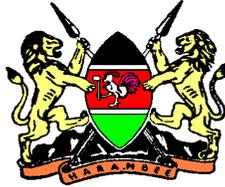


REPUBLIC OF KENYA



**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

**VIHIGA COUNTY PARTICIPATORY POVERTY
ASSESSMENT PPA V**

EBUSAKHI 'A' CLUSTER

OCTOBER 2014



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FOREWORD

Participatory Poverty Assessment (PPA) V 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 the levels 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/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
Ministry of Devolution and Planning

ACKNOWLEDGEMENT

The Vihiga County Participatory Poverty Assessment (PPA) Report is a pioneer publication in the sense that it takes the County as the key reference point on poverty profiling. This comes in the wake of the promulgation of COK, 2010 and 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-specific 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,

The following team of officers without whose dedication and enthusiasm, the production of this Report would have been much more challenging deserve mention; Samuel Kiptorus (Chief Economist), James M. Kirigwi (Chief Economist), Leonard Obidha (Secretary, Poverty Eradication Commission), Cosmas Muia (Principal economist), Joseph Njagi (Senior Economist), Michael Mwangi (Senior Economist), Kimote (Senior Economist), Kiilu (Senior Economist), Okioma (Economist I) and Geoffrey Manyara (Economist I).

The Ministry also recognizes varied support provided from time to time by the following officers; Director, KNBS (for cluster sampling and identification), Florence Juma (Secretary), Matilda Anyango (Secretary), Florence Natse (Secretary), Tallam (driver), Dequize (Driver) and Alphine (Office Assistant).

The ministry is also indebted to the team of dedicated consultants comprising Munguti K. Katua as the lead assisted by J.T Mukui and George Mbate Their experience and policy guidance was instrumental in the production of key documents and tools that were utilized during the field exercise as well as in the finalization of both the National Report and individual 47 County Reports.

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 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.

Eng. Peter Mangiti
Principal Secretary

EXECUTIVE SUMMARY

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

The report presents the findings of the PPA V survey in Sio C cluster in Bungoma County. Information from the cluster was provided by the community members through Focused Group discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly technical experts in subject areas of the survey.

It emerged that the poverty levels in the area have risen overtime, this was attributed to the high cost of living, lack of employment opportunities, laziness, alcoholism, insecurity, poor state of the roads, high cost of living, poor leadership and witch graft. The people affected include vulnerable groups like the unemployed youth, women, persons with disabilities, female and child headed households, slum dwellers, the elderly, the sick, street families/children, widows, internally displaced people and HIV and AIDS orphans.

The provision of health services has greatly improved overtime; this is because of the numerous interventions. The HIV prevalence has reduced, malaria related deaths have also gone down and that child mortality and diarrhoea incidence have also reduced. The existence of Community Health Workers who act as a link between the community households and the hospital have also helped improve the health status in the community. This has considerably improved affordability and accessibility of basic health services.

Education services have improved over time due to interventions such as MDGs, Education for All and FPE. However there has been a challenge in the quality of education due to factors such as congestion in classes, few number of teachers and dropouts due to lack of fees and food.

ABBREVIATIONS AND ACRONYMNS

AIDS	Acquired Immune Deficiency Syndrome
ART	Ant-Retroviral Treatment
CDF	Constituencies Development Fund
CT	Cash Transfer
DC	District Commissioner
DDO	District Development Officer
DEO	District Education Officer
DPHO	District Public Health Officer
DSDO	Divisional Gender and Social Development Officer
DSO	District Statistics Officer
DWO	District Water Officer
DYO	District Youth Officer
FGD	Focused Group Discussions
FPE	Free Primary Education
GDI	Gross Domestic Income
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
KARI	Kenya Agricultural Research institute
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
LATIF	Local Authority Transfer Fund
M&E	Monitoring and Evaluation
MLND	Maize Lethal Necrosis Disease
NASSEP	Fifth National Sample Survey and Evaluation Programme
NGO	Non-Governmental Organizations
PLWD	People Living With Disability
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
RAs	Research assistants
SHOMAP	Small Holder Marketing Programme
TBA	Traditional Birth Attendants
URTI	Upper Respiratory Tract Infections
USAID	United States Agency for International development AID
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development Fund

CHAPTER ONE: INTRODUCTION

1.1 Background of PPA V

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

Participatory approaches add value in policy formulation and planning by enriching the understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and the '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.

1.2 County/Cluster Profile

This is a report on the 5th Participatory Poverty Assessment carried out in **Ebusakhi "A"** cluster, a Village with 103 households in Emuhaya Division, Emuhaya District, Vihiga County. The study was undertaken by officers from the Ministry of Devolution and Planning and Vision 2030 assisted by 6 six local research assistants in a period of 6 from 3-9th December 2012.

Vihiga County is located in the Western Kenya and lies between longitudes 34°30' East and 35°0' East and between latitudes 0° and 0°15' North with the equator cutting across the southern tip of the county. The county covers a total area of 531 **km²**. It borders Kakamega County to the North and West, Nandi County to the East, Kisumu County to the south and Siaya County to the Southwest. Its altitude ranges between 1,300m and 1,800m above sea level and slopes gently from west to east.

According to the 2009 population census, Vihiga County had a population of 554,622 comprising 262,716 males and 291,906 females. This is projected to have grown to 572,577 persons in 2012. The County is divided into 4 administrative districts namely; Hamisi, Emuhaya, Sabatia and Vihiga and 4 electoral constituencies, namely Hamisi, Emuhaya, Sabatia and Vihiga Constituencies.

Generally, the county has undulating hills and valleys with streams flowing from northeast to southwest and draining into Lake Victoria. There are two main rivers, Yala and Esalwa, which drain into Lake Victoria. The County experiences high river-line

erosion. Consequently, the eroded soils are swept to Kisumu County where they are deposited as building sand.

Vihiga is categorized into two main agro-ecological zones; the upper and lower midlands. These zones dictate the land-use patterns and population settlement in the County. The upper midland zone with well-drained and fertile soils has a high potential for crop production such as tea, coffee, maize, beans, bananas and covers parts of Sabatia, Hamisi and Vihiga constituencies. The lower midland zone has mainly the red loamy sand soils derived from sediments and basement rocks found in Emuhaya Constituency.

The county has equatorial climate with fairly well distributed rainfall throughout the year with an average annual precipitation of 1,900 mm. Temperatures range between 14°C - 32°C, with a mean of 23°C. Long rains are experienced in the months of March, April and May which are also deemed to be the wettest while short rains are experienced in the months of September, October and November. The driest and hottest months are December, January and February. This climate supports a variety of crops such as coffee, tea, and horticultural crops and rearing of livestock.

The mean land holding size is 0.4 hectares. The fertile land in Sabatia, Hamisi and Emuhaya Constituencies coupled with abundant rains has influenced the dense settlement. The high concentration of population is witnessed even in the rocky areas such as Maragoli Hills and the flat swampy parts of Luanda. Crop production is the mainstream/mainstay of the county's economy and contributes about 64% to the county's income. Agriculture employs the majority of people in rural areas as well as indirectly those in the urban areas. The major food crops grown are maize, beans, sweet potatoes and millet. The main cash crop is tea while the major fodder crop is napier grass. The average farm size is 0.4 ha due to the population pressure in the county.

In terms of social infrastructure, the road network in the county is in fairly good condition except a few feeder roads which need routine maintenance. Paved roads account for 16.6% of the total road network. Bitumen surface covers a length of 201.5 km, gravel surface 373.7 km and earth surface 483 km. It is served with one railway station at Emuhaya with a rail length of 20 km.

In the education sector, the enrolment at pre-school education is 17,294 with 8,980 boys and 8,314 girls. At primary level, enrolment is 174,245 pupils of whom 88,456 are girls and 85,786 are boys. Secondary enrolment stands at 56,018 of which 28,208 are girls and 27,810 are boys. There are 117 adult literacy classes and 16 tertiary/colleges.

The five most common diseases in order of prevalence are; malaria/fever with a prevalence of 33.4%, diarrhea, 5.4%, respiratory diseases (upper and lower), 3.1% and

flu, 19.3%. The high prevalence of malaria can be attributed to the fact that 56.8% of children under 5 years sleep under bed nets. Other factors include; inadequate staffing levels as well as unavailability of medical facilities where one is supposed to travel an average distance of 2.5 km to access it. The doctor to population ratio stands at 1:85,000. Concerted efforts should be made to ensure that the trend is reversed. More health facilities should be constructed and more medical personnel recruited to address the situation.

1.3 PPA V Objectives

The overall objective of PPA-V study was 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. More specifically, the participatory assessment sought to:

- i. To gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups;
- ii. To 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. To identify and prioritize policies, strategies, programmes and projects which would support poor communities in their escape from poverty, focusing on social protection initiatives;
- iv. To integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya;
- v. To evaluate impact and identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change;
- vi. To 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
- vii. To respond to the Bill of Rights and other articles (public participation) enshrined in the Constitution of Kenya 2010.

1.4 Selection of the Cluster

The sampling process was guided by the Fourth National Sample Survey and Evaluation Programme (NASSEP IV) maps (Kenya National Bureau of Statistics) which was used to demarcate the boundaries of each of the selected cluster.

A sample of one cluster per county was selected for the detailed study in which all specially designed participatory assessment tools were implemented. Specifically in

Vihiga County, Ebusakhi 'A' community (Rural cluster) in Emuhaya sub-county was selected to represent the views of the county. Household survey was also undertaken and a household questionnaire administered especially to those benefiting from cash transfers.

1.5 Field Logistics

The PPA-V study in Vihiga County was conducted on November and December, 2012. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were 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 pilot, the supervisors were introduced to the use of survey tools by the consultant. 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 to all the applicants and six (6) research assistants per county were selected to assist in data collection in that specific county.

The training for researchers ran for two (2) days and data collection and report writing was done in two (2) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

To ensure the data collection instruments/tools were thoroughly understood, the research assistants conducted role plays. They were taken through the roles they were expected to play while in the field which included note taking, facilitating, observing and administration of the household questionnaires.

Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report.

1.6 PPA V Methodology

This field 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, the mood barometer and pair wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools, and Wealth

Ranking was used to establish how the community categorizes itself economically. There was an attempt to identify households which were benefiting from the cash transfers so that they could participate during the administration of the specific data collection check lists so that accurate information was received to inform the discussions.

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

The Key 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, DDO, Youth officer and CDF manager.

1.7 Report Organization/Outline

This report presents the PPA V study findings for Vihiga County. The report is divided into six (6) chapters including chapter one (1) which covers introduction, Chapter two (2) highlights the poverty dynamic and indicators, chapter three (3) presents findings on provision of 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 other pro-poor initiatives and Devolved Funds (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF), and Youth Enterprise Development Fund (YEDF). Chapter five (5) covers outlines the findings on cross cutting areas & other emerging issues and lastly, chapter six (6) which outlines the conclusions and recommendations.

CHAPTER TWO: POVERTY DYNAMICS AND INDICATORS

2.1 Introduction

This Chapter discusses the issues of poverty from the perception of the people in Ebusakhi 'A'. It captures various dimensions of poverty as it manifests itself within the cluster area. It also provides a discussion on the perceived causes of poverty and coping mechanisms within Ebusakhi 'A'. This was a very sensitive topic for discussion during the FGD, especially the classification. Many people do not want to be classified as rich or poor but wanted to belong to the middle class even when from appearance and homesteads, he meets the characteristics of the earlier two classifications.

2.2 Definition of poverty

According to the people of Ebusakhi, poverty was defined as, inability to meet the basic needs such as food, clothing, shelter, and education. They added that poverty was lack of employment and being without food or surviving on one meal a day.

2.3 Classification of Poverty

During the FGD, the members classified the community into four major social classes: the very poor, the poor, middle class and the rich.

2.4 Characteristics of Poverty

Classification in section 2.2 above was based on key characteristics among them farm ownership, size, housing materials, and meals taken in a day, as shown in the table below. Very Poor in the community owned, mud walled grass thatched houses, 0.5 acres farm land, had difficult to afford one meal a day, cannot afford health care, had many children, had children who do not attend school and is employed as casual farmhands and has no livestock.

The poor had dilapidated mud walled house roofed with iron sheets, can afford two meals a day, has farm size 0.5 acres, can attend government health facilities for Medicare and works as part time casual.

The middle class have semi-permanent, well maintained houses, had more than 0.5 acres of farm land, can afford three square meals a day, seeks medication in public hospitals, have children attending public schools, has permanent employment and keep few livestock like hybrid and graded cows.

The Very rich are able to educate children in private schools, have more than 0.5 acres of farm land, have a decent house made of concrete and roofed with iron sheets, have

water and electricity connected to the house, own businesses/ shops, cars and have more Graded cattle's.

2.5 Causes of Poverty

The key causes of poverty were identified as scarcity of land where members own small infertility parcels of land, illiteracy, lack of income, and poor political representation where leaders do not articulate the needs of the community. Other causes of poverty noted are lack of employment and other income generating opportunities resulting to the use of drugs and subsistence abuse coupled with excessive consumption of illicit brews, high cost of farm inputs and lack of market for farm produce within the area resulting to poor harvests.

2.6 Impact of Poverty

The community in Ebusakhi 'A' said that poverty had impacted on them differently depending on age and resilient of members. Elderly who are above 62 years and OVCs had more suffering since they get little assistance from the community and the government. Children are also vulnerable to poverty forcing them to drop out of school and in the worst cases malnutrition for the under-five. High poverty levels have made the community to be more prone to diseases due to poor sanitation where latrines are dug next to the dwelling houses. Lastly, poverty has led to rise of vices in the community which include alcoholism and drug abuse by men and the youth, and petty thefts.

The aged, who have no more energy, move out of their homes and search for manual jobs are quite affected as they depend on their children who also have their own families to take care of with their meager earnings.

2.7 Copying Mechanisms

There are different mechanisms employed by the different social classes of the Ebusakhi 'A' community. The poor and the very poor look for casual /manual jobs, harvest sand for sale, and sell grass as pasture for animals. The very poor on the other hand had poverty resulting begging, drug pedaling- cannabis/ Omusala, and petty theft. The youth engage in small scale informal business like hawking wares, boda boda riders, bicycle repairs, brewing traditional liquor e.g. chang'aa and busaa. Others have taken to petty theft by stealing bananas, maize, chicken and other farm produce.

On a positive note, the poor have strived to educate their children with the hope that they will later improve their standard of living by forming social groups especially among women thus make them able to access loans from microfinance institutions. Lastly living on one meal a day or go without food occasionally.

2.8 Assets Ownership and Access in the Household

During the focus group discussions, men were found to own land, cattle, goats, sheep where else women owned chicken and animal products such as eggs and, milk.

2.9 Poverty and Gender

Poverty affects the women most in the Ebusakhi 'A' community and the entire county at large. As indicated in the assets ownership, it is only the men who own property. In addition, it is only the male child who inherits from the father once he reaches maturity.

Thus, poverty among women has been perpetuated by tradition. Women have few years of education. They get married off as teens hence never have a chance to advance. Once married, their role is to tend to the small farms and give birth to procreate. They usually have no say on the family size.

As men move out in search of casual employment, the women are left at home to perform household chores and tend to their small unproductive family pieces of land. The community has clear defined roles among its members within each household. As in asset ownership, the men's role runs across most of the major activities in the community.

2.10 Poverty Trends over Time

Poverty has been on the increase in the county in the last 10 years. While their incomes have been dwindling, the prices of the essential goods and services have also been on the increase. Hence, one has to spend more each time to purchase the same quantity of goods and services. The community also felt that increase in inflation for the last 10 years resulting to persistent increase in prices has moved more and more household to fall below the poverty line.

The community noted that prices of essential basic needs have continuously increased and considering anticipated crop failure, the price of maize is anticipated to increase further leading to high poverty levels.

2.11 Interventions Targeting the

It was established that there are several interventions targeting the poor in Vihiga County, and in particular Ebusakhi 'A' cluster. The government pro-poor initiatives include; Cash transfer to OVCs, the elderly and PWD. Poverty Eradication revolving funds by Ministry of Planning, Women Enterprises Fund with 30 women groups benefiting per month, Njaa Marufuku, Free Primary Education and bursaries; and provision of mosquito treated nets.

2.12 Recommendations for Improvement

Ebusakhi 'A' community recommended that to tackle poverty, agriculture need to be improved through provision of agricultural extension services, subsidies on farm inputs and establishment of open markets within the area for farm output.

To boost income generating activities in the community, the Ebusakhi 'A' recommended that formation of Sacco / groups to enhance community resource mobilization should be provided. They added the establishment of manufacturing industries to provide employment for the youth and roll out free education for all levels including ECD.

The community said that they had benefitted from some devolved funds and that there was need to enhance transparency and accountability in the management of government programmes e.g. Kazi Kwa Vijana. They added that dissemination and flow of information at the grassroots level to increase knowledge, accessibility and participation of the local community in key government programmes.

CHAPTER THREE: PROVISION OF GOVERNMENT SERVICES

3.1 Health Care

3.1.1 Introduction

Vihiga County Development Profile (CDP 2013), shows that the county has one referral facility namely Vihiga County hospital, three sub-Sub-county hospitals which are Sabatia, Hamisi and Emuhaya, 18 health centres, 32 dispensaries and 34 private and mission clinics. The average distance to the nearest facility is 0.5 Km. The HIV and AIDS prevalence rate is 5.6 per cent against a national figure of 6.3 per cent. The most infected age group is 15-49 years with women being the most affected. Life expectancy at birth is 55.9 years compared to national figure of 63.07 years.

The four most common diseases in order of prevalence are; malaria/fever with a prevalence of 33.4 per cent, diarrhoea, 5.4 per cent, respiratory diseases (upper and lower), 3.1 per cent and flu, 19.3 per cent.

In the county, 45.8 per cent of the total population of children under the age of five are either underweight, stunted or have wasting condition. Of this population, 14.8 per cent are underweight, 28.4 per cent stunted and 2.6 per cent wasted. Awareness of family planning services in the county is above 90 per cent with the contraceptive prevalence at 47 per cent.

Within the Ebusakhi 'A' cluster, there are no public health facilities. However, medical services are available in the nearby urban centres of Emuhaya, Mbale, Kima, Maseno, and Emmusenjeli where we have both public and private health facilities. The health care services offered in these facilities include; dental services, maternity (PMCT), ARVs and provision of family planning services and curative care among other health care services.

3.1.2 Major Health Concerns

As indicated in the overall county information on health, it was established that the community had high prevalence of Malaria, Typhoid, and HIV and AIDS related diseases. This coupled with shortage of essential provisions such as drugs and equipment, qualified medical staff, and high levels of poverty make the accessibility of health out of reach for the majority of the members of the community.

3.1.3 Provision of Health Services

Although there is no health facility within the cluster, medical services are available in many surrounding urban centres of Emuhaya, Mbale, Kima, Maseno and Emmusenjeli. The services mentioned above are provided at a subsidized fee under cost-sharing in the public health facilities. The treatment cost depends on the services one gets, e.g. common diseases cost Kshs. 50, and pre-natal clinics cost Kshs. 100, while normal deliveries cost Kshs. 1,500. Most of these facilities allow the use of the NHIF card. The costs however, are prohibitive for most of the very poor and poor households. However, other services such as child immunization, provision of nets, ARV, ART, TB, drugs are offered free of charge.

3.1.4 Improvement of Health Services

Some of the notable health interventions within the community are free treated nets for all children and pregnant mothers, provision of universal nets by international donors, spraying, and distribution of free condoms. The community further said there is current policy by government where they pay Kshs. 10 or Kshs. 20 during any visit to a dispensary, a health centre and a sub county hospital. They appreciated the government initiatives on free child immunization, provision of ARV, and TB, drugs.

3.1.5 Decision Making on Health Issues in the Family/Community

Although not formal, it is the responsibility of men to ensure that their families seek for medical services and pay the charges. The means of payment is either through cash or NHIF. On the other hand, in most cases, it is the decision of the women in determining the size of the family.

3.1.6 Ideal Family Size among the Households

Vihiga County has one of the highest rural population densities in Kenya. On average, a household has between 6-10 children. The decision on family planning is normally left to women in most cases. It was established that this reflects the community under study.

3.1.7 Household Size and Poverty

The community indicated that there is clear relationship between family size and poverty. It was established that poverty levels in the community are quite high just as the family size which, on average, ranges between 5-6 persons per a household.

3.1.8 Access and Decision Making on Family Planning

The family planning services are fairly accessible in the community depending on the type desired. The ministry has reproductive health co-coordinators in the community whose role is to review the performances and services in relation to the set targets. The ministry also trains the health workers, holds stakeholder meetings on reproductive health and reaches the wide community through micro teachings and public barazas.

3.1.9 Status of Health Services Overtime

It was the feeling of the community that the sector has witnessed remarkable improvements over the last 10 years. New facilities have been constructed while the existing ones have been rehabilitated and expanded using the CDF funds. More health workers have been deployed to the county. In addition a new scheme of healthcare workers has been introduced. (pulled system has been introduced)

3.1.10 Recommendations for Improvement

The community suggested several recommendations aimed at improving health services. These included increasing the number of health facilities to enhance accessibility, improvement of health infrastructure to accommodate additional units e.g. X-ray, dental unit, theater and modern laboratory and employment of more technical staff and training the existing.

3.2 BASIC EDUCATION

3.2.1 Introduction

Vihiga County according to County Development Plan (CDP 2013) has 79.1 per cent of the population aged 15 years and above able to read and write, while 15.2 per cent is not able to read and write.

The County has 754 pre-primary schools (ECDE), with gross enrolment rate of 70.6 per cent and net enrolment rate of 66.6 per cent. The total number of teachers is 1,100 with a teacher pupil ratio of 1:15. The total enrolment in primary schools is 174,245, comprising 52 per cent (88,456) girls and 48 per cent (85,768) boys. The drop-out rate in primary education is 3 per cent for boys and 1 per cent for girls. There are a total of 4,237 teachers in primary schools translating to a teacher pupil ratio of 1:41. The gross enrolment rate in primary education is 103 per cent which means that the over age are also going to school. This is attributed to the introduction of free primary education by the national government.

The County has 114 secondary schools with a total enrolment of 34, 188. The gross enrolment rate is at 67 per cent while the net enrolment rate is at 58.3 per cent. There are 2,001 teachers serving 114 secondary schools. The teacher/pupil ratio stands at 1:28 indicating need for extra capacity.

The county has one private university, one university campus, one institute of science and technology, 21 youth polytechnics, three private accredited teachers training colleges and six private non accredited teachers training colleges.

The cluster area has neither private nor public educational facility however; they have access to the nearby Wanakhale and Hobunaka, waluka, Iububi and Kima primary schools for primary education. They can access Iububi girls secondary school, Hobunaka mixed secondary and Ebwali Mixed in addition, and Bunyore girls, a national school for their secondary education.

3.2.2 Status of Educational Facilities

Most educational facilities in the community can be described as fair in terms of classrooms, physical facilities and equipment. This is as a result of the existence of the CDF and other government interventions under Ministry of Education leading to an overall improvement of the sector in the county.

3.2.3 Provision of Education Services

The free primary and subsidized secondary education has considerably improved the enrollment and retention rates in schools the community can access. However, stated that there is need for more intervention to improve on the standard levels. The community felt that the education services may not be affordable to the majority of the community due to additional charges such as remedial fee, examination, feeding charges and cost of catering for subordinate staff in primary schools. In the secondary education the community claimed that although there are bursaries, lack of information, or unfair distribution have prevented access by members.

3.2.4 Status of Education Services

The community felt that the quality of education in the cluster was average. The community was of the opinion that education systems currently in place have accorded equal opportunities to both boys and girls in school enrollment. However, the community feels that the performance of the schools is low. While school enrollment has been high, the transition rates are low due to repeating of classes, high dropout rates as a result of the additional charges levied on the parents mostly affecting children from poor and very poor families, orphans and single and female headed households. Other reasons include shortage of teachers, and learning materials, early

marriages, drug and subsistence abuse, schools mismanagement and poor infrastructure.

3.2.5 Interventions in Education

The community noted that there are various interventions which have helped improve education. They include free primary, subsidized secondary education, school feeding programme, bursaries under LATF, CDF and scholarships. They appreciated the support from the provincial administration in enforcing education for all children and the support to vulnerable children by well-wishers. On the contrary, the community felt that there is need to ensure representation of the community on the schools management boards.

3.2.6 Relationship between Education and Poverty

While there are several interventions geared towards ensuring education for all, the poor and the vulnerable opined that they have been left out. Most parents are unable to raise the money needed for the extra charges such as; lunch programme, school improvement funds, and funds for Co-curricular activities, academic tours and uniform among other related costs. Hence their children are locked out of the education system.

3.2.7 Status of Education Overtime

The community felt that education has improved overtime. Under various intervention programmes, enrollment, retention, completion and transition rates have risen. Essential learning materials, staff and physical infrastructure have been greatly improved.

3.2.8 Recommendations for Improvement

In conclusion the community said that there is need to ensure proper vetting in awarding of scholarships and bursaries to ensure that the needy are not locked out. They added that there should be closer supervision of schools to ensure schools management boards are working in harmony and initiate and support school feeding programmes in all schools at all levels. On the ongoing initiatives, they recommended that the government should increase government funding for FPE, improve staffing levels and need be subsidize ECD costs.

They added that the provincial administration should play a more prominent role in ensuring that all children attend school.

3.3 AGRICULTURAL SERVICES AND INPUTS

3.3.1 Introduction

Vihiga County Development Plan (CDP 2013), shows crop production is the mainstay of the county's economy and contributes about 64 per cent to the county's income. Agriculture employs the majority of people in rural areas as well as those in the urban areas. The hectareage under food and cash crop production is approximately 40,000 and 8,000 respectively. The main food crops produced are maize, beans, millet and sweet potatoes. Tea and coffee are the main cash crops produced in the county. The average farm size is 0.4 hectares for small scale farming and 3 ha for large scale.

The main types of livestock kept are zebu cattle, dairy cattle and poultry. The annual milk production is 6,195,099 litres. Chicken is the main poultry reared although guinea fowls rearing is emerging in some parts of the County. The county has 1,634 farmers engaged in fishing activities mainly in established fish ponds. The fish ponds cover a total area of 44.7 ha with the main fish species bred being tilapia and cat fish.

This is a key sector for the community who practice subsistence farming where the farm and rear animals. However, it was noted that the agricultural yields are quite low and do not meet the family food needs making the county a net importer of food from the neighboring counties and beyond.

3.3.2 Agricultural Services and Inputs

This is considered a key sector of the economy of the county by the size of the circle in the Venn diagram resulting from the FGD. However, there was a feeling by the community that agricultural services are inaccessible. The major extension services of the sector available include fisheries and livestock, whose officers although available in the area are not providing adequate support to the community.

3.3.3 Relationship between Agriculture and Poverty

There is a close relationship between agriculture and poverty according to Ebusakhi 'A' community. The farm sizes have reduced considerably and are uneconomical for farming. Farm yield have reduced considerably due to small land size, and farmers not using certified farm inputs. The high cost of farm inputs and use of outdated farming methods due to illiteracy among the older generation has resulted to low produce and high poverty levels.

3.3.4 Status of Agriculture Overtime

There has been a steady decline of the importance of agriculture in the county. This is attributed to diminishing farm sizes, low agricultural yields, non-use of certified seeds due to high costs and irregular extension services offered to the community. Other factors include neglect of farms by men, alcoholism and drug abuse, and rural urban migration of the able bodied men, and youth who have the ideas on good farming methods. Generally the community felt that the agricultural services have reduced over the last five years.

3.3.5 Recommendations for Improvement

There has been continuous decline of agriculture as the major economic sector of many households in the county over the years. This has been attributed to small land acreage and declining soil fertility, irregular extension services and generally high levels of poverty. However, given that over 80 % of the population in the county is rural, there is need for the formulation of strategies that will ensure that the sector's yields are improved and that the county becomes self-reliant in food supply. Some of the recommendations arising from the study include; provision of subsidized farm inputs, adoption of appropriate farming technology, and improvement on the provision of extension services. Lastly, the community recommended that there is need for the members to adopt appropriate land tenure policy to reduce the continual subdivision of land into small and uneconomical pieces.

3.4 WATER AND SANITATION

3.4.1 Introduction

According to the Vihiga CDP 2013, the households with access to piped water comprise 2.7 per cent whereas 64 per cent are served with protected springs and 25.3 per cent with unprotected springs. There are 20 piped water supply schemes within the county some of which are operational while others are under rehabilitation. The major water schemes are Mbale, Shamakhokho / Bumbo and Maseno water schemes. On average, distance to the nearest water point is about 0.5 Km. The proportion of households with roof catchment systems stands at 8 per cent.

Most rural households in the county have pit latrines. However, 77.9 per cent of the pit latrines are uncovered whereas only 22.1 per cent are covered. The county lacks a waste disposal and management system and major towns lack sewerage systems.

Water is a basic resource to a community and its quality, quantity and accessibility determines the health status of a household. The main sources of water for the community are: Ground water (wells/ springs), Rain water and Piped water. Although

ground water sources are important to the community, its quantity and quality has been diminishing over the years. It takes on average (20-30) minutes to fetch water in the community.

3.4.2 Types of Water Programmes

There are no water projects in Ebusakhi 'A' community at the moment.

3.4.3 Types of Sanitation Facilities in the Community

With increased population both rural and urban, hygiene has become a major concern in the county. Many people do not use latrines, even those available are not well maintained hence are a health hazard. In addition, the use of washing hands is still not common. Besides, the community has a high incidence of typhoid and other water borne diseases due to lack of proper sanitation facilities at household level and even in the market centres (Kima market).

3.4.4 Environmental Degradation and Water Availability

There is a distinct relationship between environmental degradation and water availability according to the community. Population pressure on land has seen people cultivating steep slopes and hill tops formerly covered by vegetation such as the Maragoli forest. This has resulted in cutting down of trees in search of land for farming leading to reduced rains and increased soil erosion. This practice has led to declining water table and contamination of major water sources.

3.4.5 Opinion on Status of Water and Sanitation Overtime

Water and sanitation services have declined over the years as confirmed by the community during focused group discussions. The increased population requires adequate water and sanitation facilities which have not been growing at the same rate. Most urban centres do not have sewerage and other waste management facilities hence coupled with poor hygiene leading to frequent outbreak of water borne diseases whose treatment is prohibitive for most of the community members leading to vicious cycle of poverty.

3.4.6 Recommendations for Improvement

In conclusion the community said that provision of toilet facilities at the Kima market, and support to construct pit latrines and maintain them clean should be enhanced. Further the Government should revive piped water system, sink wells and sensitize the community to harness rainwater. The households should be encouraged to maintain

good hygiene practices like washing hands after visiting toilets and before eating and treating of water at household level e.g. boiling.

3.5 HOUSING

3.5.1 Introduction

Shelter is a basic need for the community. In the culture of the community, construction of house for the family is the work of men. It was observed that most houses are simple and represents traditional structures. Although modern houses could be seen especially within the urban centers and the surrounding areas the majority of the people live in semi-permanent houses.

3.5.2 Types of Building Materials

Most buildings are constructed using stones, bricks, mud and posts as the main walling material while the roofs are built using grass and iron sheets. Their cost varies with the material and design of the house. Over the years, the cost of construction has been rising due to the rising cost of building material such as stones, cement, and sand, bricks, wood and iron sheets, as well as the masonry labour cost.

3.5.3 Types of Housing and Household Headship

In the community most households are headed by men. However, it is common to get households headed by female, OVCs, the disabled, and the elderly due HIV and AIDS scourge among other attritions including natural death.

3.5.4 Status of Housing Overtime

The housing status has improved overtime with increased number of stone and bricked walled houses while that of traditional mud and wood is declining. The same is true of the iron sheet roofed houses which have been on the increase. The houses are now more modern and bigger than before.

3.5.5 Recommendations for Improvement

It was recommended that to improve the status of housing in the community and eventually improve on the living conditions of the people, the following should be done:

- Train local artisans to get necessary skills to build more modern houses;
- Reduce taxes on construction materials; and
- Undertake research on local building materials to discover low costing housing technology.

CHAPTER FOUR: PRO-POOR INITIATIVES AND DEVOLVED FUNDS

4.1 PRO-POOR INITIATIVES

4.1.1 Cash Transfer

Within the cluster area, none of the community members is a beneficiary at the moment. However, some vulnerable groups such as the disabled have been identified but no feedback has been received.

4.1.2 Kazi Kwa Vijana

Both young women and men were hired at Kshs. 250 per day under the KKV programme. The money was paid at end of the allocated work. Cash payments were made by the area chief. From the discussion, it emerged that;

- Some youths were not paid their due;
- The lives of those who benefited did not real change much; and
- Recruitment procedure was marked with corruption and ghost workers.

4.2 DEVOLVED FUNDS

4.2.1 Constituency Development Fund (CDF)

The community is aware of the CDF kitty popularly known as “Pesa ya Mheshimiwa” however, they have not participated much on decision making on project identification and implementation.

4.2.2 Local Authority Transfer Fund (LATF)

The community is aware of the LATF funds and some members are beneficiaries of the fund. During FGD, the community said that the programme had funded the construction of a well and grading of the roads in the area.

4.2.3 Women Enterprise Fund (WEF)

The community has heard about the fund but none has benefited within the cluster. The community has no idea how to apply for the money and which office to approach in order to benefit from the fund.

4.2.4 Youth Enterprise Development Fund (YEDF)

The community has heard about the fund but none has benefited within the cluster. The community does not know how to go about applying for the fund.

CHAPTER FIVE: CROSS CUTTING & EMERGING ISSUES

5.1 HIV and AIDS

HIV/AIDS was identified as one of the most prevalent diseases affecting the community leading to a large number of OVCs. The effect of the scourge has been felt by many in the community yet, they have not received much support from the government as per the discussions. None of the participants was aware on any one benefiting under the OVCs from government, but rather they were getting support from their families and NGOs. It was observed that most of the OVCs are suffering from malnutrition as their guardians most of whom are grandparents are unable to provide for them adequately.

5.2 Persons with Disability

From the FGD, it emerged that they have been identified but no feedback has been received. Discussion with key informants revealed that 70 people are already benefiting from the disabled funds with each getting Kshs. 2,000 per a month in Emuhaya Sub County. However, for one to qualify for the funds, he must belong to a group.

5.3 Gender

The community has clearly defined roles within the household based on gender. The participants argued that women are the most affected by poverty. They have been left to handle all the household chores including feeding the family while men squander whatever has been earned from casual jobs and farming income on alcohol. In terms of household asset ownership, women can only lay claim on chicken.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSIONS

6.1 Recommendations

- 1.** Government should undertake proper community sensitization of all its projects so that the community and target groups are aware;
- 2.** Agricultural strategies need to be formulated to ensure that the county which receives moderate to high rainfall is able to produce enough crops to feed its rising population;
- 3.** An integrated schools improvement programme should be developed to improve the general standards of the education sector and performance of the county in national exams;
- 4.** Expansion of the cash transfer programme to the entire county given that the poverty levels are high yet none of those who were participating and were over 60 are beneficiaries;
- 5.** There is need to undertake water supply programmes to ensure that the community gets clean and safe water for domestic use to reduce instances of water borne diseases;
- 6.** Youth programmes need to be designed that can provide the necessary skills and opportunity to engage in productive employment;
- 7.** The provincial administration should ensure that the rights of children are respected and that each is given a chance to get education;
- 8.** Proper vetting and consultation need to be done in identifying beneficiaries of the cash transfer programmes; and
- 9.** The community should be mobilized into groups which can be entry points for most government and donor intervention entry points.

6.2 Conclusions

Ebusakhi 'A' cluster is relatively poor with declining agricultural yields, poor performance in national examinations, high unemployment levels, high population density, lack of land, high alcoholism and lack of clean potable water as their main concern. During problem ranking, land was ranked first followed by unemployment while alcoholism was ranked last.

The community defined poverty as lack of employment, and lack of food. In their opinion poverty levels have gone up in the last 10 years. They have fair housing structures with most having latrines and maintaining a moderate level of hygiene. Most of the participants are aware of the various government programmes being implemented and some of the youths and women were actually beneficiaries of the KKV programme although others claimed that they were not paid. There is a general feeling that most of the government interventions do not achieve their intended objectives as the case with KKV programme whose impact was minimal. Others were not aware of

the various government programmes such as youth and women fund and none had benefited the community.

It also emerged that most of the government services are irregular, inadequate and lack transparency. Most government facilities like schools and health facilities are poorly equipped hence giving poor services. Within the cluster for instance, there was no a single public school or health facility hence the services are sought elsewhere. Others said that you may need to bribe someone to get the services, a claim that come out strongly under KKV recruitments and payments.

Men head household, owns land, and makes key decision in terms of sickness, disposal of property, ownership of other family assets like cattle and even their dwelling house. Women are charged with farming and household chores. Although, they are the ones who determine the size of the family, it may not be possible if the husbands still want more children.

The participants although very friendly, patient, and welcoming have been fatigued by research undertakings in their cluster. In their understanding the government is aware of their plight and its time their proposals are taken on board not that every time it is a study.

With various government services aimed at poverty eradication being implemented in the county and people awareness of the programmes low, there is need for the government to capacity build the communities and disseminate information on the available services.

Annex I

Pair wise Ranking

	Lack of education (E)	Unemployment (U)	Poor Infrastructure (I)	Land Scarcity (L)	Drug Abuse (D)	Poor Leadership (P)	Insecurity (se)	Rank
Lack of education (E)		U	E	L	E	E	E	4
Unemployment (U)			U	L	U	U	U	5
Poor Infrastructure (I)				L	I	P	S	1
Land Scarcity (L)					L	L	L	6
Drug Abuse (D)						P	S	0
Poor Leadership (P)							S	2
Insecurity (s)								3

Wealth Ranking

Very Poor	Poor	Middle Class	Very rich
Mud walled grass thatched houses	Dilapidated Mud walled house roofed with iron sheets	Semi permanent well maintained houses	Able to educate children in private schools
Farm size 0.5 acres of land	Two meals a day	Farm size 0.5 acres of land	Farm size 0.5 acres of land
Food difficult to come by/ One meal a day	Farm size 0.5 acres of land	Can afford three square meals a day	Has a decent house that made of concrete and roofed with iron sheets
Cannot afford health	Can afford at least	Seek medication in	Has water and

care	two meals a day	public hospitals	electricity in the house
Most of children not going to school and transition is poor	Attends government health facilities for Medicare	Children attend public schools and transition rate is high	Children attend private schools
Employed as casual farmhands	Part time casuals	Permanent employment	They are few in number and own businesses/ shops, cars etc
No livestock	Few livestock : local bread eg one cow and few chicken	Few livestock Hybrid / graded cows	Has more Graded animals