

**REPUBLIC OF KENYA**



**THE PRESIDENCY  
MINISTRY OF DEVOLUTION AND PLANNING**

**PARTICIPATORY POVERTY ASSESSMENT V**

**TRANS-NZOIA COUNTY SITE REPORT -  
NYOTA CLUSTER**

**KFNYA**   
**VISION 2030**  
**Towards a Globally Competitive and Prosperous**

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## **FOREWORD**

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

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

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

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

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

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

## **ACKNOWLEDGEMENTS**

The Trans-Nzoia County Participatory Poverty Assessment is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of the Constitution of Kenya 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the fifth National Participatory Poverty Assessment (PPA-V) Report whose findings have been published simultaneously with the 47 County Reports.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Stephen Wainaina, the Economic Planning Secretary and Moses Ogolla, the Director Social & Governance 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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Finally, the Ministry is grateful to the respective County Governments and their staff, National Government staff in the Counties, communities and their leaders as well as key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

**Engineer Peter O. Mangiti**  
**Principal Secretary**

## EXECUTIVE SUMMARY

Trans-Nzoia County covers an area of 2,495.6 km<sup>2</sup> and had a total of 818,757 persons (407,172 males and 411,585 females) according to the 2009 Kenya Population and Housing Census. The population was projected to be 912,602 persons in 2012, 1,016,682 persons in 2015 and 1,092,583 in 2017. Of the total population, 49.5 percent are living in absolute poverty and contribute 2.5 percent of the total poverty incidence in the country. A reported 62 percent of the total population is food poor. The average farm size is 1.5 ha for small scale and 30 ha for large scale, while 45 percent of the inhabitants have title deeds.

Between 2012 and 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. In Trans-Nzoia County, the study was conducted in Nyota community of Tuwan sub-location.

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.

The findings further indicated that poverty is a reality even in urban areas. The most affected categories of persons are Persons with Disabilities (PWDs), women-headed households, slum dwellers, the landless, the aged, OVCs and the unemployed. 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, mainly making roads to all weather status. There is also need to sensitize community members on the availability of devolved funds and how to access them. This further calls for the need to build capacity of youths, women and other vulnerable groups on entrepreneurial skills. Together with this, efforts should be made to construct/rehabilitate and equip health centres and provide them with adequate qualified personnel. On education, there is need to employ more qualified teachers to mitigate on shortage and reduce the burden on parents, 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 adequate and subsidized farm inputs to spur agricultural growth. The government should further create awareness on water harvesting, conservation and on sanitation issues.

## List of 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 Goals
NACC	National AIDS Control Council
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Nongovernmental Organization
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PWD	Persons with Disabilities
RA	Research Assistant
STI	Sexually Committed Infection
SSE	Subsidized Secondary Education
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. 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/AIDS, orphans and the elderly.

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

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

The third PPA carried out in 2001 covered 10 districts with the objective of enriching the quantitative 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. PPA-IV 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.

Since the fourth PPA, the government has initiated a number of programmes aimed at alleviating poverty, inequality and ameliorating the suffering of the vulnerable sections of the Kenyan citizens. The fifth Participatory Poverty Assessment mainly focused on the impact of the various pro-poor policies, strategies, programs and projects aimed at reducing poverty and improving welfare.

## 1.2 PPA-V 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) focused on two main areas:

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

More specifically, the participatory study sought to:

- i Gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups.
- ii Broaden the process through which policies will be developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty.
- iii Identify and prioritize policies, strategies, programmes and projects which would support poor communities to improve their wellbeing, focusing on pro-poor initiatives.
- iv Integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.
- v Monitor impact to identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change.
- vi Enrich understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment.

- vii Respond to the Bill of Rights and other articles enshrined in the Constitution of Kenya 2010 e.g. public participation.

### **1.3 COUNTY/CLUSTER PROFILE**

Trans-Nzoia County covers an area of 2,495.6 km<sup>2</sup>. According to the 2009 Kenya Population and Housing Census, the County had a population of 818,757 persons (407,172 males and 411,585 females). The population was projected to be 912,602 persons in 2012, 1,016,682 in 2015 and 1,092,583 in 2017. Of the total population, 49.5 percent are living in absolute poverty and contribute 2.5 percent of the total poverty incidence in the country. A reported 62 percent of the total population is food poor. The average farm size is 1.5 ha for small scale and 30 ha for large scale, while 45 percent of the inhabitants have title deeds.

The main economic activity in the county is agriculture with 85 percent of the population engaging in agriculture. The County has a highland equatorial kind of climate. The rainfall is fairly well distributed throughout the year. The slopes of Mt. Elgon to the west receive the highest amount of rainfall while the region bordering West Pokot County receive the least. The County experiences bimodal rainfall pattern. The long rains occur from April to June, while the short rains fall from July to October.

The mean temperature in the County is 18.6°C but temperatures vary between 10°C to 30°C. The county has favourable climate for both livestock and crop production. The average daily relative humidity is 65 percent and the wind speed is 2 knots.

The average household size is 6 members, compared to a national figure of 4.4. The county has Persons with Disabilities and female headed households, although the exact numbers are not known.

### **1.4 METHODOLOGY**

#### **1.4.1 Selection of the Cluster**

For the purpose of collecting information, Nyota cluster was selected to represent the county. 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 the 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.

### **1.4.2 Process, Study Instruments and Fieldwork**

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

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

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

### **1.4.3 Field Logistics**

The PPA-V was conducted in two phases; Phase 1 was conducted between November and December 2012 while Phase 2 was conducted between November and December 2013. 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 former 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 to assist in data collection in the county. RAs were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle and patterns of the people.

The training of researchers ran for 4 days and data collection and report writing was done in 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. This report presents the PPA-V survey findings. It uses poverty perceptions as recorded from Nyota to draw inferences about the county.

## **1.5 REPORT ORGANIZATION/OUTLINE**

The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty and inequality in the County while chapter3 presents findings on provision of public services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings 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) etc and any other pro-poor interventions. Chapter 5 outlines the crosscutting issues while Chapter 6 presents recommendations and conclusion

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

### **2.1 INTRODUCTION**

Poverty is multi-faceted and PPA-V aimed to gain a deeper understanding of poverty based on community perceptions. It also aimed at capturing the local definition and understanding of poverty, characteristics of the poverty and its causes, coping mechanisms by different groups in the society, and hence come up with recommendations for improvement.

From the basic report on well being 2008, the absolute poverty index for Trans Nzoia County is 49.5 percent while the food poverty is 62 percent. This implies that about half of the population lives below the poverty line. The majority of these are small scale farmers who live in the rural areas and own small parcels of land. The segment of the County population living in abject poverty includes: widows, orphans/street children, female headed households, the disabled and peasant farmers

### **2.2 DEFINITION OF POVERTY**

The Nyota community defined poverty as the state of lacking jobs, money, food, shelter, clothing and education. To them, the state of being unable to support oneself in life is considered as poverty.

### **2.3 CLASSIFICATION AND CHARACTERISTICS OF THE POOR**

The community described itself has having members who are very poor, poor and rich.

The very poor were said to be in more problems than those in the other levels. They were described as those with no jobs, their children have no education, they barely have one meal in a day, sleep outside especially at the construction sites, pick cereals from the rich men's farms and by roadsides, and are mostly orphans. An example was given of a child who went out to fend for himself by picking cereals and was unfortunately knocked down by a car and died. The poor were said to be about half the settlement (50%).

The poor were said to be those with businesses such as selling mandazi and tomatoes and so on. Their children attend school though public schools. They were also described as those who do not pay rent but own shanties. They rear poultry and have few livestock (1 goat or cow). They get at least 3 meals a day.

The rich were described as those with several cars (more than 1), good houses (permanent house), they dress well while their children attend private schools. They have personal cars and can afford to change to a different one. They were also said to be able to seek treatment from private hospitals and have clean piped water in their houses.

## **2.5 CAUSES OF POVERTY**

The causes of poverty were said to be different for men, women, youths, PWDs and OVCs. Among men, poverty is caused by lack of money to buy farm inputs such as planting seeds, lack of land for farming, and lack of title deeds thus they cannot access loans. In women, poverty is caused by lack of jobs, illiteracy, and divorce due to early marriages. As a single parent, it is hard to take care of the family by providing food, shelter and clothing. Inflation has resulted to more poverty as what their husbands give (KShs150) for daily use is not enough to cater for their needs.

In addition, due to idleness, girls enter into relationships, and get children while living with their parents. This increases the dependency ratio and in turn drives many households into poverty. The Nyota community members explained that an ideal family size consists of about 7-8 children, compared to a county average of six.

Persons with Disabilities do not access devolved funds due to lack of awareness to help them in starting businesses and therefore remain poor. Their state of being physically challenged makes them unable to work or be less productive hence become poor.

The youths are poor due to lack of jobs, and only use the pay they get from casual jobs to buy alcohol and drugs. Most of the casual jobs are in brewing sites and the payments are mostly in terms of alcohol. These make them less productive, irresponsible and therefore become poor. They also spend time idling by watching videos. Youths have also inherited poverty from their parents. Many youths rely on inheritance from parents who have nothing to leave behind.

## **2.6 IMPACT OF POVERTY**

High poverty rates in the community have led to loss of livelihoods and the ability to seek services. It has made members not to take their children to good schools, to seek health services and to lack other basic amenities. Both men and women carry the burden of sustaining the family. Women suffer more in cases where the husband runs away leaving the family behind.

## **2.7 COPING MECHANISMS**

To cope, some of the people are self employed mainly found in the informal sectors such as jua kali, hawkers, those engaged in retail and wholesale business and farmers. Men search for casual jobs from the rich who pay them little to earn a penny to sustain their families. Some men also run away and leave their families to suffer. Women do laundry work for the rich, farm and do small businesses such as selling tomatoes and charcoal. Women form merry-go-rounds and contribute money to share among themselves. They also turn to prostitution when the going gets tough. The

young girls engage in prostitution in order to get money for sustenance, while men search for casual jobs and at times practice forceful robbery which they called '*jembe*'.

## **2.8 ASSET OWNERSHIP AND ACCESS**

The assets in this community include plots, television, motorbikes and cereal stores. Men make majority of the decisions about the assets since they own most of them.

## **2.9 POVERTY AND GENDER**

The community reported that there are major gender disparities in term of poverty. Women are mainly the providers of the household needs especially in term of food in most of the households. Men seem to be less concerned on what the family will feed on and sometimes rely on women to provide for them as well. There are PWDs in Nyota, including households headed by PWDs. They were said to be very poor as there are no government interventions hence they are taken as a burden/ bother to the families/relatives.

## **2.10 POVERTY TRENDS OVERTIME**

The Nyota community reported that poverty has slightly reduced over the past years due to various interventions by the state and non-state actors. For example, the Free Primary Education (FPE) and Subsidized Secondary Education (SSE) have freed some resources for other household needs. However, to them, FPE is not entirely free even though it has enabled many households to reduce expenditure to educate their children. Programmes by non-state actors have had some impact on their livelihoods. World Wide Concern, a non-state actor, has been involved in construction of classes and provision of foodstuffs and uniform to disadvantaged OVCs.

## **2.11 RECOMMENDATIONS**

The community made the following recommendations:

- There is need to adopt labour intensive strategies for road construction such as Roads 2000 and KKV instead of the heavy machines to create jobs for the youth;
- There is need to establish factories dealing in farm product to create jobs and market for farm products;
- There should be capacity building on entrepreneurial skills for all groups (OVCs, PWDs, men, women and youth);
- Create awareness on how to access devolved funds like Women Enterprise Fund the Youth Enterprise Development Fund among others.

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

### **3.1 HEALTHCARE**

#### **3.1.1 Introduction**

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

The county has several health facilities which are not adequate to serve the entire population of the county. The health facilities are not well equipped and have inadequate personnel notably doctors and nurses. HIV/AIDS prevalence is 5.3 percent, which is below the national figure of 5.6 percent but continues to present serious challenges at the household level as it affects the productive age. Notably, the number of doctors, specialists and nurses are few with a doctor to population ratio of 1:32,593 and nurse to population ratio of 1:4,000.

The five most prevalent diseases in the county (in order of prevalence) are malaria at 34.8 percent, flu at 22.8 percent, respiratory tract infections at 9.5 percent, stomach-ache at 5.3 percent and diarrhoea at 2.8 percent.

There is only one private clinic called Zion and is a kilometre away from the Nyota community.

#### **3.1.2 Health Concerns**

The common ailments in the community include malaria, waterborne diseases (diarrhoea, typhoid), TB and HIV/AIDS. According to the key informant, the common ailments in Trans Nzoia West include malaria, upper respiratory tract infections, pneumonia, HIV/AIDS and ringworms among others. Malaria is said to have reduced due to the provision of free malaria drugs at public hospitals which are also affordable in private hospitals, mosquito nets are provided freely in the community, while spraying is also done after a duration since insects can be resistant to chemicals if regularly used. Upper respiratory tract infections (URTI) are said to be prevalent during the months of May to July due to the pollen dust from maize plant at this time.

HIV/AIDS prevalence is high but has reduced generally. It is said to be high in the region because of foreign maize buyers from Uganda who come and settle in the area and engage in immorality with community members.

### 3.1.3 Provision of Healthcare Services

There are four services that are offered in Zion, including dental services, family planning, circumcision and abortion. There are mobile services too for diseases such as measles and polio offered at Tumaini Primary School. In cases of referrals, they are forced to go to the Kitale District Hospital about 6km away. They use motorbikes to this referral hospital at a fee of Kshs50 during the day and Kshs200 at night. In severe cases, community members walk to the district hospital.

The Zion clinic lacks equipment such as gloves, syringes and other things used there (*hawana vitu, tunachemsha maji kwa stove*). The clinic also does not have electricity. It was a concern that the idea of boiling the equipment exposes them to risks of contracting diseases like HIV.

The services are charged depending on how the client/patient is dressed (*vile umevaa*), although at times you can bargain and the prices vary between Kshs100 and 200. At the nearest referral hospital (Kitale District Hospital), the community pays Kshs50 for registration and mostly there are no drugs, forcing one to buy drugs from the chemist outside the health facility.

According to the community, members have not benefited from insecticide treated nets (ITNs) and some free services from the government for children under the age of five years. However, during the administration of the household questionnaire, visited households agreed to having benefited from ITNs and the polio door-to-door campaigns.

The use of traditional birth attendants (TBAs) to aid women while giving birth was said to be common. The cost of delivery through a TBA was reported to be Kshs 1,000 although one can still bargain. They explained that they visit the TBAs because they cannot afford the charges at the Kitale District Hospital. In addition, the district hospital is 6km away and the transportation costs are not affordable to them. Free maternity services are offered in the district hospital although there are no equipments, and women have to buy cotton and gloves to ensure smooth delivery.

Sexual assault cases seemed rampant in the community. The respondents explained that this was as a result of drug abuse. They further explained that as a result of the overpopulation, boys and girls are forced to share one room.

### 3.1.4 Interventions to Improve Health Standards

The community pointed out a private organization sponsored by the Catholic Church supports children through a feeding program while at the same time offering tuition to children mostly who do not reside in Nyota.

Most of the respondents are not members of the NHIF. Of the thirty community members, 4 members had NHIF cards and had benefited. One of the members explained how his father who had a brain growth benefited through some Kshs 60,000 paid courtesy of the NHIF card.

### **3.1.5 Ideal Family Size**

The Nyota community members explained that an ideal family size consists of about 7-8 members including children.

### **3.1.6 Relationship between Family Size and Poverty**

The poor and very poor have found healthcare largely inaccessible in the last ten years. The costs are high hence few people can afford. Health services have deteriorated in that, in the past, there were enough medicines in the hospitals and even in the dispensaries, but these days people pay for treatment and medicines separately hence some end up not buying drugs.

The hospitals in the area do not have enough qualified health personnel and as such healthcare is not sufficient. Youths abuse cheap drugs and alcohol and as such the health of the youths has deteriorated. Girls on the other hand end up dropping out of school, engaging in prostitution and early marriages just to be able to afford healthcare. This coupled with the HIV/AIDS scourge has really affected productivity in the community. The respondents pointed out the introduction of free healthcare for under-fives had greatly impacted on their health seeking behavior.

### **3.1.7 Access to Family Planning Services**

The community said that family planning services are available at Zion clinic where they pay Kshs50 for injectables. The decision on the use of FP services depends mostly on mothers/females. They do it secretly though, especially for single mothers and girls. For those with husbands, they consult each other. Those without money do not go for FP services. Community members do not access condoms easily and are forced to buy them at Kshs20 instead of Kshs10. In addition, the community is aware of community health workers (CHWs) although their services have had no much impact in the society.

Female condoms are said to be distributed by the deputy public health nurses while male condoms are given out by the CHW during communities units (CU) such as cleaning stagnant water and clearing bushes. Sometimes the CHW give condoms to the friendly people in the societies and also the leaders among the men, women, youth who can easily distribute the condoms to the public since they are free.

### **3.1.8 Status of health in the last ten Years**

Among the challenges faced by the public health sector in Trans Nzoia include poor supply of drugs in that they do not consult the Public Health Officer on which drugs to supply, hence drugs come and are not used because the diseases meant to be treated are not prevalent in that season. Further, staffing is inadequate e.g. in maternity services.

Others include inadequate health centres to serve the community, inadequate medicines in the available health centres, poor road network linking the community to the health centres, expensive healthcare services, few CHWs, and low morale among healthcare staff.

### **3.1.9 Conclusion and Recommendations**

The community recommended that the government and other stakeholders should:

- Construct a health facility near them with qualified service providers;
- Create awareness on the health services being offered;
- Construct pay latrines and improve the sewerage systems;
- Promote the use of appropriate technology in the water logged areas in construction of pit latrines;
- Create awareness on the importance of NHIF even to those in the informal sector; and
- Ensure timely supply of drugs by the Kenya Medical Supplies Agency (KEMSA).

## **3.2 BASIC EDUCATION**

### **3.2.1 Introduction**

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

There are 818 public and private Early Childhood Development Education (ECDE) centres in the county. The enrolment of ECDE stood at 45,900 children as 2012. There were 1166 ECDE teachers (private and public) in the county. The gross enrolment rate in primary education is 102.1 percent for boys and 96.5 percent for girls while the net enrolment rate is 87.6 percent for boys and 82.3 percent for girls. The number of primary school teachers is 4,349, with a teacher to pupil ratio of 1:48 for public primary schools which is way beyond the recommended 1:40. The dropout rate is 22

percent. The total number of secondary schools is 169 out of which 151 are public schools and 18 are private. The enrolment is 24,292 for boys and that of girls is 21,389 giving a total of 45,681 students. The number of teachers is 1,136 both for public and private schools, while teacher to student ratio is 1:40.

### **3.2.2 State of Educational Facilities**

There is one primary school, Tuwan Primary School, located about 500 metres from the community. The school has a shortage of teachers thus forcing parents to pay in order to employ four PTA teachers. The school has all the classes, though they are overcrowded since the introduction of Free Primary Education (FPE). Each student pays Kshs150 per term for the PTA teachers and Kshs 40 per month for watchman. The students pay for all the examinations except the end of term exam. In addition, the respondents explained that they buy furniture such as desks for new entrants.

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

The standard 8 pupils pay for meals. This has helped the pupils be retained at school. However, the payment of the Kshs150 for the PTA teachers and the watchman fee has made most of the pupils dropout because most parents cannot afford. This is despite the fact that parents are involved in decision-making during the Annual General Meeting.

Few community members have benefited from CDF bursaries. Two community members present explained that they have received Kshs 3,000 and Kshs 2,000 from CDF. Most of the community members explained the reason for not benefiting is that they are not fully aware of the procedure for application. Most of the beneficiaries were said to be the rich ("*niya ma sonko*").OVCs have benefitted from the CDF bursaries, although the assistance is up to primary school level. A case was pointed out that three pupils had received the bursaries.

### **3.2.4 Interventions towards Improvement of Education Standards**

According to the KI, both FPE, SSDE, bursaries from CDF and Ministry of Education among others have improved the education standards of many pupils and students within Trans-Nzoia West. A nongovernmental organization, Practical Action, has also chipped-in in terms of building classrooms, and identifying OVCs to support in terms of fees and uniform.

The level of ICT among the youth is low. Therefore, DOT Kenya which is an NGO has partnered with the Ministry of Youth Affairs and Sports to provide resources like computers and resource persons to teach ICT skills. Youth Polytechnics are also being developed to suit the needs of youth but youths are not utilizing the polytechnics e.g. Kitale Youth Polytechnic near Tuwan area that has about 80 students.

### **3.2.5 Status of Education Services over the Last ten Years**

Within the past 10 years, education standards have improved due to the introduction of FPE. Retention rates, enrollment rates and transition rates have all improved courtesy of FPE and the Subsidized Secondary School Education.

However, according to the community, CDF and ESP funds have been irregularly allocated, whereby more funds are allocated to schools which have more facilities and less money to schools with fewer facilities.

### **3.2.6 Relationship of Education and Poverty**

Some children are sent home due to lack of fees hence there is a low turnout and concentration due to on-and-off teaching. The chief and provincial administration's role of ensuring that all children of school-going age are enrolled has not had much impact as there are many children that are not in school. Others are simply not schooling due to lack of fees.

In some classes, especially Class One, there are too many pupils and therefore make teaching a problem. In most cases, all parents are involved in the proposing of additional payments.

Some children have benefited from bursaries. Bursaries seem to target the girl-child in Nyota.

### **3.2.7 Recommendations**

The community recommended that:

1. FPE should be free in the true sense including textbooks and other inputs;
2. School feeding programme should be introduced so as to boost retention rates;
3. Devolved funds should target the less fortunate and schools with fewer facilities;
4. The government should employ more teachers to ease the burden on parents;
5. The government should strive to provide adult education to enable the elderly engage in meaningful economic activities; and
6. The government should consider funding Early Childhood Education.

### **3.3 AGRICULTURAL SERVICES AND INPUTS**

#### **3.3.1 Introduction**

PPA-V sought to gain a deeper understanding of the major agricultural activities in the area, including major crops and livestock breeds kept and the level of farming, that is, whether commercial and/or subsistence. The study also sought to understand the challenges faced by local farmers. Finally, the study aspired to make recommendations based on the opinions of community members.

#### **3.3.2 Status of Programmes**

It was reported that community members in Nyota do not own land and therefore do not practice large scale farming. They only grow crops for basic consumption such as *sukuma wiki* in their small plots.

#### **3.3.3 Status of Provision of Agricultural Services and Inputs**

The community members explained that they buy farm inputs from Kenya Seed Company. Since the produce is not much, they do not store or preserve but sell it to get money for other household purposes. In addition, their small plots have no space to accommodate a storage facility.

#### **3.3.4 Interventions towards Improvement of Agricultural Services**

According to the key informant, the District Agriculture Officer, Kitale, several programmes exist and include water harvesting programmes, Njaa Marufuku, etc. These programmes have been established well in the region such that farmers are trained well and encouraged to go a step further in livestock and farming production.

According to the key informant, manure and seeds are subsidized. Some of the farm inputs are obtained from other sources like other NGOs and private companies. The officer further added that most of the farmers in the region plant maize for subsistence (use at home) and for sale.

According to the key informant, most farmers in the region dry their crops before storage, which is stored in small stores in their compound, but due to heavy rainfall and insecurity storage tends to be a tricky affair. The farmers in the region moreover use chemicals bought in agrovet shops for preservation after which maize is sold either to middlemen or directly to the National Cereals and Produce Board (NCPB).

### **3.3.5 Target Group for Agricultural Services**

These programmes are targeted to the community as a whole without restriction. Both men, women and the youth are involved which has been made easier by creating groups. The KI further reiterated his involvement in deciding priorities for the community by endorsing the programmes made, and hence is accountable for funds and farm inputs shared to the groups.

The KI affirmed that no service is paid for unless the farmer willingly gives out in good faith, although the farmers pay for the agricultural mechanization services.

### **3.3.6 Relationship between Agriculture and Poverty**

According to the DAO, agriculture in the region is related to poverty in most households since most people tend to be comfortable when agriculture is doing well while low production is associated with poverty. In few cases when the living standards are low especially during the dry seasons, men are not able to consistently provide and women and girls/daughters turn to prostitution in order to acquire money for survival. In addition, the few wealthy farmers carry the heavier burden in case of low output due to high costs associated with ploughing and other labor costs.

### **3.3.7 Status of Agricultural Services over the Last Ten Years**

According to the community, agricultural services over the last ten years have been declining. It was noted that improvement in some crops and decline in others like beans which was attributed to climatic change.

### **3.3.8 Recommendations**

The community recommended that:

- There was need to reduce/subsidize farming inputs such as seeds and fertilizers;
- There is need to fast-track the issuance of title deeds in order for farmers to undertake serious farming activities;
- They are unable to secure loans from banks because they do not have title deeds. The government should therefore put in place other interventions that can enable them access loans easily;
- There is need to subsidize lime which is used to moderate acidity in soil; and
- There is need for the government to provide horticulture cooling machines to promote horticulture in the region.

## **3.4 WATER AND SANITATION**

### **3.4.1 Introduction**

The county has plenty of water resources due to the presence of Cherangany and Mt.Elgon water towers. The county has good reserves for groundwater and surface water but the proportion of households with access to piped water is still low. The average distance to the water points in the county is 1 km for urban and 3 km for the rural households. There are three water supply schemes in the county, namely, Kitale Water Supply, Saboti Water Supply and Kiboroa Water Supply. The water supply schemes have their intakes in River Nzoia, Kapolet Forest and Mt. Elgon.

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

Clean piped water is available in the community. This water is used for all purposes. The water is available at an NGO water kiosk at Kshs3per 20 litres and at Kshs2 per 20litres from Nzoia Water Services Company Limited (NZOWASCO) kiosk. At the spring, water is freely obtained.

These water points are located near the community making access easy. In addition, water from all sources (spring, shallow well, tap and kiosks) is tested from time to time to ascertain its suitability for use. They have also benefited from water kiosks that were constructed by the Kisumu Urban Apostolic Program (KUAP) and Shelter Forum.

However, despite the clean water, waterborne diseases are present due to sanitation challenges. The members pointed out that there is poor waste disposal, lack of drainage systems and lack of toilets. They explained that these are majorly the cause of waterborne diseases. For this reason, several NGOs such as KUAP, Shelter Forum and Practical Action had taken the initiative of sensitizing the community on sanitation issues.

They further explained that women collect water from various water points though men do it for money. At times, mothers are assisted by their daughters. The community is fully aware of the relationship between poor sanitation and poverty in that, community members get sick due to poor waste disposal. This makes them less productive, and hence poor.

According to the key informant, the average distance to water points is 2km and plans are underway to reduce the distance to 0.6km by 2015. To him, this is planned to be achieved by implementing a programme meant to equip communities with knowledge and skills on the importance of water harvesting.

### **3.4.3 Types of Sanitation Facilities**

The community has no mechanisms for waste disposal and this has led to several health concerns which include typhoid, dysentery and amoeba, which are all related to hygiene. The community has no dumping site or refuse collection system. This has brought up many rodents and flies, and hence diseases are common. Proliferation of slums due to the postelection violence has led to water scarcity and lack of proper hygiene. Further, most of the households have no latrines and use *flying toilets*. This is further aggravated by the fact that soils in Nyota are loose and thus cannot support a pit latrine.

### **3.4.4 Status of Water Availability in the Last Ten Years**

Although water availability, accessibility and affordability have improved over time, the main challenge to the community is lack of a sewerage line, and hence poor waste disposal. This in turn causes waterborne diseases such as diarrhea and typhoid. Water has been available although the presence of diseases has led to reduced productivity.

### **3.4.5 Recommendation**

The community recommended that:

- The local authority should construct a sewerage system and public toilets;
- The authority should further designate a dumping site;
- There is need to create awareness on cleanliness and on waste disposal;
- The authority should enforce bylaws on waste disposal by ensuring that all rental houses have a proper and functioning toilets and a waste disposal system.

## **3.5 HOUSING**

### **3.5.1 Introduction**

According to the Trans-Nzoia County Development Profile 2013-2017, housing distribution by main wall material of the main dwelling unit in the urban areas showed that out of 41,022 households, 17,501 use mud and wood. In the case of main floor material, earth is used by most households (123,709), cement (43,706), tiles (895) and wood (814 households). For the rural households, out of 128, 610 households, 840 households use stone as the main wall material, 12,241 use brick/block, 99,177 use mud/cement, 14,355 use wood only, 365 use corrugated iron sheets, 117 use grass/reeds, 52 use tin, and the other types of material are used by 888 households.

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

In Nyota, most of the houses are semi-permanent, with mud-walls and corrugated iron sheets for roofing. The houses are located within small plots mostly of seven by twenty-one meters, and thus there is congestion.

### **3.5.3 Status of Provision of Housing Services**

Due to the scarcity of land in the area and overpopulation, most houses have no proper sanitation facilities. Most houses are overcrowded and people are in dire need of proper housing in the community. The average household family size is around 7 to 8 members. Due to overpopulation and scarcity of housing their people have no places to sleep or stay in. Therefore, one may find people sleeping in construction sites and migrating from one place to another.

### **3.5.4 Status of Housing Services in the Last Ten Years**

The status of housing has improved over time as some members of the society have benefited from three NGOs, namely, Kisumu Urban Apostolic Programme (KUAP), Shelter Forum and Practical Action. These NGOs have assisted the locals to build rental buildings through a revolving fund under a programme called People's Plan into Practice (PPP). The same NGOs have also constructed toilets for locals, a hall for the chief and even a water kiosk for the public. Practical Action started operations in 2000, Shelter Forum in 2004 and KUAP in 2012.

### **3.5.5 Recommendations**

According to the community, the government should support them through construction of better houses. They further opined that the local authority should expand the slum upgrading programme.

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

### 4.1 PRO-POOR INITIATIVES

#### 4.1.1 Cash Transfers

The community has heard about cash transfers to the elderly, PWDs and Orphans and Vulnerable Children (OVCs) but have not benefited from it. (*Wazee waliambiwa si wao bali wale wale waletwao kama wamebebwa juu ya kitanda*). Most of those over 65 years had their details recorded but never benefited. The community is aware of PWDs and OVCs cash transfers but cited favoritism whereby village elders select their own people even those who are not OVCs or PWDs.

According to the key informant, there are cash transfer programmes available for the elderly and persons with disabilities. Cash transfers programmes in the district started way back in 2008. The beneficiaries are located all over the district and chosen using well defined criteria without bias. The beneficiaries receive Kshs 2,000 a month and in most cases the funds come two months late and payment is made through post office.

The caregivers are the ones who collect the payment although some of them come drunk to collect the payments hence sensing misuse of the money given. The money received is usually inadequate to meet the needs of the elderly or persons with disabilities. He gave an example of disabled man who started a cobbler business from the amount received.

The selection criteria are normally a bit tricky since the DSD office has to choose the most severe cases. The criteria start by affected persons filling out questionnaires, and follow-up is made whereby the DSDO take photographs of affected person after which the most severe cases are chosen from visits and observations made. The District Social Development Officer believes that the beneficiaries have other sources of livelihood though he further observes a high dependency rate on the cash transfers hence making the affected persons lazy.

He further put emphasis on the need for more sensitization of the public on the cash transfer programmes. The officer recommended that the government should try and centralize the system of filing because presently its manual and locally done. The officer did not fail to mention the need to add manpower (more officers) for efficiency in the job done.

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

The community has heard about this programme and even seen people working but they do not know how these people were selected. There are projects implemented which include Trees for Jobs Programme which covers the environment sector.

The Trees for Jobs Programme started in 2009 and only benefits the youth. Under this programme, the youth are paid Kshs250 per day and the work involves planting trees in different public areas, schools and leisure public areas, among others. This programme covers the whole Trans Nzoia West and goes for only 20 days. The youths are paid after every 5 days in cash in the presence of a representative from the district accountant's office.

During the selection of the youth to work on the project, balloting method is used where youths are picked randomly, gender representation is considered since a third has to be women, and PWDs are picked depending on the challenges they have e.g. those with no arms can become supervisors, etc.

The tree planting project and the KKV in general have had an impact on the youths in this region. It has also assisted the Ministry in forming the groups for YEDF, although it has not impacted on them economically since the amount is very little.

The KKV has encountered several challenges e.g. difficulties in mobilizing youths in remote areas where the turnout is less than expected; tree planting projects suffer when rainfall is scarce; and there are also delays in receiving the money to pay the youths.

The community recommended that the Kshs250 given to youths doing KKV be increased since it is inadequate. The DY0 recommended that officers in different sectors such as agriculture should incorporate the DY0 so as he knows which programs are given to the youth for KKV.

#### **4.1.3 Roads 2000**

The community has heard about this project but it has only benefited those outside the community.

### **4.2 DEVOLVED FUNDS**

The community has heard about the Women Enterprise Fund and even two groups have benefited. The only challenge is bureaucracy involved before receiving funding. They are further required to pay Kshs500 before receiving training. Another handicap is being asked to have an active bank account and yet the group members do not have the money to maintain accounts. Previously groups could not access these funds because some had men as members but nowadays men are

allowed to be part of women groups as long as they are less than 30 percent of the group and they do not assume leadership roles.

The youth have heard about the YEDF but have not benefitted from it. Some claim the interest rates are too high while they cannot mobilize enough members to join the groups.

CDF has assisted several students/pupils in paying their school fees, although the most deserving are not mostly the target, but those that have connections.

## **CHAPTER FIVE: CROSSCUTTING ISSUES**

### **5.2 HIV AND AIDS**

HIV/AIDS pandemic is currently a major problem in the community. Its effects have had devastating effects as it has overstretched family resources in addressing the needs of the infected and affected. In addition, most of the family resources which would have been used for productive investment are diverted to healthcare, orphan care and meeting funerals expenses.

In order to stem out the spread of the disease in the region, there is need to intensify education on behavioral change. There is also need to support the infected and affected by providing home-based care and related support.

### **5.3 GENDER INEQUALITY**

Nyota community showed that women are given rights of use only over land. Land is normally registered in the man's name even if it is acquired jointly. This has affected women's participation in cooperative societies especially where ownership of properties is concerned. Women do not have collateral to enable them access bank loans as majority do not hold title deeds for land which belongs to either the father or husband.

Women comprise a small proportion of persons holding elective posts in the county and lower level sand yet their participation is crucial as they constitute majority of the population. In most cases men are the minority voters but comprise a big proportion of persons holding elective posts in the county.

## CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

### 6.1 Recommendations

Following discussion, the community recommended that there is need to:

1. Adopt labour intensive strategies instead of the heavy machines for road construction to create jobs for the youth;
2. Establish factories dealing in farm products to create jobs and market for farm produce;
3. Build capacity of all groups (OVCs, PWDs, women and youth) in entrepreneurial skills;
4. Create awareness on how to access devolved funds;
5. Construct health facilities near communities, equip them and employ qualified service providers;
6. Construct pay latrines and improve the sewerage systems;
7. Promote the use of appropriate technology to construct pit latrines in the water logged areas;
8. Create awareness on the importance of NHIF even to those in the informal sector;
9. Ensure timely supply of drugs by Kenya Medical Supplies Agency (KEMSA).
10. Ensure that FPE is free;
11. Introduce school feeding programme so as to boost retention rates;
12. Ensure that devolved funds target the less fortunate and schools with fewer facilities;
13. Employ more teachers to ease the burden on parents;
14. Provide adult education to enable the elderly engage in meaningful economic activities;
15. Consider funding Early Childhood Education (ECD);
16. Reduce/subsidize farming inputs such as seeds and fertilizers;
17. Fast-track the issuance of title deeds in order for farmers to undertake serious farming activities;
18. Construct a sewerage system and public toilets;
19. Create awareness on cleanliness and on waste disposal;
20. Enforce bylaws on waste disposal by ensuring that all rental houses have a proper and functioning toilets and a waste disposal system;
21. Create awareness on the existence of pro-poor and social protection initiatives and improve on targeting.

## 6.2 CONCLUSION

There are disparities in poverty incidence across the former three constituencies, namely, Saboti, Cherangany and Kwanza. This implies that about half of the population lives below the poverty line. The majority of these are small scale farmers who live in rural areas and own small parcels of land. To lower the poverty levels, higher economic growth rate must be achieved and sustained in all the sectors. Entrepreneurial skills should be imparted to the unemployed youths, women and PWDs while farmers should be provided with subsidized farm inputs to spur growth. At the same time, policies and programmes should be initiated and executed to benefit the majority.