The high rainfall and the

nature of soils in the Kano Plains have supported small scale agricultural production. However, small-scale farmers find it difficult to prepare the land for planting since black cotton soils are difficult to work on manually during dry season and also during heavy rains.

The mean annual maximum temperature ranges 25$^{o}$C to 35$^{o}$C and the mean annual minimum temperature ranges 9$^{o}$C to 18$^{o}$C. The altitude varies from 1,144 meters above the sea level on the plains to 1,525 meters above sea level in the Maseno and Lower Nyakach areas. This greatly influences temperatures and rainfall in the county.

The main cash crops grown are sugarcane, rice and cotton. Sugarcane is predominantly grown at lower midlands which are common in Maseno, Muhoroni and Miwani while cotton is grown in Kadibo and Nyando.

Kamakowa cluster is located in Nyawita sub-location, Kisumu East District in Kisumu County. The residents of Kamakowa cluster are mostly Luos and the cluster has 126 households. Since this is an urban cluster, community members are involved in small-scale businesses and causal jobs. The roads in the community are in bad condition and worsen during rainy seasons.

## 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 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who 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 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 five (5) 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.

## 1.6 PPA V METHODOLOGY: PROCESS, STUDY INSTRUMENTS AND FIELDWORK

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 check lists so that accurate information was received to inform the discussions.

The checklist was mainly used to elicit specific information on selected policy areas from the community. It was divided into two sections namely Poverty Diagnostics and Assessment of the Impact of Pro-poor Initiatives. The trained RAs administered the

tools/instruments under the guidance of the supervisors to ensure quality of the data collected. The data collection process was similar for all selected sample sites as well as the format for data recording and analysis. This standardization was critical for overall data analysis and report writing.

The key 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

The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty and inequality in Kisumu 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 other pro-poor interventions. Chapter 5 looks at crosscutting and emerging issues and Chapter 6 outlines the and recommendations and conclusion.

# CHAPTER TWO: POVERTY DYNAMICS

## 2.1 INTRODUCTION

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 Kisumu County Integrated Development Profile 2013-2017, high poverty level is one of the major developmental challenges in Kisumu County. Over 60 percent of the population is poor compared with the national average of 46 percent as at 2006. Poverty levels are higher in urban areas (70 percent) compared with rural areas (63 percent).

The main causes of poverty include HIV/AIDS pandemic, collapse of local agro-based industries, unemployment, and low agricultural and fish production. Food insecurity, inaccessibility to affordable healthcare, lack of proper storage facilities, erratic and unreliable rainfall, poor and inaccessible road network, frequent floods, problems within the sugar industry, rice, cotton and fish industries, lack of title deeds, poor water and sanitation systems, malaria, and waterborne diseases worsen the poverty situation in the county.

## 2.2 DEFINITION OF POVERTY

Poverty was defined in various ways by the Kamokwa community, these include; lack of important necessities like water and the incapacity to afford healthcare. The community also regards poverty as '*ngima mapiny*' (they are used to it) and is associated with tattered dressing, unavailability of food and inability to even farm. Others in this community regard poverty as lack of employment and as such no regular income.

## 2.3 CLASSIFICATION OF POVERTY

Poverty was categorized into three levels: "*jadhier malich*" (very poor), "*jathier*" (poor), "*jamwandu*" (rich). The very poor are characterized with no income or employment. This lot depend heavily on handouts from well-wishers. These handouts include money, food and clothing.

## 2.4 CHARACTERISTICS OF POVERTY

The poor were characterized by lack of proper shelter, and inability to afford proper healthcare comfortably. Other attributes of the poor in this community include their inability to to pay rent due to meager income and inability to pay fees for their school going children.

The rich "*jamwandu*" in the community are those that own property like cars, houses that have electricity and running water and have their own compounds. The rich are able to educate siblings and offspring and also access healthcare at any time. The rich in this community have more than one source of income for instance they own businesses such as entertainment joints, rental buildings, taxis and publicservice vehicles and farms outside the town..

## 2.5 CAUSES OF POVERTY

The main cause of poverty in the area is lack of employment opportunities especially for the youth. HIV/AIDS is another major cause of poverty. Treatment of the disease and the eventual death causes trauma and suffering to the affected families. Orphans are left unprotected and unattended and as such turn to street children. Grandparents and the elder children have to take responsibility of looking after these orphans and providing basic needs for them. Alcohol and substance abuse is another cause as the meager earnings from casual jobs always ends up in illicit brew dens. The youth always spend most of their time in such places and are becoming irresponsible and unproductive.

Women carry the biggest burden having to carry the responsibility of providing for their children while men we said to be lazy and unproductive.

## 2.6 IMPACT OF POVERTY

According to the community, women and children are the most affected by the high poverty levels. The PWDs and OVCs shoulder double burden due to poverty since they are vulnerable, marginalized and sometimes neglected. However, the community members felt that men have a "don't care" attitude and most of the time they desert their families due to poverty. Increase of street families, HIV/AIDS, crime and drug abuse are all as a result of the high poverty levels experienced in the area.

## 2.7 COPING MECHANISMS

The women in the community have formed merry-go-rounds in order to support themselves financially. Other women participate in small businesses such as selling mandazi, sukuma wiki, tomatoes and onions. For the women other ways of coping include brewing and selling illicit brew at "Kawaya" and washing clothes for the . Other women also find microfinance institutions resourceful to them as they can access loans at low interest rates.

Men cope with poverty by doing casual jobs for little income. The youth participate in casual wage employment such as"mjengo" (masonry) and some in "Ngware/bodaboda", (motorcycle and bicycletransportation).

The community pointed out that fending for orphans and vulnerable children (OVC) is challenging. On average most of them access one meal a day from well wishers and some NGOs such as World Vision pay part of their fees to those who are lucky. Institutions such as K-MET Obunga also assist with nutrition programs to the community's poor.

## 2.8 ASSET OWNERSHIP

Assets owned by people in this community include TV sets, motorbikes and wheel burrows. Men make majority of the decisions about the assets since they own most of these items.

## 2.9 POVERTY AND GENDER

The community reported that there were major gender disparities in terms of poverty. Women are mainly the providers of the household needs especially in terms of food in most of the households. Men seem to be less concerned on what the family will feed on and sometimes rely on women to provide for them as well. This puts a lot of burden on women to an extent of having no time to carry out some chores which would benefit the household such as casual labour.

There are PWDs in the area, including households headed by PWDs. They were said to be very poor as there are no government interventions targeting them hence they are seen as a burden/ bother to their families/relatives.

## 2.10 POVERTY TRENDS

The community reported that poverty over the past years has slightly reduced due to various interventions by the state and non-state actors. For instance the Free Primary Education (FPE) and subsidized secondary education have freed some resources for other household needs. However, they indicated that FPE is not entirely free, even though it has enabled many households to reduce expenditure on educating their children. Programmes by non-state actors such as World Vision have also had some positive impact on their livelihoods.

## 2.11 RECOMMENDATIONS

It was recommended that:

- Factories dealing in fish products should be established to create jobs and market for the fish industry;
- Mechanisms to reduce the spread of hyacinth in Lake Victoria should be encouraged;
- More awareness should be created to ensure participation in decision making on matters concerning the community.

# CHAPTER THREE: FINDING ON PROVISION OF GOVERNMENT SERVICES

## 3.1 HEALTHCARE

### 3.1.1 Introduction

The county has one provincial hospital, two sub-county hospitals, 16 public health centers, 27 public dispensaries, and five private hospitals, four nursing homes and five dispensaries managed by the private sector. The average distance to a health facility is about 6 km and 67 percent of the population can access a health facility at less than 5 km, although there are disparities in distances to the nearest health facility. The doctor to population ratio is 1:44,634 and nurse to population ratio is 1:2,383. Most of the mothers (54 percent) deliver at home although the attendance of antenatal care is relatively high, estimated at 71 percent. The proportion of women using contraceptives remains low, estimated at 27 percent compared with the national average of 46 percent. The use of mosquito nets to control malaria is high among households. Estimates show that 50 percent of children below five years sleep under treated nets.

In the 2008/2009 period, 45.4 percent of the population reported some kind of illness in Kisumu County. Malaria is the most common cause of sickness with 44.7 percent of the sick having suffered from malaria. Malaria is an endemic disease in this region and is a leading cause of morbidity and mortality, especially in children. Other illnesses commonly reported by the county population are headache at 11.2 percent, stomach ache at 5.3 percent, flu at 5.2 percent, and diarrhea at 2.4 percent, among others.

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

### 3.1.2 Major Health Concerns

The community reported typhoid, malaria, TB, pneumonia, dysentery, amoeba and HIV/AIDS as their main health concerns. According to the key informant, the area has no dumping site (refuse collection system) for waste management and hence diseases are common due to accumulation of waste. Further, proliferation of slums in Kisumu has led to water scarcity and lack of proper hygiene.

Kisumu has a high HIV/AIDS prevalence rate, and although it is on the decrease it is still high as compared to other places. This has been fueled by retrogressive cultures like wife inheritance (*tero*), failure to circumcise, and fish-for-sex business. Malaria is endemic throughout the year unlike in the highlands. Though free insecticide treated nets (ITNs) have helped many, at times they are used for fishing.

### 3.1.3 Provision of Healthcare Services

There is no health facility within the cluster. The nearest health facility is St. Jude, which is a private clinic. The nearest public health facilities are about 3 km away and are accessible using a *bodaboda* or a *tuk-tuk* at a minimum fee of Kshs 200.

Poverty has also made health inaccessible as drugs are not affordable. A few members of the community have National Hospital Insurance Fund (NHIF) cards but majority of the members without the cards organize harambee to help pay hospital bills. FP services are available in hospitals and through the CHWs.Some health facilities were said to charge community members Kshs 200 in order to be allowed to look after their sick kin in hospital.

### 3.1.4 Interventions towards improvement of health services

With Output Based Approach (OBA), patients are only expected to pay Kshs 200 but some still fear to test positive for HIV/AIDS and hence prefer traditional birth attendants (TBA). Some community members prefer TBA because of laziness to go to hospital and due to the high cost charged in hospitals. St. Jude accepts/receive OBA even though it is a private hospital. Normally OBA advocates visit to households in order to ascertain eligibility into the programme.

According to the KI, previously health personnel used to wait for patients to come to the hospitals but today there are community entities/units e.g. dispensaries and health centers. Some areas have been assigned to Community Health Workers (CHWs) who visit the sick and have them brought to hospital, especially the bedridden. The Community Health Strategy has bore fruits in Kisumu East District. CHWs are not paid by the government but are volunteers. The criteria of choosing CHW is that they are chosen by local leaders democratically, and are then taken through a basic 10-days training module followed by a 7-days technical training module.

The CHWs also provide home-based care, counseling, massage and cleaning. The CHWs visit households and assist those who do not know how to use nets and those using them wrongly like using the nets for fishing instead of using them as malaria preventive measures. They also collect data on births, deaths and disease occurrences in the community which is then forwarded to the Ministry of Public Health for further analysis. They also distribute condoms and family planning pills. The CHWs give

community members the first cycle of prescribed drugs and then refer them to the health facility for continuation. They also deal with the issue of exclusive breastfeeding for six months. They promote hand washing, after visiting toilets, and hand washing mechanisms e.g. drip washing, which is costless. It is however worth noting that majority of the CHWs are women.

Free healthcare services for under-fives is available in the health centres and malnourished children are sometimes given nutritional suppliments and flour. Insecticide treated nets (ITNs) are given to pregnant women and mothers with new born babies.

In addition to CHWs, there exists Community Health Extension Workers (CHEWs) who go through patient's register in the centers/dispensaries to see those who have visited the hospital for various reasons; and are then able to trace them for follow-up purposes. Since their introduction in Kisumu, incidences of cholera have reduced drastically, the last cholera case was reported in 2009.

### 3.1.5 Ideal Family Size

The community reported that the average family size is six children per household. They felt that it is sometimes challenging to cater for the needs of this large number as compared to having a smaller family set.

### 3.1.6 Access and Decision making on Family Planning

Issues of family planning (FP) are decided by both men and women though most men indicated their dislike for family planning. FP services are available in health centres and some provided by CHWs and they include injectables, pills, coils and condoms. The community members were aware that large family sizes eats on the family resources hence leaving little to be invested.

### 3.1.7 Opinion on status of Health services over time

Though there is visible evidence of various interventions by the government in improving health services, the community felt that provision of healthcare in the area has suffered due to retrogressive cultural practices. The mentality that the government is to do everything for them through handouts (*gonga*) was cited as another challenge. The KI listed inadequate personnel, tools e.g. malaria fogging machines, funding, proliferation of slums, lack of law enforcement (impunity) and religious beliefs as some of the factors hindering provision of health services. Further, it was reported that traditional birth attendants are still the preference of the majority of pregnant mothers.

### 3.1.8 Impact of Poverty on Health

The poor and very poor have found healthcare largely inaccessible in the last ten years. The costs are high and hence few people can afford. Health services have deteriorated in that, in the past, there was enough medicine in the hospitals and even in the dispensaries, but these days people pay for treatment and medicine separately and majority end up not buying drugs. The hospitals lack enough staff and as such healthcare is not satisfactory.

The youth abuse cheap drugs and as result their health has deteriorated. Girls on the other hand end up dropping out of school, engaging in prostitution and early marriages just to be able to afford healthcare; this coupled with the HIV/AIDS scourge has affected productivity in the community.

### 3.1.9 Recommendations

The community recommended that:

- A dispensary/health centre and a community hall should be constructed to cater for the community health needs;
- Free family planning services should be provided to enable community members control the sizes of their families;
- The government should strive to create jobs so as to empower residents to afford proper healthcare.

## 3.2 BASIC EDUCATION

### 3.2.1 Introduction

Literacy levels are fairly high in Kisumu County. Of the population above 15 year of age, 90.8 percent can read while 83.4 percent can write. Those who can read and write are stands at 83.1 percent of the population.

The Ministry of Educations' Early Childhood Development (ECD) programme targets young children aged 3-5 years. The proportion of children attending preschool education in the County is 27.6 percent. There are 25,344 pupils in the 997 ECD centers and 1,958 ECD teachers giving a teacher-pupil ratio of 1:28.

The primary school gross enrolment ratio for the county is 127.6 percent i.e. the total number of primary school pupils expressed as a percentage of official school age (6-13) population. Total enrolment in primary schools is 236,334 with a teacher population of 6,081 and teacher-pupil ratio of 1:39.

The secondary school gross enrolment ratio for the county is 36.5 percent i.e. the total number of secondary school students expressed as a percentage of official secondary

school age (14-17) population. Total enrolment in secondary schools is 113,314 with a teacher population of 1,647 and teacher-student ratio of 1:68.

### 3.2.2 Status of Education Facilities

The community has inadequate land to build schools, and hence there is only one school in the locality namely; Baptist School which is privately owned and goes up to class 4. Most of the pupils from the community go to schools outside the area and have to cross the Kisumu-Kakamega highway. The community reported that these schools have good structures and are fairly well equipped. In the recent past, the community had an academy, Kamakowa Academy, which has since closed down and no school has come up in its place.

### 3.2.3 Provision of Services

The community reported that the primary schools their children attend are within walking distance from the area. They noted that they are aware of Free Primary Education (FPE), but parents and guardians still meet other costs like remedial teaching fee which is disguised as tuition fees, activity fees of Kshs 200, parental fees of Kshs 500 yearly (includes watchman fees) and admission fees of Kshs 7,000 for new students. Part of the parental fee is used to hire additional teachers as the current establishment is not adequate.

According to the key informant, statistics shows that the number of pupils accessing the FPE has increased greatly as compared to those early days where parents/guardians had to pay everything. This has enabled parents contribute to other school programmes like feeding programmes which enable pupils learn comfortably.

### 3.2.4 Interventions towards Improvement of Education Standards

According to the KI, FPE, SSDE, bursaries from CDF and Ministry of Education among others have improved the education standards of many students within Kisumu East. Concern Worldwide is a nongovernmental organization operating in the area that has also chipped-in in terms of building classrooms, and identifying subjects with low performance, hence organizing seminars for teachers to sensitize them on how to teach those subjects. Some children have also benefited from bursaries with most bursaries targeting the girl-child.

### 3.2.5 Impact of Poverty on Education

According to the community members, some children are sent home due to lack of the minimum fees set; this disrupts their studies and eventually affects performance. This is contrary to the KI who said that in most cases, all parents are involved in the proposing of additional payments.

The members felt that the parents, guardians and provincial administration's role is not far reaching as there are many children of school-going age that are not schooling. Others are simply not schooling due to lack of fees and other school charges.

The school facilities are overstretched and in some classes pupils are congested posing a challenge to teaching.

### 3.2.6 Opinion of Status of Education over time

In the last 10 years, education in this area has generally improved. Retention, transition and enrollment rates have all gone up.

### 3.2.7 Recommendations

The community recommended that:

- Schools should be built within the area so that children are not involved in accidents while crossing Kisumu-Kakamega highway;
- Government should employ more trained teachers to match the large number of children in schools due to FPE.

## 3.3 AGRICULTURAL SERVICES AND INPUTS

According to the Kisumu County Development Profile, the total acreage under food and cash crops is estimated at 26,865 acres and 25,815 acres, respectively. The main crops grown for subsistence include beans, maize, sorghum, finger millet, potatoes, groundnuts, kales and cotton. The main cash crop grown is sugarcane while some rice growing is practiced along Rivers Nyando and Awach, Chemelil, Miwani and Kibos. Generally, farmers are faced with many challenges which include high cost of inputs, flooding, unpredictable rainfall/low rainfall in some areas, weak marketing channels and crop diseases and pests.

An estimated 62.10 percent of all households in Kisumu County depend on crop farming as a source of income. With a county household density of 107.8 per $km^2$, much of this agricultural activity is practiced on small parcels of land. Farmers in the county mainly utilize on-farm and off-farm storage. Traditional storage granaries (cribs) are the most commonly used on-farm storage. Off-farm storage is mainly through the National Cereals and Produce Board silos in Kisumu and Muhoroni.

The main livestock bred in the county include dairy cattle, beef cattle, pigs, goats, sheep, poultry, rabbits and beekeeping. Overall, 92.5 percent of households rear chicken, 47.3 percent keep cattle, 38.7 percent keep goats and 23.6 percent keep sheep. The most common livestock kept in the large-scale commercial farms are dairy and beef cattle, goat and sheep.

Fishing is one of the key economic activities in Kisumu County. Most of the fish harvesting takes place in Lake Victoria. With the advent of fish ponds, households are investing in the ponds and there are over 1,330 fish ponds in the county. Overall, there are 3,275 fishermen and 189 fish farm families in the county. The fish produced include *Rastrineobola argentea* (omena), tilapia, and Nile perch, among others. The fishing gear used includes fishing nets, hooks, traps and motor boats. Kisumu County has the following beaches: Kaloka Beach, Ndere Island, Kisumu Port, Dunga Beach, Sango Beach and Kusa Beach.

Kamakowa is an urban cluster and the residents do not practice any form of agriculture. The community members are involved in small-scale businesses and in casual jobs.

## 3.4 WATER AND SANITATION

### 3.4.1 Introduction

The water sources in the county are Lake Victoria, shallow wells, unprotected springs, water pans, dam, boreholes and roof catchment systems. The county has 11 permanent rivers and 212 boreholes. The mean distance to the nearest water point is 1 km according to the 2009 Population and Housing Census. Overall, nearly half of households (47 percent) spend less than 5 minutes (one way) to fetch drinking water.

In its effort to ensure an integrated water resources management and development through stakeholder's participation, a 100 $m^3$ masonry storage tank was constructed. These constructions resulted in increased water availability especially in Kisumu West sub-county. The other water supplies in the county are Maseno Kombewa supply and Kisumu Rural Water Supply. These water supplies mainly serve the areas of Kombewa, Maseno and Holo.

The Lake Victoria South Water Services Board (LSWSB) in Kisumu city is undertaking emergency works to bridge the gap between supply and demand. With LSWSB in place, there has been improvement in supply of water to the city residents. The long term action plan for increasing access and availability of water in the city is the sourcing of water from Kajulu and supplying by gravity. The rehabilitation of treatment intake plant at Kajulu is in progress with distribution and waste water treatment plant rehabilitation at Kisat being implemented. To enhance wastewater treatment in the city, the Nyalenda ponds are being relocated four kilometers away from the current ponds.

Although the county receives substantial rainfall, water harvesting and storage has not been fully exploited. Currently the county has only 1 dam and 27 water pans. With the

increasing population especially in the urban areas, there is need to scale up water harvesting and storage. Much more needs to be done at smaller scale to encourage harvesting water at household level through sensitization of the public.

Appropriate disposal of solid and liquid waste is important in determining the cleanliness of the environment and the health of the population. Solid waste (garbage) is largely disposed through garbage pits (41 percent) and through burning (25 percent) and as manure in farm gardens (25 percent). Only 1 percent of garbage is collected by the local authorities while 4 percent is collected by private firms. Overall, 77 percent of households in the county have pit latrines for fecal disposal and 7 percent have flush toilets.

Provision of sanitation facilities in urban areas of the county is inadequate. For instance, the Kisumu County Council has provided some market centers with waste collection bins but these are not adequate since there are no designated disposal sites. The mushrooming of informal settlements in urban areas will exacerbate the already poor sanitation and management of both solid and liquid waste. There is therefore need for enhanced physical planning and management of waste disposal in the County.

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

The community members have access to tapped water thanks to the efforts of Kisumu Water and Sewerage Company (KIWASCO). Most community members access tapped water from common watering points/kiosks at a cost which they felt was affordable. The watering kiosks are evenly distributed within the area with the farthest distance being less than a kilometer. During the dry season, community members use borehole water or buy water from handcarts at a price ranging between Kshs 10 and 20 per 20 litre jerrican. It was pointed out that the water is clean and safe for drinking.

The community has no mechanisms for waste disposal and this has led to several health concerns which include typhoid, dysentery and amoeba, which are all related to hygiene. According to the Sub County Public Health Officer, the area has no dumping site (refuse collection system) and this lead to the breeding of rodents and flies.

The proliferation of slums in Kisumu has led to water scarcity and lack of proper hygiene. Further, most of the households have no latrines and use open spaces or polythene bags (*flying toilets)*. This is further aggravated by the fact that soils in area are loose and thus cannot support a pit latrine.

### 3.4.3 Types Water and Sanitation facilities

The community has piped water from the Kisumu Water and Sewerage Company. The water is distributed to households by WATSAN in collaboration with KIWASCO.

WATSAN and KIWASCO started operations in the community in 2005. In cases of shortage, there is safe drinking water sold by handcarts.

The community donated land for construction of a borehole and is charged Kshs 1 for borehole maintenance.

There is widespread awareness creation in the area by the Ministry of Health and other stakeholders on diseases that can emanate from not drinking clean water and careless garbage disposal. This is complemented with sensitization on environmental protection and the risks that poor waste disposal poses to the environment.

### 3.4.4 Relationship between Environmental Degradation and Water Availability

The community members are aware of the effects of environmental degradation on the availability of water for household use. They referred to the hyacinth menace in Lake Victoria as an example. They pointed out that the problem has had negative socioeconomic effects which have impacted on their livelihoods.

### 3.4.5 Relationship between Water and Sanitation and Poverty

The residents of the area feel that their livelihoods are affected by unavailability of water. Further, more money is spent buying water instead of catering for other household needs. Unsafe drinking water causes waterborne diseases. Poor health is an expense to the household in addition to affecting their productivity.

### 3.4.6 Opinion of Water and Sanitation over time

It emerged that ten years ago, there was no piped water in the area. Residents of the area had to fetch water from boreholes and Lake Victoria, but currently there is piped water in most houses, which is an indication of improvement in water provision. In contrast sanitation in the area is poor as a result of increased population, and there are more cases of waterborne and water-wash diseases.

### 3.4.7 Recommendations

The community recommends that:

- More attention be accorded to the community in terms of sanitation and water treatment plans;
- The municipal council should build pit latrines to reduce the risk of contracting waterborne diseases;
- The council should create awareness on proper hygiene and enforce laws on waste disposal.

## 3.5 HOUSING

### 3.5.1 Introduction

The main wall material for houses in the county is mud/wood accounting for 49.6 percent followed by mud/cement 21.2 percent, bricks/blocks 21.2 percent and stone houses at only 3.2 percent. The main materials for the floor are earth 55.2 percent, cement 42.4 percent, and tiles 1.5 percent.

Corrugated iron sheet is widely used with over 85 percent of households using it for roofing. The use of grass for roofing is low with only 9 percent of households using the material. Use of tiles and concrete for roofing is negligible with only 1.7 percent of houses having tiles whereas only 1 percent uses concrete.

### 3.5.2 Types of Building Materials

It emerged that most houses in area are made using iron sheet, mud, cement and bricks. The majority of these structures are semi-permanent. Only a few permanent structures are available. Some structures are made of iron sheets for both roofing and walling, and these are normally referred to as *Suti*.

### 3.5.3 Status of provision of Housing

The community members pointed out that housing materials are locally available though very expensive. Since a large number of the community members are very poor, they cannot afford building materials such as iron sheets, cement and bricks.

The residents noted that congestion was common in the housing units with 5 to 10 people sometimes sharing a single unit. This subjects the younger children to sex early in life as there is no privacy.

### 3.5.4 Types of Housing and Household Headship

The community informed that men have the sole responsibility of building houses for their families; they are also the heads and breadwinners of the households. However, women said that most of the men are lazy and do not look for jobs. They pointed out that they are the ones who use whatever little they earn from casual jobs to construct makeshifts for their families. In cases where the man is missing as a result of death, divorce or single parenthood, women, grandparents or the eldest sibling becomes the head of the household.

### 3.5.5 Opinion of Status of Housing over time

According to the community members the status of housing has worsened. School going children lack enough space and privacy to carry on with their studies after school hours. The spouses also face challenges when it comes to discussing important family

issues. The level of privacy is very minimal since everything is always done in children's presence. The number of structures in the area has doubled despite the little room for expansion.

### 3.5.6 Recommendations

The community recommended that:

- Slum upgrading approaches should be expanded to include the area;
- The government should invest in the production of cheap construction materials which they should also make available to them.

# CHAPTER FOUR: PRO-POOR INITIATIVES AND DEVOLVED FUNDS

## 4.1 CASH TRANSFER PROGRAMMES

The community members are aware of the cash transfer programme although they claim there are no beneficiaries targeted in the area. According to the KI, Cash Tranfers (CTs) for the elderly and Persons with Disabilities (PWDs) is making a huge difference in their lives. In Kisumu East, there are 70 PWDs and 23 elderly who have benefited. Beneficiaries usually get Kshs 2,000 per month, though it is normally paid after 2 months through the Post Office. No Orphans and Vulnerable Children (OVCs) are benefiting in Kamakowa cluster.

The KI reiterated that money should be released on time if it is to achieve the intended results. Awareness creation should be done to make it clear to the public that the programme is not universal but only targets the most vulnerable. Those found misusing the funds should be withdrawn from the programme and subjected to punishment.

The community recommended that the government should ensure that such cash transfers target the needy, the elderly and the disabled. The government should further ensure that the criterion of selecting beneficiaries is followed.

## 4.2 KAZI KWA VIANA AND ROADS 2000

According to the community, Kazi Kwa Vijana exists and many have benefited from it. The youth reported that accessing this programme has not been easy since leaders have administratively hindered its accessibility. They only consider those whom they know or their friends. Nepotism has played a big role in hindering Kamakowa community from accessing these programmes. Some youth tend to shy away from these jobs due to their level of education or pride and opt to seek for white-collar jobs. The programme involves activities such as rubbish collection, digging drainage systems, slashing and repairing of roads.

According to the KI, there are several programmes targeting the youth in the area. One such programme is the Kenya Youth Empowerment Programme (KYEP) targeting idle youth and those out of school. The programme aims at making them employable by giving them skills on how to present themselves for interview or how to seek for employment. The programme coordinators have engaged the Kenya Institute of Management (KIM) to train the youths on issues like proposal writing, CV compilation and writing letters of application. The technical training lasts for five weeks while the

life skills training lasts for 2 weeks. Since its inception, several organizations have provided internships to the youths.

World Vision undertakes pro-poor initiatives in the area. They give out Kshs 10,000 per individual applicant for start-up of small scale businesses. World Vision has also provided fees for selected orphans and sensitized community members on how to utilize loans for gainful activities.

The following were recommendations from the community with respect to Kazi kwa Vijana and Roads 2000 programmes:

- These short-term employment opportunities should be converted by the government to long-term for long-term sustainability;
- The Government should educate or train the youth on how to start their own businesses in order to be self-employed;
- There is need to introduce business incubators where ideas could be natured for commercialization;
- The government should introduce similar projects to create more jobs to empower the residents to purchase food, clothing and afford healthcare. Sensitization on how best to utilize the loans would also be necessary.

## 4.3 DEVOLVED FUNDS

The community members are aware of devolved funds such as CDF, YEDF and WEF. They felt that CDF efforts have borne fruits in that school infrastructure had improved and bursaries from the fund had enabled some poor families to educate their children.

Though the community is aware of the WEF fund, there is little success in obtaining funds even by women groups. For instance, applications for loans by some women groups are still pending. They also feel that approval requirements for the loans are difficult to meet. It was noted that there is awareness on how to access the funds but there is laxity since those that have already benefited from such funds exhibit little difference "lokruok" as compared to those that have not.

# CHAPTER FIVE: CROSSCUTTING AND EMERGING ISSUES

The following are some of the crosscutting issues identified during the study:

## 5.1 HIV AND AIDS

The burden of HIV/AIDS in Kisumu continues to increase and requires urgent and well targeted multi-sectoral approach. According to the National HIV Surveillance Report 2010, the national prevalence rate stands at 6.3 percent, in Nyanza Province at 15.3 percent and Kisumu at 11.2 percent, while Kisumu town has a prevalence of 15 percent and Kisumu Rural 8 percent.

The treatment of the disease and the eventual death causes trauma and suffering to the affected families. Orphans are left unprotected and unattended and as such turn to street boys. Grandparents have to take responsibility of looking after these orphans and providing basic needs for them.

The retrogressive cultures practiced by the community such as wife inheritance exposes people to HIV/AIDS.

## 5.2 GENDER

It is evident that women shoulder the biggest burden of having to carry the responsibility of providing for their children while men are lazy and unproductive. Girls on the other hand end up dropping out of school, engaging in prostitution and early marriages just to be able to survive.

## 5.3 ALCOHOL AND SUBSTANCE ABUSE

Alcohol and substance abuse is a menace as the meager earnings from casual jobs always end up in illicit brew dens. The youths spend most of their time in such places and thus becoming irresponsible and unproductive. They engage in illegal activities to sustain their drinking lifestyles and as a result most of them end up in prison. The youth drink local brew like chang'aa and busaa and indulge in substance abuse such as smoking bhang' and taking tablets (kuber).

# CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

## 6.1 RECOMMENDATIONS

In view of the challenges the community faces, they felt that some of the solutions to help reduce their poverty situation were:

- The government should strive to create jobs through by, for example, establishment of factories for fish products;
- Exploring ways of reducing the spread of hyacinth in Lake Victoria to free up the almost unproductive shores of the lake;
- Construction and equipping of a health facility within the area to address health needs of the community members;
- Conversion of the short time employment opportunities such as KKV to long-term employment for long-term sustainability;
- Initiatives by the Government and other stakeholders should be carried out to train the youth on how to start their own businesses in order to be self-employed. There is need to further introduce business incubation programmes where business ideas could be natured for commercialization;
- The slum upgrading programme should be up-scaled to include the area;
- Diversify income sources through facilitation of county government in different sectors in agriculture, fishing, small scale business, ICT and other opportunities identified at the local level.

## 6.2 CONCLUSION

The rapid population expansion in Kisumu County has seen the mushrooming of slums in various areas of the town. Coupled with high poverty levels which are higher in urban areas (70 percent) compared with rural areas (63 percent) the situation is becoming unmanageable. The HIV/AIDS pandemic, high unemployment, poor water and sanitation systems, and high prevalence of malaria and water borne diseases worsen the poverty situation in the county.

Further, the general levels of education are low in area hence lack of skills to match the demand in the formal jobs sector. A large population of the labor force is unskilled and has to resort to manual labor for survival.

High poverty level is one of the major developmental challenges in Kisumu County. The main causes of poverty include HIV and AIDS pandemic, collapse of local agro-based industries, unemployment, low agricultural and fish production. Food insecurity, inaccessibility to affordable healthcare, lack of proper storage facilities, erratic and unreliable rainfall, poor and inaccessible road network, frequent floods, problems with the sugar, rice, cotton and fish industries, lack of title deeds, poor water and sanitation systems, malaria, and water borne diseases worsens poverty situation in the county.