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THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING

PARTICIPATORY POVERTY ASSESSMENT V

SIAYA COUNTY

ROKO 'B' - CLUSTER

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

The definition of poverty varies from the 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.

This study found out that level of poverty from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many at the clusters visited did not understand how the pro-poor initiatives operate. On Cross-cutting issues such as HIV and 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. Communities for example, 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
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ACKNOWLEDGEMENT

The Siaya County Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5th National Participatory Poverty Assessment (PPAV) 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 Ogola, the Director Social & Governance Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties.

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PRINCIPAL SECRETARY**

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspectives. The government conducted PPA in 1994, PPA II in 1996, PPA III in 2001 and PPA IV in 2005/06. Between October 2012 and February 2014, the National Government conducted PPA V whose overall objective is to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the communities' perspectives on poverty dynamic diagnostics and the provision and impact of selected wellbeing services including agriculture, education, health social protection and other devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

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

Roko 'B' cluster is a rural community in Rarienda sub-county, Rarienda division Asembo Location. The cluster has 103 households according to the Fifth National Sample Survey and Evaluation Programme (NASSEP V) maps from Kenya National Bureau of Statistics (KNBS).

According to the County Development Profile (CDP), Siaya County covers an area of 2,530km² and has total population of 885,762 persons comprising of 419,227 males and 466,535 female with a growth rate of 1.7 per cent per annum (2009 Kenya National Housing and Population Census).

The overall poverty level of the County stands at 47.56 per cent (KIHBS 2005/06). Most of the affected people are the Persons with Disabilities (PWDs), People living with HIV and AIDS and the youth who have negative attitude towards non-formal employment.

Some of the causes of poverty in Roko 'B' include diseases, unreliable rainfall, drought, illiteracy, large family size, lack of access to capital, disability, poor farming methods and laziness among others.

The community reported that the major health concerns include malaria, diarrhoea, typhoid, TB, worms and HIV&AIDs. Generally, the health services are available, accessible and affordable.

The community health workers (CHWs) sensitizing the community on child immunization, HIV&AIDs and TB treatment. They also offer counseling services to those

who are stigmatized and ensure HIV and TB drugs adherence. They have a positive impact to the community through successful prevention of HIV infection and improved drug adherence hence improving the lives of those suffering from HIV&AIDS

Generally, the education facilities infrastructure is good since there are permanent structures with electricity and water and are accessible through *murram* roads. The quality of education provided is good. However, the number of teachers in both secondary and primary schools is not adequate thus high teacher: pupil ratio.

The community is aware of extension services but it is demand driven thus not easily accessible. They are also aware of certified seeds and fish farming and have been sensitized to plant trees during the chief's *barazas*. The certified seeds are only accessible to large scale farmers.

The access drinking water from a water kiosk where it is sold at Kshs 3 and Kshs 5 respectively but the supply is not constant. Other sources of water are swamps, rivers dams, shallow wells and boreholes. Water treatment is practiced in the community using water guard while others do not treat at all because they cannot afford treatment chemicals. Some people boil though they complained it is tedious and time consuming.

The community reported the area was declared an Open Defecation Free Area (ODFA) and certification issued and thus every homestead has a temporary pit latrine. Children are taught in school about the importance of hand washing and a majority of the community members were practicing hand washing. The main building materials include glass, mud, iron sheets, sand, bricks/blocks, tree poles/fitos, timber and cement. The building materials for semi-permanent houses are sourced locally.

There are Cash Transfer (CT) programmes in the community which include CT-Persons with severe disability, CT-Elderly who are above 65years of age and CT- Orphans and vulnerable children. Although the beneficiaries are few the impacts has been enormous.

The community is also aware of the devolved funds such as CDF, WEF, YEDF and LATF. They reported that CDF has initiated numerous projects in the education and health sector through infrastructure development and bursaries.

HIV and AIDS, gender and disability mainstreaming were major cross-cutting issues of concern. The community noted that the productivity is affected due to the amount of resources and time spent taking care of the persons infected with HIV&AIDS. They also added that person with severely disability cannot work and instead requires support from the family and this increases dependency ratio leading to poverty.

ABBREVIATIONS AND ACRONYMS

AMREF	Africa Medical Research Foundation
CBOs	Community Based organizations
CDF	Constituencies Development Fund
CHW	Community Health Worker
CT	Cash Transfers
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBOs	Faith Based organizations
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authorities Trust Fund
MDGs	Millennium Development Goals
NACC	National Aids Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWDs	Persons with Disabilities
RAs	Research Assistants
STI	Sexually Committed Infections
TOWA	Total War against AIDs programme
VCT	Voluntary Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE: INTRODUCTION

1.1 Background

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own discourse. 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. It is the recognition and inclusion of the beneficiaries' opinions in designing a successful development programme in this case programmes that can successfully address the problem of poverty.

Various participatory methodologies that emphasize the use of visuals and focus group discussions have come up including PRA, PUA, Rapid Rural Appraisal (RRA), Participatory Learning Methods (PALM), and Participatory Action Research (RAP) among others.

In Kenya, four PPAs have been undertaken so far. 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).

The second PPA was carried out in 1996 and covered 7 districts. The purpose of this study was to provide a deeper understanding of poverty from the perspective of the poor and fill the gaps quantitative studies could not readily explain. It also aimed at enhancing capacity of Government staff in the application of participatory methodologies used to study poverty. The study looked at people's perception of service delivery.

The third PPA was carried out in 2001 covered 10 districts; with the objective of enriching the information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP). The PRSP built on past efforts aimed at poverty reduction, and in particular the IPRSP which identified measures and strategies necessary to facilitate sustainable and rapid economic growth, improving governance, raising income opportunities of the poor, raising quality of life and improving equity and participation.

The first three studies focused mainly on poverty diagnostics (characteristics of the poor and causes of poverty), but had no explicit link to policy and therefore did not adequately address the impact of pro-poor policies. These studies raised numerous concerns on service delivery and therefore could be seen as informing the interest in ensuring that policies are not only pro-poor but also that their impact is felt by the poor thus indeed laying useful foundation for the enquiries of both PPA IV and PPA V.

The fourth PPA was conducted in 2005/06 alongside Kenya Integrated Household Budget Survey (KIHBS). The two studies were meant to complement each other. The PPA focused on three main areas of policy relevance: poverty diagnosis and dynamics;

pro-poor policies regarding service delivery and wellbeing; and voices of the poor among the communities which included analysis of the impact of the various policies on the poor (Agriculture and Livestock Extension Services, Health Care, Education, Water and Sanitation, Access roads). To complement the quantitative data, PPA-IV investigated the extent to which households in the communities have moved in and out of poverty in the past.

1.2 Objectives Of PPA V

The overall objective of PPA-V is 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 especially with regard to social protection and social security. The study focuses on two main areas:

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

More specifically, PPA-V assessment seeks 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 and preventing people from falling into poverty;
- iii. Identify and prioritize policies, strategies, programmes and projects which would support poor communities in their escape from poverty, focusing on social protection initiatives;
- iv. Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya;
- v. Enrich the 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; and
- vi. Respond to the Bill of Rights and other articles (public participation) enshrined in the Constitution of Kenya 2010.

1.3 County/ Cluster Profile

According to the County Development Profile (CDP), Siaya County covers an area of 2,530km². It is bordered by Busia County to the North, Vihiga and Kakamega Counties to the North East, Kisumu County to the South East and Homa Bay County across the Winam Gulf to the South. To the west is Lake Victoria (the third largest fresh water lake in the world).

The total population of Siaya County is estimated to be 885,762 persons comprising of 419,227 males and 466,535 female. With a growth rate of 1.7 per cent per annum, the population is projected to increase to 964,390 persons comprising of 456,441 males and 507,949 females by 2017 (2009 Kenya National Population and Housing Census). Settlement patterns in the county follows the agro-ecological zones and fish landing bays with the high potential areas having the highest population density in the county. The average population density is 354.6 persons/Km² (Population projections, 2012).

The county experiences a bi-modal rainfall, with long rains falling between March and June and short rains between September and November. The relief and the altitude influence its distribution and amount. Siaya County is drier in the western part and is wetter towards the higher altitudes in the eastern parts.

The main food crops include maize, sorghum, millet, beans, cowpeas, cassava, sweet potatoes, groundnuts and finger millets while the main cash crop include cotton, rice, sugar cane and groundnuts. Some of the emerging crops in the county include irrigated rice, palm oil, chili, passion fruits and grain amaranth. Vegetables produced in the county are tomatoes, onions and kales while fruits grown in the region are mangoes, pawpaw, bananas, oranges and watermelon.

1.4 Selection of the Cluster

Selection of the cluster was done using two stage purposive sampling that was super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in 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 cluster.

One cluster per county was selected for the detailed study in which specially designed participatory assessment tools were administered. 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 Process, Study Instruments and Field Work

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

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

1.6 Field Logistics

The PPA-V pilot study was conducted during the month of March/April 2012 and the main survey in this cluster was done in November/December 2012. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly technical experts in the subject areas of the survey. The main policy areas of focus were Health Care, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, Devolved Funds such as Constituencies Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the survey, the 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's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) Research Assistants were selected to assist in data collection in the county.

The training for research assistants 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.

1.7 Report Organization/Outline

This report therefore presents the PPA V survey findings in Roko 'B' Cluster of Siaya County. The report is divided into six (6) chapters including chapter one (1) which covers the Introduction. Chapter two (2) highlights the survey findings on poverty and inequality in Siaya County while chapter three (3) presents findings on provision of public services in the selected policy areas (health care, basic education, agricultural services and inputs, water and sanitation and housing). Chapter four (4) covers the findings on 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) e.t.c. and other pro-poor interventions. Chapter five (5) presents the cross cutting and emerging issues while Chapter six (6) gives the conclusions and recommendations.

CHAPTER TWO

POVERTY DYNAMICS AND INDICATORS

2.1 Introduction

The overall poverty level of the county stands at 47.56 per cent (KIHBS 2005/06). Most of the affected people are the Persons with Disabilities (PWDs), People living with HIV and AIDS and the youth who have negative attitude towards non-formal employment.

While the overall poverty level has reduced significantly, there are still many locations with pockets of high poverty. The causes of poverty in these areas are diverse and include poor soil fertility leading to low yields, low income among households to afford farm inputs, over-reliance on traditional methods of farming and lack of alternative source of income.

2.2 Definition of Poverty

The community defines poverty as "insufficiency in what to use like food, shelter and clothing. They also defined poverty in terms of little income (*Yuto matin*) and a person with disability who cannot feed himself / herself (*Ng'at ma ong*).

2.3 Classification of Poverty

The community reported that there are three classifications of people in terms of poverty.

i. The rich

- A person who is able to get enough to cater for the family;
- Can afford a good house (permanent house);
- Able to educate his or her children;
- Can afford quality health care services;
- Has electricity connection;
- Has a car;
- Able to do farming in large scale using hired labour and gets good harvest;
- Has livestock in large quantity/large number (*Ng'ama nigi dhok / jamni*);
- Has quality glass utensils (*Kama sende go ni tingli! Atingli*);
- Has a lot of money or a better paying job with a lot of investments;
- Can share with others (surplus);
- Who can join table banking (*nyolworo*);
- A person who is highly educated;

- Somebody who is hardworking and has productive plans like having a borehole in the compound and sells water and has livestock that can help in cultivation of land and production of milk; and
- Has investment in form of rental houses.

ii. **The poor**

- Has no money and has intentions of stealing;
- someone who is hungry, blind, someone who lacks something (basic needs) and cannot get it easily;
- A farmer who has small portions of land and cannot cultivate it; and
- Someone who lives in grass thatched house that is leaks.

iii. **The very poor**

- Somebody who is sick because of stress and cannot get medication;
- Somebody without a wife, a brother, a sister, father or mother (no family because he/she is standing alone);
- Somebody with no house and cannot get food or proper clothing, he/she sleeps in the bush or stays in other people's houses;
- Somebody who walks from one funeral to the other for food;
- Somebody who begs; and
- Somebody with no education.

2.4 Characteristics of the Poor

Little or low income, lack of education, living in a leaking grass thatched house, childlessness thus one cannot get somebody to send, one not living a dignified life, somebody with no basic needs like food, shelter and clothing, somebody who is suffering from a diseases which may be terminal or persistent, somebody who is hungry (Ng'at modeny'o, otar, to orwako leuni mokidhre).

2.5 Causes of Poverty

The residents identified the following causes of poverty:

- Diseases cause poverty. This is because one spends a lot of money in seeking medical care and at the same time diseases also weakens the body making it impossible for people to work in jobs like in farming, riding "bodaboda", fishing and any other income generating activities; .
- Due to unreliable rainfall, their crops cannot produce enough yields; Unproductive land/ Infertile land (*loo matho*) - The soil type of the area is sandy and shallow hence *not suitable* for agricultural production;
- Inadequate agricultural land - The population has increased hence the land has been divided into small portions which is not economical in agricultural production;

- Disability - A person with severely disability cannot work. Instead will require support from the family. This increases dependency ratio thus leading to poverty;
- Drought - During drought there is total crop failure and death of livestock, yet most people depend on farming as their source of livelihood, in turn this increases the poverty rate;
- Inadequate Capital - Most people do not have access to good sources of income to initiate income generating activities, leading to increased poverty levels.
- Use of traditional methods of farming and uncertified seeds - Most people have no adequate access to modern farm tools such as ploughs and tractors to engage in large scale farming and lack money to buy certified seeds to improve their farm production;
- Limited access to education and training due to lack of school fees makes most of the people unable to secure formal jobs which are better paying and well secured;
- Laziness - Some people are not willing to engage themselves in income generating activities and rely on handouts (*gonya*);
- Large family size - Most families are not embracing family planning methods hence giving birth to many children that they cannot sustain; and
- Inadequate access to Information - Some of the villagers are not aware of intervention programs due to inadequate knowledge.

2.7 Impact of Poverty

People who are mostly affected by poverty are women (widows) and orphaned children. Most widows cannot take care of their children after the death of their husbands. When the Orphans have no one to take care of them, they end up languishing in poverty. The community reported that in case of separation, the woman is left with the responsibility of the children. This is because men believe that the burden of taking care of the family is hard if they have low or no source of income.

Most persons with disability in the community find themselves being unable to access basic education due to inadequate money and lack of accessibility to special schools. It was reported that there is only one school for persons with mental disability that is accessible to the community. This means that those with different kind of disability are left at home. In addition, some parents still hide their children with disability thus depriving them their constitutional and human rights.

2.8 Coping Mechanisms and Strategies

The community reported the following coping mechanisms:

- Rural to urban migration in search income generating activities like jobs in fishing areas of Kisumu town as well as other casual jobs;
- Working as casual labourers by cultivating other people's farms for pay;

- Selling firewood;
- Women sell *omena* gotten from fishermen (*jaboya*);
- Girls work as house helps in well-up families;
- Some of the youths have turned into immoral acts like prostitution as a source of income;
- A cash transfers by Government fund has supported vulnerable groups like orphans and widows;
- Remittance from relatives;
- Some people get financial and material support from their well-off families;
- Children drop out of school as a way of saving money so as to enable their families access the most basic needs like food;
- Some start small-scale businesses like kiosk for vegetables, operating *kinyozi*, selling *omena*, salon; among others;
- Some people reduce the number of meals taken per day;
- Others send their children to eat from their neighbors;
- In case there is *unga* shortage, and there are vegetables, some people eat boiled vegetables without any other accompaniment ;
- For medical care, the community uses traditional herbs if there is no money to go to the hospitals;
- If there is inadequate *unga*, porridge is prepared for the children because the adults can survive;
- People engage in subsistent farming whereby they plant crops like maize, cassava, groundnuts and beans which they use as food and sometimes sell some as a source of income;
- Making and selling of sisal ropes and baskets as a source of income; and
- Some survive on fruits like mangoes when there is no food.

2.9 Asset Ownership, Access and Decision Making

The main assets in the households include cows, chicken, goats, cereals, utensils, furniture, land, houses, bicycles, televisions, radios, phones and beddings.

Men own the bicycles, television and land. Women own the chicken; utensils and beddings. Both men and women own goats, cereals, furniture, houses, radios and phones jointly.

Men have an upper hand in making decision with regard to livestock and women on poultry. On family planning, most men are not supportive to their wives and thus most women do it secretly. On issues regarding family size, the community agreed that an ideal family size is a family of between 4-6 children.

2.10 Poverty and Gender

Women are happy with women as leaders. Men are unhappy with women in leadership and three old men believed that women should not be leaders.

Women secretly borrow loans as a group and because it brings chaos to the family if their husbands are consulted since most men in the society have a negative attitude towards loans.

If a woman dies in matrimony, the wealth belongs to the husband and vice versa. But, there are reported cases where some relatives take some deceased husbands wealth.

2.11 Poverty Trends over the Last 10 Years.

The society noted that the living standards have varied depending on the economic sectors. Areas such as schools, health facilities, agriculture and roads have improved. While other areas such as water and sanitation have not improved.

2.12 Recommendation

The community came up with the following suggestions on how to curb some of the above problems and challenges facing them:

- Government should support the community to improve agriculture because they fully depend on subsistence farming;
- The Agricultural and Livestock services should be enhanced through provision of adequate technical-expertise so as to advice the farmers on the best agricultural practices;
- The Government should provide certified seeds to improve yields and create food security. Research should also be conducted to identify seeds which are suitable for the area;
- The prices of fertilizers should be subsidized and be repackaged in small packages (*kadogo economy*) which the community can afford;
- The Government should establish more water sources like dams and pans which can be used for irrigation of vegetables which can be sold to generate income as well as to improve on food security;
- Cattle dips should be revived to assist in animal disease and pest control;
- The Government should increase cash transfer to the orphans, widows and disabled since the amount given is not sufficient. The community also said that the elderly do not receive cash transfer and CT should be provided to them;
- More schools should be constructed in the area especially primary school and youth polytechnic to improve education; and
- The school feeding programs should be introduced to reduce the burden to the parents and encourage retention.

CHAPTER THREE

PROVISION OF GOVERNMENT SERVICES

This chapter presents 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 (10) years and recommendations for improvement.

3.1 HEALTH CARE

3.1.1 Introduction

The county has seven sub-county hospitals namely, 32 health centers and 110 dispensaries. In the last few years, the county's health infrastructure has improved as a result of construction of health facilities through devolved funds like CDF and LATF and the involvement of the private sector under public private partnership.

3.1.2 Major Health Concerns in the Community

The community reported that the major health concerns include malaria, diarrhoea, typhoid, TB, worms and HIV&AIDs. Prevalence of malaria, diarrhoea and typhoid are high during the months of April to July due to stagnated water that creates breeding ground for mosquitoes which spread malaria. During the same period, people tend to drink contaminated water which is readily available thus causing diarrhoea and typhoid.

HIV&AIDs prevalence is still high in the community because there is wife inheritance and prostitution especially amongst the youths. This is also one way in which the youth cope with the impact of poverty, therefore they tend to practice it without using protective mechanisms. It is also common in beaches where women exchange sexual favours for fish (*jaboya*). The people also fear knowing their HIV&AIDs status hence they do not seek VCT services due to stigmatization. One of the opportunistic infections in the community is TB. Another health concern is inadequate drugs (*ongelo yath orume*).

3.1.3 Provision of Health Services

The community reported that health services are provided by the Government through public health facilities like Ongielo Health Center which is in Omiya Malo sub-location approximately a kilometer away.

Lwak Mission Hospital is one hour walk from the community. Abidha health facility offers better services and therefore people prefer to go there though it is far from the

community. Mahaya Dispensary is visited by only a few people due to the poor services it provides.

The Center for Disease Control (CDC), a US Government organization, provides HIV and AIDS care and provides mortuary services to the community.

The community reported that Lwak health facility is well known for provision of vaccination and laboratory services while Ongielo facility is known for maternity, laboratory and ART services (including TB drugs) and availability of wards. Other services provided generally by the health facilities are family planning services like Norplant, injection, pills and condoms, pre-natal care services, provision of treated mosquito nets for expectant mothers and children under one year and training people on sanitation.

The community noted that the quality of services provided in some health facilities is good. In the Government health facilities, the prices of services range from 20/= to 100/=. This is evident from the following price list provided by the community members: card Kshs. 20, malaria test Kshs. 20, injection (2) Kshs. 100 and receipt Kshs. 10. The payment is made on cash basis.

The community health workers assist the community in passing information and sensitizing them on child immunization, HIV&AIDs and TB treatment. They also offer counseling services to those who are stigmatized and ensure the use of HIV and TB drugs is adhered to. They also educate people on sanitation and hygiene as well as creating awareness on prevention mechanisms as a way of preventing diseases such as malaria and diarrhoea. Community health workers also offer first aid services with the kits provided by the Government and sensitize people on safe drinking water and hospital delivery to control infection and infant/maternal mortality.

The community health workers have a positive impact to the community through successful infection prevention and improved drug adherence hence improving the lives of those suffering from HIV and AIDS. More parents are these days taking their children for immunization hence, reducing child mortality rate.

Despite the improvements in the health centers, there are several challenges faced in the provision of services:

- Lack of ambulance for referral as there is only one utility van that is old and serves the whole district;
- The issue of understaffing cuts across all the health facilities hence, there is overload on the existing staff leading to poor quality services;
- Staff turnover has been experienced in most of the health facilities because most of the staff are on contract. This brings about inconsistency in handling of patients thus disrupting the sustainability of service provision;

- There is no steady power back-up in the health facilities like in the District hospital hence reducing the potency of vaccines and other drugs that require refrigeration;
- Inadequate space in the ward. That incase of high number of patients admitted, resources will be outstretched to the point of using verandas as wards;
- Drugs supplied by the Government are few and cannot match the demand;
- Some health facilities are not accessible due to bad roads; and
- Negligence on the side of health personnel.

3.1.4 Interventions to Improvement Health Standards

The community reported that the following efforts have been made to ensure improved health standards:

- Under-five's health services such as free medical services in all public health centers, provision of supplements like Vitamin A and prevention of mother to child HIV&AIDs transmission
- ART has been availed to the infected local people at the health facilities thus facilitating easy access to drugs;
- There is provision of cheap anti-malaria drugs in the health facilities;
- The cost of medication has been reduced hence the health condition of individuals have improved since locals can now afford the medication;
- Casual health workers have been employed by the Government and NGO's like AMPATH hence making work easy and addressing the problem of under staffing; and
- There is a provision of free health care by G.D.C KEMRI to some individuals who are HIV positive.

3.1.5 Decision Making on Health Issues at the Household

Both men and women are involved in decision making process on health issues because in case of an emergency the mother takes the child to the hospital while the father looks for money and brings later. When a man is sick the woman nurses him and vice versa. On family planning, most men do not approve it and therefore most women do it secretly.

3.1.6 Ideal Family Size

The community reported that the ideal family size is 4-6 since it is manageable economically. However, the old still feel that women should give birth to as many children as possible, for labour, wealth, prestige, and security in case of death.

3.1.7 Relationship Between Household Size and Poverty

There is a direct relationship between household size and poverty. Large households are hard hit by poverty as compared to smaller households. This is due to competition

for the little available resources within the household because of many mouths to feed, pressure on the little land available, many children to educate and take to hospitals once they are sick.

3.1.8 Access to Family Planning Services

Family planning services are accessible at the local health facilities. Some of the services offered are free such as condoms and pills while others are provided at affordable fee Kshs. 50 or Kshs 200.

3.1.9 Opinion on Status of Health Service in the Last Ten Years

The community reported that generally the health services have improved over the last 10 years because there is free health care for some services for children under the age of five, there is provision of treated mosquito nets and the infrastructure and facilities in the hospitals have been improved such as laboratory and maternity services.

3.1.10 Recommendations

The community gave the following recommendations:

- The drug supply should be increased to the local health facilities to match the demand;
- More medical personnel should be posted to the health facilities to address the problem of understaffing;
- Back-up generators should be provided to the health facilities;
- More facilities such the x-ray and theatre equipment should be provided; and
- Nets for all should be provided to the community and not specific group.

3.2 BASIC EDUCATION

3.2.1 Introduction

According to the CIDP, the County has 636 primary schools, 179 secondary schools, six tertiary institutions, 12 special education schools, one public university and 13 special units in regular primary schools. School enrolment is 57,592 pupils at pre-primary level, 232,691 pupils at primary school level, 33,780 students at secondary school level, 2,759 at tertiary level, 1,847 in the university and 104 in the youth polytechnics. Basic literacy rate stands at 80 per cent.

3.2.2 Status of the Education Facilities

There are several education facilities in the community which include privately owned Senena ECDE, Mranatha Mission ECDE owned and managed by church (Mranatha Church assembly), Memba ECDE which is owned by the Government and managed by a school committee, Memba Primary School owned by Government and managed by a school committee and Memba Secondary School which is owned by the Government and managed by Board of Governors. The institutions are all mixed.

Generally, the education facilities infrastructure is good since there are permanent structures with electricity and water (clean tapped water). The facilities are accessible through *murrum* roads and they are one kilometer from the furthest homestead. More so, the education facilities are enough for the pupils.

3.2.3 Provision of Education Services

The community reported that the quality of education provided is good. However, the number of teachers in both secondary and primary schools is not adequate thus high teacher: pupil ratio. There are six (6) Teachers Service Commission (TSC) primary school teachers and three (3) Parents Teacher Association (PTA) for primary school while in secondary there are only one TSC and five (5) BOG teachers.

In terms of affordability, the community reported that they are benefitting from FPE programme and subsidized secondary education. However, in Memba Primary School, parents pay Kshs. 600 per term for hiring additional teachers. The fee is generally not affordable and leads to school dropout.

The chiefs and the village elders educate the community on the importance of education and disciplinary actions are taken against parents who do not take their children to school.

The following are some challenges faced in the provision of education services:

- Understaffing in both primary and secondary schools, thus hindering effective learning and burdening parents by hiring BOG teachers;
- Poverty levels is high among the parents hence the parents cannot pay the extra fee leading to more school dropout even in secondary schools;
- The high rate of HIV&AIDS death rate leads to high number of orphans that increases the dependency ratio;
- Educational facilities are not adequate especially in secondary school where they lack facilities like laboratories and libraries;

- Government takes long to disburse FPE funds interfering with running of schools and making parents to pay for those services; and
- There are reported cases of school dropout due to poverty, though it is reducing.

3.2.4 Status of Educational Services

Generally, education services are improving in the community. The CDF has provided bursaries for construction of classrooms as well as school fees. Primary and secondary school enrolment has increased due to free primary and subsidized secondary education programmes. Some schools have school feeding programs for class 8 which enhances retention in schools.

3.2.5 Interventions Towards Improvement of Education Services

The community reported that the main source of bursary is CDF which pays fees for selected needy students in secondary schools and tertiary learning institutions. The bursary is Kshs. 8,000 per child for boarding secondary school and Kshs 4,000 for day schools; and Kshs 10,000 for colleges. The fund also supports in improving physical infrastructures in both primary and secondary schools.

There is free primary and subsidized secondary education programmes which has led to high enrolment and retention in schools. However, the community was concerned about late disbursement of funds thus making it difficult for schools to plan in time.

The community also reported that there are organizations that assist in paying school fees for bright and needy students such as concerned World Wide which educates students in secondary schools; Rafiki wa Maendeleo Trust which is paying school fees for the needy and helps in construction of classrooms and schools in general; and Rarienda Educational Support Association (RESA) fund which pays school fees for needy children. This fund is administered by the area Member of Parliament (MP).

3.2.6 Relationship of Education to Poverty

There is a relationship between education and poverty because children from poor families tend to drop out of school due to lack of school fees, food, uniforms and proper housing. The poverty situation forces girls to engage in prostitution and boys to engage in child labour such as fishing. Most of the poor households are headed by parents who are not educated.

3.2.7 Recommendations

The community gave the following recommendations to improve education standards:

- Government should employ more teachers to improve teacher to student/pupil ratio hence improving quality of education;

- Government should improve school infrastructures and facilities especially through construction of libraries and laboratories;
- Parents should be sensitized on their roles and value of education to reduce the cases of school dropouts;
- Government should increase the allocation of funds to help the very needy through bursaries;
- Government construct more schools to reduce high population in some schools;
- Government should introduce computer lessons from lower primary to increase computer literacy; and
- Electricity should be installed in schools so as to enable students to do private studies in the evening and morning.

3.3 Agricultural Services And Inputs

3.3.1 Introduction

According to the CIDP, the main food crops grown in the community are maize, sorghum, millet, beans, cowpeas, cassava, sweet potatoes, groundnuts and finger millets while the main cash crop include cotton, rice, sugar cane and groundnuts. Some of the emerging crops in the county include irrigated rice, palm oil, chili, passion fruits and grain amaranth.

There are several livestock bred in the county which include the zebu cattle, up-graded dairy cows, dairy goats, local goats, sheep, pigs, rabbits, donkeys and poultry.

The average farm size for a small scale farmer is 1.5 acres and 7.0 acres for a large scale farmer and thus mechanized agriculture cannot be practiced as the farm holdings are small limiting the benefits of economies of scale.

3.3.2 Provision of Agricultural Services and Inputs

The community reported that they are aware of extension services but it is demand driven. They are also aware of certified seeds and fish farming and have been sensitized to plant trees during chief's *barazas*.

Agricultural and livestock extension services are not easily accessible since they are demand driven and most community members do not know their location in the County. The certified seeds are only accessible to large scale farmers. Fertilizers and certified seeds are expensive for the other farmers and thus cannot afford. (DAP sells for Kshs. 2,500 and while CAN sells for Kshs. 1,600).

The following are some challenges faced in the provision of agricultural services and inputs:

- The community experiences unreliable rainfall and long periods of drought that does not favour crop production;
- Inadequate market for the farm products, hence little or no income is realized from agriculture;
- Poor prices which makes farmers incur losses after harvest;
- Inadequate agricultural and livestock extension personnel;
- High input prices that the local people cannot afford leading to low production of farm products;
- Most farmers are unwilling to embrace new farming methods and do not even borrow to expand farming;
- Lack of access to credit due to with high interest rates;
- Inadequate farm machinery such ploughs and tractors which can be used for timely ploughing;
- Diseases and Pests which destroy plants in farms leading to low yields;
- Exploitation by some few unskilled individuals due to inadequate Government extension services on livestock disease and pest control; who offer inappropriate service at expensive costs;
- Stocking of inappropriate species, which does not match the soil type and temperatures in the area; and
- There was undue influence in identifying sites for fish ponds leading to construction of the ponds to unsuitable areas.

3.3.3 Intervention for Improving Agricultural Production

The following are some of the interventions geared towards the improvement of agricultural production in the community:

- i. GOK Funded Programme - The programme began in 2007 and is geared towards food security through water harvesting. Water pans are been constructed and the water harvested is used to irrigate farms as well as watering livestock. For water pan to be excavated in an area, there must be enough space to house the pans as well as high level of poverty compared to other areas in the Sub-county. So far the Government has excavated four pans. Out of the four, three are functioning apart from one. The pan has a piping problem causing the water to spill out. Communication has been done to the concerned Department to rectify the problem.
- ii. Traditional high value crops (Orphaned Crops) - This is a project funded by the World Bank aimed at promoting cultivation of traditional crops like sorghum, cassava, sweet potatoes, beans, cowpeas and green grams to address the issue of food insecurity. The beneficiaries of these seeds are identified through chiefs and farmers representatives who sit in the Divisional Community Unit (DCU); and field officers from the community large-scale farmers are selected. 50,000 farmers have benefited from the sub-county and three women groups from the community have so far benefited. The groups are given seeds enough for one

acre and are supposed to return two times what they were given. However, this does not apply for orphaned food but maize.

- iii. National Agricultural Input Accelerated Programme (NAIAP) - The programme promotes use of certified seeds. Farmers were receiving 10 kgs of maize and a bag of CAN fertilizer for top dressing. This programme is no longer giving fertilizers.
- iv. Agricultural and Livestock Extension Services: - The programmes have become demand driven due to understaffing and underfunding. They offer technical advice to farmers on best farming methods and the application fertilizers in their farms. They also offer periodic vaccination for the livestock where the community pays Kshs. 20 for each vaccination. They also offer agricultural field days for farmers, farm demonstration, barazas, trips, exchange programmes and farm visits.
- v. Njaa Marufuku: - This is a programme funded by the Government and gives grants to groups undertaking farming activities. The amount given to agricultural based activities is Kshs. 120,000 and livestock based programmes is Kshs. 150,000. So far 13 Agricultural and 20 livestock based groups have benefitted.
- vi. Kilimo Biashara: - In this programme farmers borrow farming loans from Equity Bank, KWFT or Co-op bank and the Government guarantees the farmers. So far no farmers have managed to borrow any loan due to high interest rates and unsuitable conditions.
- vii. Cereal storage - NAIAP implemented cereal banks for farmers in the sub-county but never worked because of the farmers' negative attitude towards the cereal banks. The farmers currently take their cereals to the nearest National Cereal produce Board in Bondo.
- viii. Training institutes- The sub-county has a farmer's training center where they are trained on best farming methods and where farm demonstrations are carried out.
- ix. National Agricultural and Livestock Extension Programmes (NALEP) - This is a programme funded by the Swedish Government but has ended. The program provided extension services using groups approach. A local area was identified in a period of one year and the size of a location where all resources were pulled together in that area for a period of one year.
- x. Value Addition: - Two processing plants have been established in the sub-county namely; Passion Fruit processing plant under Siaya Passion Fruit Association and Peanut Value Addition which is done by a group of women in the sub-county. Western Kenya Plan Mitigation Project is to fund two proposed projects: cotton Granary and small fruit processing machinery for processing fruits like mangoes,

pawpaw, passion fruit and avocado. The project will be located in sub-county and expected to be established in the near future.

- xi. Fish farming Programme: - The project was started in 2009 by Economic Stimulus Programme (ESP). The objective was to empower the community economically and to relieve pressure from L. Victoria due to overfishing. A survey was done by the Department of Fisheries to identify areas appropriate for fish farming. The selected areas were those near Lake Victoria and near permanent rivers or near those rivers which could have water for at least nine months continuously (assumption was that in 9 months fish will be ready for harvest). Sensitization was done in the community and interested people/groups applied.
- xii. There are organizations that have put a lot of efforts in the improving agriculture sector in the community such as Techno Serve which has a poultry (chicken) upgrading programmes and Japan International Co-operation Agency (JICA) in collaboration with Equity Bank which trains community on poultry farming and provides start up loans.

3.3.4 Target Group for Agricultural Services

The programmes target large scale farmers in the County who could be either women or men because the large scale farmers are more committed to agriculture.

3.3.5 Relationship Between Agriculture and Poverty

The community reported that there is a relationship between agriculture and poverty in that the community depends fully on agriculture for both subsistence and income. A number of factors are responsible for low agricultural output levels in the area which include unreliable rainfall, lack of cash crops and low purchasing power in livestock farming.

The community keeps the unproductive local breed of livestock since the hybrid cattle cannot survive the harsh climatic conditions and inadequate amount of feeds as well as infertile soils which are not productive. Agricultural products such as groundnuts, maize, sorghum (*bel*) and green grams have consistently fetched low prices in the market hence perpetuating poverty through low income.

3.3.6 Status of Agricultural Services Overtime

Generally, there is an improvement though the impact is not much. The number of farmers planting certified seeds and using fertilizer has increased and currently the farmers are more knowledgeable as compared to years back. However, there are some weaknesses in those who are in charge of project implementation for example in Njaa Marufuku; there are no positive results due to laxity in supervision.

3.3.7 Recommendations

The community recommended the following:

- The Government should revive the economic stimuli projects that failed like fish ponds and ensure proper training on fish farming beforehand;
- Provision of necessary equipment such generators for water pumping and tractors for ploughing;
- The Government thorough consultation with other stakeholders and the locals should conduct feasibility studies before they implement their projects;
- Follow-up should be done on the started projects to sustain them;
- The community should be encouraged to put more land under agriculture and adopt new farming technologies;
- There is need of diversification in agricultural production;
- The Government should further subsidize farm inputs such as fertilizers and certified seeds to make them affordable to peasant farmers;
- The Government should employ more staff to enhance provision of extension services;
- Fertilizers should be parked in small quantities to be affordable to the community (*kadogo Economy*); and
- The appropriate fingerlings species should be supplied to the fish farmers.

3.4 Water and Sanitation

3.4.1 Introduction

According to the CIDP, Water resources in the County are unevenly distributed, and the northern parts of the County are better endowed than the southern parts. The major rivers traversing through the County are Nzoia and Yala. In addition, there are a few streams which either become tributaries of the two main rivers or drain directly into Lake Victoria. There are two lakes which add to surface water potentials namely; Lake Sare, which is a fresh, and Lake Kanyaboli, which is saline. Runoff water can also be collected in small surface dams and earth pans which is an alternative particularly suitable for drier parts of the county which have several suitable sites for small dams.

Despite bordering the largest fresh water lake in the region, the county often experiences water scarcity. The main water supplier in Siaya County is the Siaya and Bondo (SIBO) Water and Sanitation that has six water supplies clusters.

Sanitation in the county is still a problem with only 5.9 per cent of the households with access to piped water while the latrine coverage stands at 75.3 per cent. There are no planned sewerage systems in all urban centers in the County.

3.4.2 Status of Provision of Water and Sanitation Services

The community reported that the types of water sources are water kiosk at Kaladin and in Memba Primary School where water is sold at Kshs. 3 and Kshs. 5 per 20 liter jerrican respectively, but the supply is not constant. Karayori Swamp which does not dry out provides water for domestic purpose. River Nyatome supplies water for domestic use, Kagunga Dam (abandoned holes where water accumulates after road construction), a shallow well called *Soko ka Maima*; the Komenga borehole funded by UNICEF which is not functioning and the rain water harvesting.

Water treatment is practiced in the community using water guard while others do not treat at all because they cannot afford treatment chemicals. Some people boil water though they complained it is tedious and time consuming. They also use Aluminum Sulphate (Allum) to purify their water.

The community reported that the role of the community in prioritization of water and sanitation services has been minimal or non-existent in most instances. For instance, the community has mismanaged a UNICEF funded deep-well hand pump.

The following are some of challenges that are faced in the provision of services:

- There is irregular supply of tapped water which is normally pumped on a weekly basis;
- There is only one source of clean tapped water leading to high prices due to monopoly;
- Majority of households have temporary pit latrines which tend to collapse during rainy season;
- During the rainy season, there is overflowing of swamps and uncovered pits posing a threat to lives and health and creating breeding grounds for mosquitoes; and
- Seasonality of boreholes make some households walk long distances and waste many hours which could be used to productive activities in search of water.

3.4.2 Types of Sanitation Facilities

The community reported that the area was declared an Open Defecation Free Area (ODFA) and certification issued and thus every homestead has a temporary pit latrine. However, during transect walk across a section of households, it was revealed that some household did not have pit latrines and therefore defecate in the bush or use neighbours latrines. It also emerged from the focus group discussions that children do not use pit latrines due to fear of accidents and specified a case where once a child fell into the pit latrine.

Children are taught in school about the importance of hand washing and majority of the community members were practicing hand washing. In schools both primary and secondary there are hand washing sites next to the toilet. The sensitization is done by

the Government Community Health Workers (CHWs). The community also reported that most people have pits for waste disposal.

3.4.3 Water and Sanitation Programmes

The community reported the following water and sanitation programmes are accessible:

- Water borehole (Komenga borehole) funded by UNICEF but is not functional due to lack of water;
- A water pan funded by Government. It is not functional because of poor piping which cause water spillage; and
- Ndori-Asembo Bay Water Project funded by Government in partnership with Korea and Italian Governments whose objective is to enhance access to safe drinking water.

3.4.4 Relationship Between Environmental Degradation and Water Availability

The community reported that there is a paradox between environmental conservation through tree planting and water availability. For instance, there is case where in an attempt to conserve the environment, eucalyptus trees were planted in a private farm which resulted in reduced water levels in a shallow well (*Soko ka maima*) and when the trees were harvested the water levels rose again. This means that the type of trees to be planted determines the level and availability of underground of water.

There is uncontrolled sand harvesting particularly by the youth along R. Nyatome which has expanded the water course to the extent that it has negatively affected the natural water flow and the people downstream experience water shortage.

The community reported that there was also a positive effect of environmental degradation and water availability. For instance, shallow wells develop in holes left after roads construction firm which become a source of water to the community. However, these depressions were supposed to be filled up by the road construction companies.

3.4.5 Status of Water And Sanitation Over the Years

Availability of water for drinking has improved over the last 10 years. There are several projects that have come up over the period such as Ndori-Asembo water project which saw construction of water kiosks.

The price of the water ranges between Kshs. 3 and Kshs. 5 per 20 litre container which is not affordable to the community.

The community reported that in the last (10) ten years the sanitation facilities of the community has improved. The community awareness on importance of sanitation and use of pit latrines has increased overtime as evidenced by Open Defecation Free Area

(ODFA) certification. The practice of hand washing has increased and proper waste disposal is being embraced.

3.4.6 Relationship Between Water and Sanitation and Poverty

The community reported that poverty levels determine the level of access to water and sanitation, quality of water and sanitation and also the type of sanitation facilities used by the community. For instance, majority of the population use temporary pit latrines because they cannot afford to construct the permanent ones. Similarly high poverty levels negatively affect access to clean drinking water. The community reported that price of a 20 litre container is beyond their reach when they want water in large quantities. People are forced to use poor quality water which is unsafe.

Lack of irrigation programmes has rendered people to depend on unreliable rainfall for agriculture, which leads to low yields and low income.

3.4.7 Recommendation

The community recommended the following:

- Wider public participation should be ensured in order to realize the sustainability of the project and correct prioritization of projects. This also facilitates ownership of projects by the community;
- Tap water connection should be expanded to cover a greater number of households and supply should be regular;
- The community should be empowered both financially and through provision of cheap construction materials through subsidizing these materials to construct permanent pit latrines;
- The Government should provide water treatment chemicals; and
- Shallow depressions caused by construction activities and natural causes should be covered to prevent accidents and environmental degradation.

3.5 HOUSING

3.5.1 Introduction

According to the CIDP, the classification of housing is based on the walling, roofing and floor materials used. Majority of the households in the County have earth floors, and a few have cement and wooden floors. Additionally, the majority of the households use mud/wood or tin as the main type of walling material. This can be associated with the high levels of poverty in the County and has also led to the high levels of jigger infestations. The main types of roofing material used in the county include corrugated iron sheets, grass (*makuti*) and asbestos sheets.

3.5.2 Types of Building Materials

The community reported that the main building materials include glass, mud, iron sheets, sand, bricks/blocks, tree poles/fitos, timber and cement.

Building materials for semi-permanent houses are sourced locally. The mud is readily available but the grass is bought from grass farms within the community. Poles are locally available. Some community members source poles from their farms while others purchase. According to the community the average cost of a pole is 50/= and Fitos go for Kshs. 100 per bundle of 25. Thus the building materials are not affordable.

3.5.3 Status on Provision of Housing

The community reported that majority of houses are semi-permanent and are made of mud walls and iron sheet roofing. According to the community a considerable number of household (70) are grass thatched and mud-walled. There are a few permanent block-wall and cemented houses with iron sheet roofing.

The following challenges are faced in the provision of housing:

- The members of the community reported that most building materials are expensive and so they cannot afford them;
- Grass shortages; the society faces shortage of grass for thatching during dry season;
- Culture: In some situation retrogressive cultural practices with respect to housing development has negatively affected transition from semi-permanent to permanent houses. For instance a son cannot build a permanent house if the father does not have one. That means the son is obligated to construct a permanent house for the father before he can construct his; hence discourages some members from developing permanent houses. Similarly, a woman whose husband dies and was living in a permanent house is culturally required to construct a new house which may be outside her financial ability forcing them to settle for semi-permanent. In most cases a widow can only afford a grass thatched house; and
- High dependency ratio: pushes most household into deeper poverty hence they are poorly housed. Proper housing takes a priority to other needs.

3.5.4 Types of Housing and Household Headship

- Female headed households: - Some female headed households had permanent houses while majority had semi-permanent houses. Majority of semi-permanent houses had iron-sheet roofing and mud walls. In one of the female headed household, there was one iron-roofed house with several other mud-walled houses with grass-thatched roofs. All the grass thatched houses were leaking.

- Persons with Disability (PWD): - The community reported that PWDs were housed by relatives or parents. One female headed household had a mentally disabled adult son.
- Elderly Headed: - Most of elderly headed households have semi-permanent houses with majority houses constructed with mud and grass. The roofs are equally leaking. The reason given is affordability and lack of energy/strength.

3.5.5 Status of Housing in the Last 10 Years

The community reported that the status of housing has slightly improved over the last 10 years as evidenced by the increase in number of permanent houses. Majority have semi-permanent houses with some households changing to iron roofed from grass thatched houses. The hindrance to further improvement of housing is the high poverty levels, hence no purchasing power to enable community procure permanent houses.

3.5.6 Recommendation

It was recommended that:

- The government should subsidized the building materials and where possible to construct houses for orphaned households;
- The community should be sensitized on retrogressive cultural practices; and
- High dependency ratio can be addressed by sensitization on family planning and behavioral change that would curb the spread of HIV and AIDS.

CHAPTER FOUR

FINDINGS ON PRO-POOR INITIATIVES AND DEVOLVED FUNDS

4.1 PRO-POOR INITIATIVE

4.1.2 Cash Transfer (CT)

There are cash transfer programmes that include CT-Persons with severe disability, CT-Elderly who are above 65 years of age and CT- Orphans and vulnerable children.

CT- PERSONS WITH SEVERE DISABILITY

There are 70 beneficiaries in Raienda and Madiany divisions, 35 in Rarienda and 35 in Madiany Divisions. Each beneficiary receives Kshs. 2,000 per month but the payment is effected after every two months. The responsibility for collecting the cash transfer is given to the person who lives with the beneficiaries and must be an adult. The payment is done at the nearest post office.

According to a key informant, the cash transfer is inadequate to meet the basic minimum requirement of the basic needs, food and clothing.

A committee at the sub-location identifies the people to benefit through interviews. Form are filled and analysis done to decide who needs the cash transfer the most based poverty and severity of the disability (whether that person has no source of income). It was noted that all the beneficiaries do not have other sources of income.

It was reported that there has been a positive impact from the cash transfer at the household level since they can meet some basic requirements.

The community reported that it was aware of beneficiary of the cash transfer but the number of beneficiary in community could not be established.

CT-ELDERLY

There are 139 beneficiaries in the sub-county (129 are in central Uyoma and 10 in W. Asembo Location. The adequacy, payment, selection criteria and impact on livelihoods are the same as for CT-PWDs.

CT- ORPHANS AND VULNERABLE CHILDREN (OVCs)

The programme is benefitting 1,700 households in the sub-county. It covers all the locations in the sub-county except Central Uyoma and W. Asembo. The specific number of OVC that benefits from the programme could not be established. An amount of Kshs. 2,000 is paid on a monthly basis in cash.

The objectives of the CT-OVC programme is to protect the OVCs against food insecurity, to facilitate school attendance that would otherwise not be possible because of hunger, to facilitates acquisition of statutory identification papers such as birth certificate and to facilitate access to health services such immunization.

There is an OVC location committee made up of 10 persons including the provincial administration (chief and the assistant chief). The committee identifies the needy cases and forwards their names to the children's department for approval. The names are forwarded to Nairobi for remittance of funds.

The beneficiaries are paid in cash and the money is collected by the heads of households where individual OVC stay. The payment is executed through the nearest post office. In case of child-headed families, the child-head is allowed to collect the money as long as he/she is 15 years and above. The money is not adequate to meet basic needs.

Impacts of the cash transfers have been felt by the community and the individual beneficiaries through several ways as below:

- School enrollment and retention of OVCs has improved and maintained;
- OVCs have been able to access immunization seminars; and
- Have been able to acquire the statutory papers like birth certificate.

CHALLENGES OF CASH TRANSFERS PROGRAMMES

- Misinformation: - Community members believe that they all qualify to get the cash transfer. For instance, to qualify for CT- elderly, one must be above 65 years of age and needy yet some community members believe they are qualified just because of age. Some politicians give false information about the cash transfer to boost their political agendas;
- Limited funds thus few beneficiaries: In addition, due to inadequate funds less home visits are done to identify the right beneficiaries;
- Corruption: - There is favouritism during identification and selection of beneficiaries. Some undeserving individuals benefit while the most deserving ones are left out;
- Some guardians to OVCs are too old to even go and collect the money from the post office. In such instances they send third parties who charge them for the service. Instances have been reported where these third parties charged Kshs. 1,000 for service to collect the money. The transactions are done secretly and the authorities are not aware;
- The cash transfer does not take into consideration the number of OVC in the households; and
- Lack of effective M&E system to prevent some guardians from misusing the money.

RECOMMENDATIONS FOR CASH TRANSFER PROGRAMME

- The fund should take into account the number of OVCs in the household so that the amount is allocated as per needy cases;
- Increased funding to ensure wider geographical coverage as well as greater number of beneficiaries of these cash transfer; and
- There should be a monitoring mechanism to ensure that these funds reach the intended OVCs.

4.1.2 Kazi Kwa Vijana (KKV)

In the KKV programme, funds are allocated to contract 50 youths for 20 days to plant trees. The youth are contracted at Kshs. 250 per day. The contract is done twice a year and the target group is youth between 15 – 35 years. The one-third gender rule where 33% of the youth should be from either gender applies. This programme is dictated by the funding.

There is a committee made up of two youth representatives, a representative from the forest office and a representative from the provincial office. This committee is used to identify the youths to be contracted, the site for planting tree and facilitate payment.

The community reported that the level of awareness on KKV is high but the youth are not aware of the selection criteria and none has benefited from KKV.

The impact is low since a few youth are targeted at a particular time. However, the youth who have been engaged benefit a lot from the programme. The community has also seen environmental impact because the trees planted have increased forest cover.

Challenges

- The Government does not follow up what the youths do or the impact of the programme to their personal lives;
- The job is not continuous thus sustainability of the programme is not achieved; and
- The officers in charge insist so much on performance contract which may not focus on high impact area.

Recommendation

- The Government should increase the funding so that many youths can be employed and for a longer period; and
- A follow up should be conducted to establish the impact of the programme on the youth.

4.2 DEVOLVED FUNDS

4.2.1 Constituency Development Fund (CDF)

CDF has constructed classroom, health facilities and latrines. The fund has facilitated the construction and rehabilitation of water projects and maintenance of rural access roads. It has also facilitated bursaries for needy children in and secondary schools.

The responsibility of ensuring prudent use of the devolved fund lies with the Project Management Committee (PMCs). The committee is also responsible for project identification and prioritization with close liaison with community.

The community reported that the following programmes have been undertaken through CDF:

- Construction of primary and secondary schools projects in Central Asembo location;
- Co-funded storey dormitory of Lwak girls' secondary school;
- Construction of Lwak mixed primary school classes; and
- Renovation of classrooms in Lwak home craft and Baradidi Primary School.

Generally, the CDF programmes have been initiated in all primary and secondary schools in the sub-county ranging from bursaries to construction of school infrastructure.

The level of awareness of CDF projects is high in the community. Sensitization and creation of awareness of CDF projects/activities is done through chief's *barazas*.

CDF has improved the livelihoods of people in the community due to construction of classrooms, bursaries and water projects which have led to increase in school enrolment and improved water sanitation facilities.

Challenges

- Lack of community willingness to participate in project identification and prioritization, leaving decisions to project officers and the elites;
- Funds meant for projects are misused by Project Management Committees leading projects stalling;
- Political Interference in prioritization of geographical and sector budgets for projects hampers the effective delivery of services;
- Inadequate funding especially of bursaries does not ensure wider coverage for needy students; and
- Expensive and over ambitious projects by PMC that lead to wastage of funds as well as white elephant projects whose prioritization was wrong in the first place.

Recommendations

- Centralization of project funding and leave the locals to participate as social auditors;
- More sensitization and awareness creation about CDF activities should be done to reduce community ignorance and facilitate voluntary particularly through all stages of project implementation;
- Restructure CDF operation to stop political interference in project identification and prioritization; and
- Increase funding for bursaries kitty to ensure greater number of needy students benefit.

4.2.2 Women Enterprise Fund (WEF)

A key informant reported that the level of group funding through WEF is good. All groups that have applied and qualified have been fully funded. The funding ranges between Kshs. 50,000 and Kshs. 120,000.

The community reported that it is aware of the fund but very few apply as they fear to borrow because there has been a negative perception as to the repercussions of defaulting. This perception has been built from some women's experiences with some lending institutions such as KWFT having been reported to have repossessed household belongings such as utensils, iron sheets and beddings. Individual borrowing is done in SACCOs such as Bondo Teachers Sacco.

The selection criteria is that the groups must be registered and then fill a form. The officer in the field trains them and the successful groups are given certificates. The filled form and their certificates are analyzed by Deputy DSDO, who then sends them to the head office in Nairobi for funding. The funds are then disbursed to bank accounts of the groups.

WEF has impacted the community positive through increased horticultural produce, women engage in income generating activities and most people have bought farm inputs such as fertilizer that has increased farm yields.

Challenges

- Low application of these funds due to negative attitude regarding repayment and default repercussions;
- Some groups default on the payments; and
- Inadequate M&E procedures creating laxity in repayments.

Recommendations

- There should be constant support to businesses of beneficiaries to guard against default through frequent training on entrepreneurship and internet marketing programmes; and
- The Government should increase funds for monitoring and evaluation.

4.2.3 Youth Enterprise Development Fund (YEDF)

The programme is offered through training of the youth on business management, identifying business opportunities, sensitization on the youth fund products, business assessment and disbursement of loans.

The training and sensitization is done in collaboration with partners such as Plan International which has assisted in carrying out 10 workshops.

The loan products available through the fund are Constituency Youth Enterprise Schemes made up two products namely; RUSHA (for beginners) and IUNUA (For groups that are expanding).

To qualify for selection, the group must be three months old, must have banks statements, officials must be 100% youths, membership must be 70% youth and there must be minutes authorizing for loans application. The first loan is Kshs. 50,000, second is Kshs. 100,000, third is Kshs. 200,000 and fourth is Kshs. 400,000.

The community reported the following impacts of the fund:

- It has increased job opportunities among the youth e.g. in Muhaya Many Youths are now doing businesses;
- It has reduced criminal activities since the youths are now engaged in income generating activities; and
- It has empowered the youth all over the sub-county (e.g. along the beaches some own fishing boats).

Challenges

- The culture of doing business among the youth is still not good since they still prefer formal employment to self-employment;
- Youths fear that failure to loan repayment will mean losing everything including personal belongings;
- In most circumstances after the approval, cheque disbursement is delayed hence interfering with the whole project life cycle; and

- The progress of loan application is demanding and sometimes discourages the youths.

Recommendations

- Bureaucracy in the whole process should be reduced to save on wastage of time and resource as well as to bring more youths in to the net; and
- The office should be devolved to the counties to ease accessibility to services provided.

4.3 OTHER PRO-POOR INTERVENTIONS

- i. The Center for Disease Control (CDC)-KEMRI - They provide health care services to the community such as a few people living with HIV&AIDS. They provide free treatment for opportunistic infection and if admitted in Lwak Mission Hospital they cater for in-patient cost for one week. One finding in this regard is that the community members has developed a coping mechanism where a patient discharges himself/herself before the seven days are over and seeks re-admission thereafter in order to continue enjoying free in-patient service. The programme covers Rarienda division and is based at Lwak Mission Hospital. For those sponsored patients, the programme caters for their mortuary expenses.
- ii. Rarienda Educational support Association - This programme is a personal initiative of the area M.P. A parent approaches him and asks for assistance in paying school fees. He has sponsored many students in Memba sub-location.
- iii. UNICEF - They put up a deep-well hand pump for the community in May 2009 but it is not working.

CHAPTER FIVE

CROSS CUTTING ISSUES

5.1 HIV&AIDS

The high prevalence rate of HIV&AIDS is a major hindrance to development. This has led to an increase in the number of child headed households, Orphans and Vulnerable Children (OVC), loss of productive labour force leading to low productivity and increased school drop-out rate as the older children assume the role of taking care of their ailing parents and their younger siblings. In addition, more resources are being diverted to taking care of the infected and affected at the expense of development.

Despite the high level of awareness of HIV&AIDS, new infections continue to be reported. This has a massive negative impact on poverty reduction as seen by the many orphans left and female headed houses that are also infected by the virus.

5.2 GENDER MAINSTREAMING

The resource distribution and ownership is skewed towards men. In agriculture for instance, while women provide more work force, they own less land and resultant family income from the sector. Men always own (are associated) the high value assets while the low value are associated with women in the community.

When there is separation in a marriage, the woman is normally left with the responsibility of the children because of some retrogressive cultural beliefs. Men are never involved in family planning and thus most women do it secretly.

5.3 DISABILITY

Persons with various disabilities (PWDs) have been largely left out of development processes. There are only few institutions that take care of the needs of children with disabilities. The institutions do not offer the training required up to secondary and tertiary level. This limits their chances of a successful future life leading to increased poverty and marginalization.

The community defined poverty in terms of little income. People with disability were also regarded as poor because they cannot feed themselves. A person with severely disability cannot work instead will require support from the family increasing dependency ratio leading to poverty.

Most PWDs in the community do not access basic education due to inadequate special schools. Some parents hide the children with disability depriving them their constitutional and human rights.

CHAPTER SIX

RECOMMENDATION AND CONCLUSIONS

6.1 Recommendations

1. Government should support the community improve agriculture production because the community fully depends on subsistence farming;
2. The agricultural and livestock services should be enhanced through provision of adequate technical-expertise so as to advice the society on the best agricultural practices;
3. The Government should provide certified seeds to improve yields and create food security. Research should also be conducted to identify seeds which are suitable for the area;
4. The prices of fertilizers should be subsidized and be repackaged in small packages (kadogo economy) which the community can afford;
5. More schools should be constructed in the area especially primary schools and youth polytechnics to improve education and improve school infrastructures and facilities especially through construction of libraries and laboratories;
6. The school feeding programs should be introduced to reduce the burden to the parents and encourage retention;
7. The drug supply should be increased to the local health facilities to match the demand;
8. More medical and teaching personnel should be posted to health and education facilities to address the problem of understaffing;
9. Government should introduce computer lessons from lower primary to increase computer literacy;
10. Parents should be sensitized on their roles and value of education to reduce the cases of school dropouts;
11. Wider public participation should be ensured in order to realize the sustainability of the project and correct prioritization of projects. This also facilitates ownership of projects by the community;
12. The government should subsidized the building materials and where possible to construct houses for orphaned and poor households;
13. The OVC cash transfers programme should take into account the number of OVC in the household so that the amount is allocated as per needy cases;
14. Increased cash transfers to ensure wider geographical coverage as well as greater number of beneficiaries of these cash transfer;
15. There should be a monitoring mechanism to ensure that cash transfers reach the intended OVCs;
16. A follow up should be conducted to establish the impact of the programme targeted towards the youth;

17. More sensitization and awareness creation about CDF activities should be done to reduce community ignorance and facilitate participation particularly through all stages of project implementation;
18. There should be constant support to businesses of beneficiaries of WEF and YEDF to guard against default through frequent training on entrepreneurship and internet marketing programmes; Bureaucracy in the whole process of accessing WEF and YEDF should be reduced to save on wastage of time and resource as well as to bring more women and youth into the net; and
19. The office WEF and YEDF should be devolved to the counties to ease accessibility to services provided.

6.2 CONCLUSIONS

The County still attributes high levels of poverty to low food production. To be able to address poverty there is need to enhance development efforts targeting food production. This will not only ensure food security but also provide income through the sale of surplus farm produce. There will be need to fully practice proper crop and animal husbandry unlike the current situation where many households still use traditional off-farm and on-farm practices.

There are so many projects and programmes in the community and the sub-county that the people are not aware of the youth enterprise fund, local authority transfer funds and poverty eradication commission fund. The community is not involved in M&E of projects funded by both Government and other stakeholders.

There has been an increase in enrolment in both primary and secondary school since the last 10 years. However, in the community, there is high girl-child school drop out between classes 5-7 due to early pregnancy.

In the past 10 years, the mortality rate of under-five years has reduced due to intense health improvement.