



**THE PRESIDENCY**

**MINISTRY OF DEVOLUTION AND PLANNING**

**PARTICIPATORY POVERTY ASSESSMENT PPAV**

**MOMBASA COUNTY**

**BARSHIBA CLUSTER**

**KENYA**   
**VISION 2030**  
**Towards a Globally Competitive and Prosperous Kenya**

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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 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 Mombasa county Participatory Poverty Assessment is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of the Constitution of Kenya 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the fifth National Participatory Poverty Assessment (PPA-V) 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**

## **EXECUTIVE SUMMARY**

According to the 2009 Kenya Population and Housing Census, the County population was 939,370, and was projected to 1,052,802 in 2012, 1,179,929 in 2015 and 1,273,099 in 2017. Population distribution and settlement patterns in the County are influenced by proximity to vital social and physical infrastructure networks such as roads, housing, water and electricity, employment and security.

Between November 2012 and February 2014, the Ministry of Devolution and Planning conducted the fifth Participatory Poverty Assessment (PPA-V). The study aimed at gaining a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups. This was meant to broaden the process through which policies are developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty. It also aimed at identifying and prioritizing policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.

This study used PPA tools and instruments including semi-structured oral interview questionnaires, Focused Group Discussions (FGDs), key informant interviews and observations. The survey was conducted in an urban cluster in Magogoni location, Kisauni District in Mombasa County.

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

The findings further indicate that the bulk of the poor is found in rural areas. The most affected categories of persons are mainly the disabled, women-headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. It has also been observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs.

To mitigate this situation, there is need to construct/rehabilitate infrastructure facilities in the county, mostly making roads to all-weather status. There is also the need to sensitize community members on the availability of devolved funds and other services. This further calls on the need to build capacity of youths on entrepreneurial skills, coordination and participatory monitoring and evaluation of government programmes/projects. Together with this, efforts should be made to construct/rehabilitate and equip

health centres, and provide treated nets/ or and water treatment tabs to communities. On education, there is need to employ more qualified teachers to mitigate on shortage, introduce school feeding programmes to increase retention rates and rein on unscrupulous teachers who impose illegal levies thus hindering access to education. Under agriculture, there is need to provide extension services to the community, in addition to provision of adequate and subsidized farm inputs to spur agricultural growth. The government should further create awareness on water harvesting and conservation. Due to the ever increasing cost of living, there is need to increase the amount and the coverage given under the cash transfer programme to meet basic needs. To enhance public participation as enshrined in the constitution, there is need to involve the community in making decisions affecting them when it comes to selection of the beneficiaries of government programmes/projects.

## **ABBREVIATIONS AND ACRONYMS**

AMREF	Africa Medical Research Foundation
CBO	Community Based organization
CDF	Constituency Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBO	Faith Based Organization
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authority Transfer Fund
MDG	Millennium Development Goal
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWD	Persons with Disabilities
RA	Research Assistant
STI	Sexually Committed Infection
TOWA	Total War against AIDS
VCT	Voluntary Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund



## **CHAPTER ONE: INTRODUCTION**

### **1.1 BACKGROUND**

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

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

The PPA-V was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address. While substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exist large disparities in incomes and access to education, health, and to basic needs including clean water, adequate housing and sanitation.

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

The first Participatory Poverty Study was carried out in 1994, and covered 8 districts (seven of the poorest districts and two low income areas in Nairobi). Its objectives were to understand poverty from the perspective of the poor and those providing service to the poor and start a process of dialogue between policy makers, district level service providers and the poor.

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

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

The fourth PPA was conducted in 2005/06 alongside the Kenya Integrated Household Budget Survey (KIHBS). The two were meant to complement each other. The fourth PPA focused on three main policy areas: poverty diagnostics and dynamics, pro-poor policies regarding service delivery and wellbeing, and voices of the poor among the communities which included analysis of the impact of the various policies on the poor.

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

## **1.2 OBJECTIVES**

The overall objective of the study was to contribute to Kenya's poverty reduction strategy by providing a richer and more informative 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) focuses 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 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**

Mombasa County hosts the second-largest city in Kenya, with an area of 229.9 km<sup>2</sup> excluding 65 km<sup>2</sup> of water mass which is 200 nautical miles inside the Indian Ocean. It borders Kilifi County to the north, Kwale County to the southwest and the Indian Ocean to the east. The population of the county in 2009 was 938,500 persons (486,391 males and 452,109 females), and was projected to hit 1,051,825 in 2012 and 1,271,920 in 2017.

The county lies within the coastal strip in the hot tropical region where the climate is influenced by monsoon winds. The rainfall is characterized by two distinct long and short seasons corresponding to changes in the monsoon winds. The long rains occur in April-June with an average of 1,040mm while the short rains start towards the end of October lasting until December averaging to 240mm. The annual mean temperature is 27.9<sup>0</sup>C with a minimum of 22.7<sup>0</sup>C and a maximum of 33.1<sup>0</sup>C. The hottest month is February while the lowest temperatures are in July.

The main economic activity in the county is tourism and fishing. As a regional cultural and economic hub, Mombasa has a prominent port and an international airport, and is an important regional tourism centre with several tourist attractions and world heritage sites. The county has 65 km<sup>2</sup> of open water and access to 40 km<sup>2</sup> of the exclusive ecological zone which has high potential for fish.

The total acreage under food crop stands at 400 ha and 500 ha under cash crops. Additionally, 340 ha of land are utilized for forestry farming. The main crops under cultivation in the county include cassava, cucurbits family, maize, vegetables, millets and sorghum.

The study was carried out in Barsheba cluster which is an urban settlement located in Magogoni location in Kisauni District, Mombasa County. Kisauni District has a population of 117,889 persons according to the 2009 Population and Housing Census.

### **1.4 METHODOLOGY**

#### **1.4.1 Selection of the cluster**

The 47 counties were selected to represent the country, with one cluster selected from each of the counties. This was done using two-stage purposive sampling that

superimposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in a given County. The fourth National Sample Survey and Evaluation Programme (NASSEP-IV) maps maintained by the Kenya National Bureau of Statistics were used to demarcate the boundaries of each of the selected clusters. Out of the 47 clusters selected, .....cluster were urban while the rest were rural. In all the clusters, a household survey was undertaken and a household questionnaire administered to about 15 households, especially those benefiting from cash transfers.

#### **1.4.2 Process, study instrument and fieldwork**

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

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

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

#### **14.3 Field Logistics**

The PPA-V was conducted between November and December 2012. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were Healthcare, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT),

Roads 2000, devolved funds such as Constituency Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the survey, the supervisors were introduced to the use of survey tools by the consultants. 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 research assistants were selected per county to assist in data collection in that specific county.

The training for researchers ran for five days and data collection and report writing was done in four days. During the training, RAs were taken through Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

To ensure the data collection instruments/tools were thoroughly understood, the research assistants conducted role plays. They were taken through the roles they were expected to play while in the field which included note taking, facilitating, observing and administration of the household questionnaires. Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report.

## **1.5 REPORT ORGANIZATION**

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

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

### **2.1 INTRODUCTION**

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

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

### **2.2 DEFINITION OF POVERTY**

The community defined poverty as "*umaskini ni ukosefu wa kazi, kuhangaika na kuteseka, hohe hahe*" meaning poverty is lack of employment and when one struggles to provide for the family's basic needs".

### **2.3 CLASSIFICATION OF POVERTY**

The community classified poverty into three categories: the poor, the very poor and the rich. They noted that majority of the population are poor, while a small percentage is very poor and rich.

### **2.4 CHARACTERISTICS OF POVERTY**

The community gave the following characteristics of the various groups:

#### **The poor**

- Lack good and decent clothing;
- Cannot afford health services;
- Lack balanced diet;

- Unable to educate their children;
- Live in slums and poor houses, and
- Most of them are illiterate.

### **The very poor**

- They lack basic needs of survival including clothing, food and shelter.

### **The Rich**

- They own most buildings and shops in town; and
- Live in posh neighborhoods.

## **2.5 CAUSES OF POVERTY**

The community gave the following as the causes of poverty:

- Lack of employment;
- Low levels of education;
- Poor infrastructure;
- Misappropriation of funds meant for development projects due to poor leadership;
- Drug and substance abuse, and
- Laziness and ignorance.

## **2.6 IMPACT OF POVERTY**

Some of the impacts include:

- Increased crime;
- Increased prostitution particularly by women, and
- Drug and substance abuse.

## **2.7 COPING MECHANISMS**

Some of the coping mechanisms advanced by the community by gender are:

### **Women**

- Engage in prostitution by patronizing hotels and beaches frequented by tourists;
- Engage in selling "*mnazi*" a local traditional brew and other illicit liquors; and
- Are engaged in home chores such as laundry and offering cleaning services to the well-to-do.

### **Youth (both gender) and men**

- Engage in garbage collection at a fee;

- Engage in *boda boda* business or in *matatu* touting;
- Perform masonry and metal fabrication works;
- Participate in civil works including road construction;
- Engage in hawking and in small businesses like kiosks that sell foodstuffs, khat, cigarettes and other small items;
- Engage in drug and substance running; and
- Engage in prostitution especially with tourists in exchange for money.

## **2.8 ASSET OWNERSHIP, ACCESS AND DECISION MAKING IN THE HOUSEHOLD**

According to the community most of the high value assets belong to men while the low value ones belong to women. Men have greater control over disposal of assets of higher value while women exercise control on disposal of low value assets like chicken. However, there are special cases where women have inherited assets from their late spouses or their fathers and could therefore exercise bigger control over those assets.

## **2.9 POVERTY AND GENDER**

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

## **2.10 POVERTY TRENDS OVER TIME**

The community was of the opinion that over the last ten years poverty has increased. This has been contributed by increased cost of living, high unemployment levels and low education levels. The key informant attributed increased poverty to the culture of the people whereby most of them are lazy and ignorant.

## **2.11 INTERVENTIONS TARGETING THE POOR IN THE COMMUNITY**

- Free Primary Education (FPE);
- Youth Enterprise Development Fund;
- Women Enterprise Fund (WEF);
- Relief food to the needy;
- HIV/AIDS Funds; and
- Grants by the Ministry of Gender.

However, the key informant noted that the YEDF and WEF had little or no impact since very few youth and women had applied for them despite awareness being created.

## **2.12 RECOMMENDATIONS**

The community gave the following recommendations:

- Parents to be encouraged to take their children to school so as to benefit from FPE;
- Government to create more employment opportunities;
- Encourage families to embrace family planning methods; and
- Encourage the community to be proactive and engage themselves in income-generating activities instead of idling and gossiping.

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

### **3.1 HEALTHCARE**

#### **3.1.1 Introduction**

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

The community said that there are private operational clinics within the area which they said do not help them because they are expensive and do not have enough drugs. The Government health facilities are located outside Barsheba area, while those near the area are Mlaleo sub-district hospital, Frere town dispensary, Bamburi Health centre and some private dispensaries. The nearest District hospital is Tudor which is in the town center.

#### **3.1.2 Major Health concerns in the community**

The major health concerns in the community include malaria, typhoid/cholera, tuberculosis (TB) and HIV/AIDS.

The District Public Health Officer concurred with the community that cholera and typhoid were the most prevalent diseases due to lack of clean drinking water and toilet facilities. However, there are other diseases like malaria and HIV/AIDS; the later attributed to the lifestyles of members who engage in drug and substance abuse. One of the respondents reported that the level of infection of HIV/AIDS and TB are very high but people are quiet about it.

According to the DO, drug abuse was a major concern in the area as it was promoting the spread of HIV/AIDS through sharing of syringes and increasing immorality. He also noted that drug abusers look emaciated as they rarely eat and if they do so, it is usually something light like porridge and rice.

The community lamented that lack of toilets for waste disposal and clean water within the area lead to the rise of waterborne diseases. The poor drainage meant that when it rains, septic and latrine sewage spilled into the main clean water supply system.

### **3.1.3 Provision of Health services**

The community noted that both the government, municipal council and the private sector provide health services to the community. All the facilities are accessible since most of them are located in the proximity of the community. However, they reported that the services were of low quality and prescription drugs were often in short supply.

The community reported that some of the facilities do not have enough staff and lacked some services like laboratories and X-ray equipment. Furthermore, they are charged Kshs 20-70 to access the services. The women also reported that they normally sought maternal services in facilities outside the district and are charged Kshs 3,430 for normal delivery and up to Kshs 16,000 for cesarean section.

### **3.1.4 Interventions towards improvement of health services in the community**

Some of the health interventions in the community include:

- Measles and polio vaccination campaigns;
- Supply of treated mosquito nets;
- Provision of nutrients/supplements to pregnant mothers by DSW (a German organization);
- Support of children's health by UNICEF;
- Support for TB and HIV/AIDS awareness creation and accessing of drugs by APHIA PLUS;
- Supply of nets and condoms by Population Services International (PSI);
- Family planning services; and
- Presence of community health extension officers who provide home-based care, preventive and counseling services.

### **3.1.5 Decision making on health issues in the family/community**

According to the community women are in-charge of making decisions on issues of health in the family.

### **3.1.6 Ideal family size among the household in the community**

According to the community, the ideal family size was 3-4 children. However, most families had 5 or more children. They also reported that family size depended on other factors such as family income and wealth and the general health of women.

### **3.1.7 Relation between household size and poverty**

The community reported that large families are associated with poverty because resources are diverted from development to consumption and nothing is left for investment. They also said that poverty leads to poor health and the family becomes more vulnerable to diseases.

### **3.1.8 Access and decision making on family planning**

According to the community, there has been awareness creation on family planning services and response has been good. The service is available and accessible in all government institution as well as private institutions. Majority of the beneficiaries were reported to be women than men.

### **3.1.9 Opinion on status of health services over time**

According to the DPHO, health services have recorded tremendous improvement over the past ten years. He reported that in the year 2000, most hospitals had collapsed since there were no drugs and personnel. However, since 2002 the government has made efforts in the construction and development of health facilities.

The introduction of the Economic Stimulus Programme (ESP) facilitated the employment of personnel, as each constituency was given a model health facility e.g. the Kisauni Mlaleo CDF model health center that serves the Barsheba community. He also indicated both maternal and child mortality rates have gone down owing to the outreach programmes conducted by government and development partners and the community extension health workers to sensitize pregnant women on the need to attend antenatal care.

### **3.1.10 Recommendations**

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

- The government should reduce the cost of basic foodstuffs;
- Supply drugs to the hospitals;
- Government to allocate more funds to sustain the facilities based on population size;
- The government to employ more staff and train more community health workers;

Box 1: "Nakohoa, kisha napimwa damu napewa aspirin. Twende Makadara tufe". The community built a mentality and perception when hospitals collapsed in 2000 that Coast General is a place where people die.

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

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

The community indicated that they were able to access government and private institutions and the few run by faith-based organisations e.g. Islamic schools (*madrassa*). Within the community there is one private nursery school (Itikadi Nursery) and one Madrassa for Islamic teaching.

The DEO reported that there are 26 public schools (20 primary and 6 secondary schools) in the district while ECD centers are anchored in all public primary schools to provide basic literacy and numeracy skills before a child graduates to FPE. The ESP also helped to upgrade three schools to become centers of excellence, namely, Shimo la Tewa Secondary School, and Mombasa and Kashani primary schools.

### **3.2.2 Status of education facilities in the cluster/county**

The community reported that most of the schools have good infrastructure since most of them have permanent structures and are in good condition. The only problem reported was that the facilities were overstretched due to increased enrollment.

### **3.2.3 Provision of educational services**

Provision of educational services is a partnership between government, the private sector and FBOs. However, the government is the main provider where institutions are managed by the municipal council or the mosque management depending on ownership.

The facilities are accessible since most of the schools are within walking distance. However, they reported that since the introduction of FPE, performance has been greatly affected due to increased enrolment and hence constraint on available resources. They also cited inadequacy of teachers to cater for the increased numbers of children.

On affordability, the community noted that since the introduction of FPE, education has become relatively cheap although they are required to pay some fees for services such as hiring of watchmen and for ECD teachers.

### **3.2.4 Status of education services**

According to the DEO and the community, education standards have been declining for the last 10 years. This was attributed to inadequate number of teachers, poverty, lack of role models in the locality, and laziness and ignorance by parents and guardians. Some in the community members believe that education of the girl child was not important and some instead marry off their daughters at an early age.

The DEO pointed out that there are inadequate facilities to accommodate the increasing number of children joining school due to FPE and subsidized secondary education.

### **3.2.5 Interventions towards improvement of education status in the community**

The community and a key informant reported that there are a number of interventions targeted towards improvement of education standards in the county, including FPE, school feeding program and bursaries. However, the community was of the opinion that awarding of bursaries was not done fairly and the school feeding program was no longer functional.

According to the DEO there are other education interventions within the district which have improved the education outcomes:

- **Action Aid International:** supports girl-child education by supplying sanitary towels and advocating for girl-child education in the community;
- **EMACK** (Education of Marginalized Children of Kenya) supports the training of teachers and provision of education facilities;
- **KESIP** (Kenya Schools Improved Programme ) under Aga Khan Foundation assists in improving schools facilities;
- **CDF** and **LATF** kitties assist in the provision of bursaries and improving learning structures;
- **Other government programmes** target the most vulnerable children and provide bursaries, shoes, uniforms and other basic necessities;
- **Feed The Child** (NGO) provides food and sanitary towels to schools;
- **HFI 360** (NGO) provides computers and projectors to schools under the ICT sector; and

- Well-wishers, churches and mosques provide direct support to children within the district.

### **3.2.6 Relationship between education and poverty**

According to the community there is a relationship between poverty and education. They observed that educated people are able to access job opportunities that ultimately help to improve their living standards while poor households cannot afford even to educate their children. On the other hand, the rich will always afford to take their children to best schools for the best education, thus widening the gap between the rich and the poor in society.

### **3.2.7 Conclusions and recommendations for improvement**

The community recommended that:

- Government to consider hiring more teachers at all levels of education;
- Government to consider provision of equipment in schools as well as expand the facilities;
- The School Feeding Program should be made continuous throughout the year;
- Government to consider upgrading and constructing sanitation facilities in schools including more toilets and water points because of the increasing number of pupils; and
- Government to consider installation of electric power to support ICT programs in schools.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

Mombasa County has abundant water catchment areas, protected springs and rivers. The water resource in the County is managed by Mombasa Water and Sewage Company. The supply originates from Mzima Springs in Taita Taveta County, Marere, Sabaki/Baricho in Kilifi County and Tiwi boreholes in Kwale County. However, this supply only meets 65 percent of the county's water demand. As a consequence some residents rely on unprotected borehole water which is not safe for domestic use.

### **3.4.2 Status of provision of Water and Sanitation**

The Barsheba community enjoys piped water supplied by Mombasa Water and Sewerage Company. However, water is not directly pumped to individual households but rather to water points where it is accessed after payment of a token of Kshs 2 per 20 liter jerry can. According to the community these charges are affordable to most of them although they felt that water resource is supposed to be free.

### **3.4.3 Role of the community in payment of water and sanitation**

The community indicated that they construct sanitation facilities by themselves and get water for domestic use from designated water points where they pay Kshs 2 for every 20 liters.

### **3.4.4 Types of sanitation facilities**

The community reported that they usually construct their own toilets since there were no public toilets in the area. They however noted that most toilets were in very bad condition and are also not enough to cater for the needs of the residents.

### **3.4.5 Relationship between Environmental Degradation and water availability**

The community was aware that destruction of catchment areas has led to reduction in amounts of water in the streams and eventually in the rivers. They also noted that poor waste disposal and lack of toilets increases the risk of contaminating water and subsequently trigger outbreak of waterborne diseases.

### **3.4.6 Relationship/impact between water and sanitation and poverty**

According to the community, there is a high degree of relationship between water availability and poverty because most poor people cannot afford to buy clean and safe water. They often opt for uncertified water sources which are often contaminated and lead to waterborne diseases and hence poor and unproductive lives apart from using their meager resources on seeking treatment.

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

The community reported that over time there has been improvement in water availability as more water points and boreholes have been constructed. However, they reported that sanitation services have not improved since most households did not have toilets and no public toilets were available either.

### **3.4.8 Recommendations**

The community gave the following recommendations:

- Government to consider providing water for free since most people cannot afford the fee charged for access;
- Government to consider construction of public toilets in the area; and
- Consider proper housing plans to assist in better water piping and waste systems.

## **3.5 HOUSING**

### **3.5.1 Introduction**

Most housing units in the County are owned by individuals, Government and the local authority. The houses are categorized by the type of material used on walls, floors and roofs. Walls are generally done using quarry stone, bricks, mud, wood, iron sheets or makuti. Roofs are mostly made from thatch/grass, tiles, concrete, asbestos and iron sheets. However, the community was of the opinion that the cost of building materials has become unaffordable.

The majority of community members indicated that they were living as tenants hence they had no role in the construction of the houses. Most of the community members were therefore not well informed on the cost of building materials. They noted that most of the houses were in pathetic status with leaking roofs and crumbling walls. Additionally, communal toilets doubled up as bathrooms, where one toilet/bathroom facility would serve as many as 30 persons.

The study team observed that only a few members of the community owned either semi-permanent or permanent houses. The team also observed that the community residing on the periphery of Barsheba had semi-permanent houses constructed from locally available materials like mud, makuti and tree stumps which were said to be cheaper and easier to access. The study team also observed that most of the structures were prehistoric and were made of stone and iron sheet for roofing. A few of the buildings had makuti as the roofing material.

### **3.5.2 Types of building materials**

The most common building materials were stone for walls, iron sheet for roofing, makuti for roofs, mud for walls and tree stumps.

### **3.5.3 Status of provision of housing**

The community noted that most building materials were easily available and accessible particularly for semi-permanent structures. However, natural stones are expensive to obtain as they are not available and have to be transported from far off areas.

### **3.5.4 Opinion/ trends**

The community reported that the status of housing had declined over time which they mainly attributed to rent payments that had risen without commensurate

improvements in the dwellings. They noted that rent payable had risen from about Kshs 500 and are now paying Kshs 3,000 for the same type of room in the rental houses.

The community reported of poor physical planning resulting in houses being built too close to each other, thus making it impossible to access especially during emergencies when such services as ambulances, police vehicles and fire brigade vehicles are needed.

### **3.5.5 Types of housing and household headship**

The community reported that the major household headship in the community includes men-headed households, women-headed household and those headed by the elderly. They reported that those headed by females is mainly due to single motherhood, divorce and death of either spouse.

### **3.5.6 Recommendations**

- The community recommended that access roads be constructed and the National Slum-Upgrading Project be extended to the Barsheba slums.

## **CHAPTER FOUR: FINDINGS ON PRO POOR INITIATIVES AND DEVOLVED FUNDS**

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

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

#### **4.1.1 Cash Transfers to the elderly and PLWDs**

According to a key informant, three programs were being implemented: food subsidy, cash transfers for the elderly, and cash transfer for the orphans. She noted that the food subsidy program was being implemented as a pilot project within Kisauni.

The community reported that they are aware of the program and some people in the community were benefiting from the program. They reported that the beneficiaries are paid Kshs 2,000 per month which the beneficiaries collect by themselves but in some cases it is collected by caregivers on behalf of the beneficiaries.

The community nevertheless lamented that the process of identifying the beneficiaries was marred with nepotism and tribalism. They further noted that the money was not enough to cater for increased demand in the targeted households.

#### **4.1.2 Cash Transfers for OVCs**

According to the key informant the program has beneficiaries in Kisauni and Kongowea locations. The program targets 126 beneficiaries in Kisauni and 234 beneficiaries in Kongowea. The beneficiaries receive Kshs 2,000 per month. The money is collected by the caregivers on behalf of the beneficiaries.

The community reported that they were aware of the program but lamented that some beneficiaries were misusing the money. A case was given of a man who used the money to marry a second wife.

"A widower after being put in the beneficiary list transferred the children to the rural area and in turn married a younger wife. This is contrary to the objectives of the CT for OVC projects, as the projects aims at supporting the vulnerable children so that they are not displaced but get supported at their homes".

### **4.1.3 Recommendations**

- Government to consider increasing the amount allocated per beneficiary and extend the coverage to more beneficiaries;
- The community be involved in the process of identifying the beneficiaries to ensure that the process is transparent and credible;
- There should be continuous monitoring of the program to ensure that the program benefits the targeted people; and
- Increase personnel in the department charged with running the program.

## **4.2 KAZI KWA VIJANA**

The community reported that there were no KKV initiatives rolled out by the government in their area. The only initiative which was ongoing in the area was on garbage collection and had been initiated by the community itself. In this regard, the community requested that the government to introduce the program in their area to help the youth and the community in general.

## **4.3 ROADS 2000**

According to the community, the Roads 2000 program was never implemented in the community.

## **4.4 DEVOLVED FUNDS**

The Barsheba community reported that the only devolved funds they were aware of are CDF, LATF and the Youth Fund.

### **4.4.1 Constituency Development Fund**

The community noted that they were aware of the existence of the program. They noted that CDF had been used to fund various programs in the district including award of bursaries. However, they reported that they were not involved in decision-making regarding the projects to be implemented in the community. They also reported that bursary allocation was not done in a transparent way.

### **4.4.2 Women Enterprise Fund**

The key informant reported that she had registered a big number of women groups within the district.

Most community members especially women were aware of the program. They reported that some groups had benefited from the program where beneficiaries have

used the funds to start small businesses. However, they felt that the funds are not adequate, the process of accessing them was slow, and not all groups that apply for the funding benefit.

#### **4.4.3 Youth Enterprise Development Fund**

According to the key informant, the government through the Ministry of Youth had disbursed Kshs 4 million in the year 2011 under the YEDF targeting 80 groups that received Kshs 50,000 each. Stakeholders in the community were responsible for identifying eligible youth groups through the district technical committees which were charged with overseeing the selection and monitoring process.

#### **4.4.4 Recommendations for Improvement**

- Fight corruption for effective project implementation;
- Government to undertake regular monitoring and evaluation of the programs;
- Involve the community at all levels of decision-making regarding the programs.

## **CHAPTER FIVE: CROSSCUTTING AND EMERGING ISSUES**

This chapter examines crosscutting issues such as HIV/AIDS, gender and disability especially the impacts of these issues in relation to poverty.

### **5.2 PERSONS WITH DISABILITIES**

The community reported that PLWDs were not many in the area and the most common disability was physical disability. The community noted that they do not take their disabled children to schools because of stigma and because there were no special schools in the proximity of the community.

### **5.3 GENDER**

The FGD discussed some key aspects of gender that included property ownership and decision-making within households. The community reported that men and women do not have equal rights in decision-making processes as men were more likely to be in the forefront. Women's voices are not sought as men dominate almost all aspects of life.

According to the community, this state of affairs has contributed to increased poverty. For example, men will sell family properties without the knowledge of women who ultimately have to carry a bigger burden in raising families. In addition, male youth were more involved than their females counterparts. In some cases female youth were completely excluded.

The following challenges concerning gender and children issues were expressed during the FGD:

- Increasing cases of child defilement and sexual abuse in the community;
- Divorce and separation cases were on the increase;
- Arranged early marriages which results in school dropouts was on the increase and was not being reported to the authorities for remedial action; and
- Sexual exploitation of minors for money was on the rise along the coastal beaches.

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

### **6.1 RECOMMENDATIONS**

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

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

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

- Parents be encouraged to take their children to school so as to benefit from the Free Primary education (FPE);
- The government to create more employment opportunities especially for the youth;
- Encourage families to embrace family planning methods;
- Encourage communities to be proactive and engage themselves in income generating activities instead of idling;
- The government to reduce the cost of basic food stuffs;
- Government to increase supply drugs to the hospitals;
- Government to allocate more funds to maintain public facilities;
- The government to employ and train more community health workers;
- The government to consider hiring more teachers;
- Provide schools with modern equipment and expand the facilities;

- The School Feeding Program should be continuous;
- Construct more toilets to cater for the increasing number of pupils;
- Provide water to promote sanitation and hygiene;
- Consider installing of electricity to support ICT programs in schools;
- The government to increase public toilets in the area;
- Encourage proper physical planning including safeguarding and constructing water piping and sewerage systems;
- Ensure process of identifying beneficiaries of pro-poor initiatives is transparent and credible.
- Undertake continuous monitoring of pro-poor programs to ensure that benefits accrue to the intended beneficiaries.

## **6.2 CONCLUSION**

- Poverty has been a major challenge in the county;
- Attempts have been made by the government and other development partners to address this problem through introduction of various interventions in the various sub-sectors;
- Poverty affects the living standards of the locals. However, development projects and programs which are pro-poor have greatly reduced the poverty levels;
- The majority of the poor are found in rural areas.
- The most affected categories of persons are mainly the disabled, women-headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth;
- It was observed that prevalence of poverty is closely linked to access to health services, water and sanitation, education and agricultural inputs;
- In Mombasa County, the poor population is mostly confined in informal and squatter settlements;
- It is important that strategies in all the sectors be geared towards poverty eradication;
- To lower the poverty levels, higher economic growth must be achieved and sustained. Entrepreneurial skills should be imparted to the unemployed youths while farmers should be encouraged to diversify their agricultural production;
- Policies and programmes should be initiated to benefit the minority groups;
- The majority of the people in the community are aware of major government interventions targeting them but lack information on how to access them.

The following immerging challenges require further research including:

- High divorce rates;
- Increased consumption of alcohol and drug abuse mostly by men and youth;
- Noninvolvement of women in major decision-making processes;

- Laziness and ignorance in the county which was reported as a major problem affecting development;
- Sensitize the population on the need for hard work and the need to embrace education.

From the findings of the survey, the bulk of the poor in the county are found in the rural areas. The most affected categories of persons being the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. The findings also indicate that prevalence of poverty is closely linked to access to provision of services. The study therefore recommends that efforts should be made by both the county and national government to ensure implementation of the community recommendations so as to graduate them from poverty. Such efforts include; Road network must be improved to spur economic activities this could contribute greatly to improving access to markets particularly for horticultural produce; rural electrification in the constituencies should be accelerated and empowerment of the youth and women.

If the above recommendations are addressed particularly now that devolved funds are sent to the county, most of these problems would be solved.