IMPACTS OF NATIONAL GOVERNMENT POVERTY REDUCTION STRATEGIES ON URBAN POOR: A CASE OF ELDORET MUNICIPALITY, KENYA

BY
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DECLARATION

Declaration by the candidate

This thesis is my original work and has not been submitted for any academic award in any institution; and shall not be reproduced in part or full, or in any format without prior written permission from the author and/or University of Eldoret.

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This thesis has been submitted with our approval as University supervisors.

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DEDICATION

I dedicate this work to my wife Emmy, my sons Ryan and Reagan for their love, support and interest in my study.

ABSTRACT

Poverty for many years has been associated with rural areas with little focus on urban poverty. A study to assess inequality in Kenya, estimated percentage of urban poverty in Eldoret municipality at 35.5% with a population of 79.9% living in core urban and 20.1% in peri-urban regions. World Bank estimated the pace of poverty reduction in Kenya at 1% per year. Kenya has a goal through vision 2030 to reduce poverty to lower levels. Eliminating poverty will require a higher rate of poverty reduction and increased focus on poverty reduction strategies rather than focusing on poverty rates based on percentages. This study was aimed at establishing impacts of national Government Poverty Reduction Strategies on Urban Poor in Eldoret municipality. The objectives were; to highlight the national government poverty reduction strategies in Eldoret municipality, to analyze the impacts of Constituency Development Fund (CDF), Older Persons Cash Transfer (OPCT) and National Hospital Insurance Fund (NHIF) in reducing urban poverty, to state the challenges faced in implementing these strategies and to develop a pro-poor urban poverty reduction strategy model. The department for international development (DFID's) Sustainable Livelihoods Approach Theory was used to guide the study. A conceptual framework was designed to guide this study. Descriptive research design was adopted for the study. A sample size of 273 respondents was arrived at using Fischer's formula (1999). The study used cluster sampling for household heads, snowball sampling for OPCT and purposive sampling for key informants. Primary tools for data collection included structured questionnaires and Key informants' interviews. Data was analyzed using SPSS Version 23 for descriptive statistics and results presented using frequency tables and figures. The study findings showed that CDF has promoted education of all learners in primary, secondary, tertiary institutions and higher learning at (98%) though it was not a common livelihood strategy. OPCT has reduced poverty at (84.5%) through promotion of sustainable income. NHIF provided health insurance for most respondents and their dependence and improved their health at (69.0%). The major challenge faced in implementation of these strategies is that, funds allocated were not enough (45.0%). Microfinancing, seminars for education on poverty reduction and setting up dispensaries in every estate was a popular pro-poor poverty reduction strategy. The study formulated a pro- poor poverty reduction strategy model to aid in poverty reduction. Generally, Poverty reduction strategies has reduced urban poverty in Eldoret municipality. The study recommends evaluating the peoples' willingness to enrol in NHIF compared to other health care insurances and the need assessment to have CDF and OPCT get enhanced mandates on Poverty reduction in Uasin Gishu County.

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LIST OF ABBREVIATIONS, ACRONYMS, AND SYMBOLS.

ARV- Anti-Retro Viral

ASAL- Arid and Semi-Arid Lands

CDF- Constituency Development fund

CG- County Government

CIDP – Country Integrated Development Plan

CT-OVC- Cash Transfer for Orphans and Vulnerable Children

DFID- Department for International Development

DLR -Disbursement-linked Results

ERC- Economic Recovery Strategy

ERSWEC- Economic Recovery Strategy for Wealth and Employment Creation

GOK- Government of Kenya

HISP- Health Insurance Subsidy Program

HIV- Human Immuno-Deficiency Virus

HSNP -Hunger Safety Net Programme.

IREC- Institutions' Research Ethics Committee

KNBS- Kenya National Bureau of Statistics

KWFT- Kenya Women Finance Trust

LMICs- Low- And Middle-Income Countries

MCA- Member of County Assembly

MDGs - Millennium Development Goals

MFI- Micro Finance Institutions

MOHs- Medical officers of Health

MRI – Magnetic Resonance Imaging

NACOSTI. National Commission for Science, Technology and Innovation

NARC- National Alliance for Rainbow Coalition

NG-CDF- National Government Constituency Development Fund

NGOs- Non-Governmental Organizations

NHIF- National Hospital Insurance Fund

NPEP- National Poverty Eradication Programme

NSNP- National Safety Net Programme

OPCT- Older Persons Cash Transfer

OPSD- Older Persons & Persons living with Severe Disabilities

PRSP- Poverty Reduction Strategy Paper

PRSs- Poverty Reduction Strategies

PWSD-CT- Persons with Severe Disabilities Cash Transfer

RM- Resource Mobilization

SDD- Social Dimensions of Development

SES- Social Economic Status

SLA - Sustainable Livelihood Approaches

SMO- Social Movement Organization.

SPSS- Statistical Package for Social Sciences

SSD- Social Dimensions of Development

UGCG- Uasin Gishu County Government

UHC- Universal Health Coverage

UN – United Nations

UNDP- United Nations Development Programme

UNESCO – United Nations Educational, Scientific and Cultural Organization

UNICEF- United Nations International Children's Fund

VCT- Voluntary Counselling and Testing

WHO- World Health Organization

OPERATIONAL DEFINITION OF TERMS

Barrier: A specific hindrance or impediment to the implementation of a policy, standard or program.

Poverty: Poverty is referred to as a multi-faceted deprivation in which there is deficiency concerning income, health, education, empowerment and security

Poverty prevalence: Poverty prevalence is the percentage of the population that fall under the cut-off threshold of a multi-faceted poverty index.

Poverty reduction strategies: This includes a set of humanitarian and economic strategies whose focus is permanently to lift people out of poverty.

Pro-poor strategies: They are strategies that enhances growth that provides the ability of the poor to take part in, provide input to or get benefits from growth.

Urban Poor: Urban poverty refers to the set of economic and social stresses that are found in urban areas as a result of a combination of processes such as the establishment of comfortable living standards, the increase of individualism, processes of social fragmentation, and the dualization of the labour market, which translates into social dualization.

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God bless you all.

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter provides a brief view of this study. It gives a background to the study. It then seeks out to give details on the major problems that this study addressed. It highlights the objectives and research questions that guided the study. It then gives a definition of the major terms used throughout the study.

1.2 Background

Sub-Saharan Africa still experiences a 41% rate of poverty. Among the 28 poorest countries of the world, about 27 are found in Africa (Kwasi, 2015). The challenge of poverty is not new to Kenya. The pace of poverty reduction in Kenya is only at 1% per a year (World Bank, 2017). Fighting poverty has been Kenyan`s preoccupation since independence (Mubecua & David, 2019). As at 2019, the poverty rate in Uasin Gishu County was at 36.1% (Kenya Economic Update, 2019). This was an improvement of 8.5% when compared with poverty rate of 44.6% in the year 2017, Kenya Integrated Household Budget Survey (KIHBS 2017).

The most popular definition of absolute poverty is one that measures poverty strictly in economic parameters, earning less than $1.90 a day. According to the World Bank (2017), poverty is pronounced as deprivation in wellbeing. Well-being is having control on commodities. Therefore, people are in good position if they have a greater command over resources.

In this study, "Poverty is when there is no flour at home, when there is little food, when Mom and Dad have no jobs, when there are no utensils, good clothes, and sometimes, when there is no house, and even if there is, it has dirty walls, no carpets and blankets. Poverty is when a person is often hungry."

Societal demographic shift from predominantly rural to urban in all countries is an indication that poverty is similarly being "urbanised" (Imai, Gaiha & Garbero, 2017). Qi & Wu (2019) stated that the extent of urban poverty is generally underestimated in the poverty reduction strategies (PRSs) because of inappropriate definitions of poverty lines and other methodological problems with statistics and data collection. Moreover, the definitions of poverty are not effectively adjusted to urban living (Lucci, Bhatkal & Khan, 2018).

According to Imai, Gaiha & Garbero (2017); Lopes & Social (2019) a poor household in an urban slum may be close to a standpipe with irregular supply of water. Poverty in Urban and rural areas are manifested differently, which calls for suitable poverty reduction strategies (Quaye, 2018). Evidence of social problems ranging from lack of security, Street children, youth gangs, traffic accidents, domestic accidents like falling objects, cuts, bruises, poisoning, environmental and occupational hazards, natural disasters, Child mortality and the prevalence of HIV/AIDS are normally high (Reza & Henly, 2018).

The first Millennium Development Goal (MDG 1) " to eradicate all forms of poverty" (UN, 2015), aims to eradicate extreme poverty in all forms. It is in this regard that the international community has made a tremendous commitment towards poverty reduction geared at reducing the large proportion of individuals living on an income below a dollar a day (Mugo & Kilonzo, 2017). The United Nations, after the post 2015 era, then adopted the Sustainable Development Goals that was to be the development framework that would be the successor of the Millennial Development Goals (UNDP, 2015). These goals still had an immense focus on poverty.

The Sessional Paper No 1 of 1965 reveals the government efforts to eradicate poverty, ignorance and diseases (Tshishonga, 2019). Recent important government poverty

reduction strategies are: The Social Dimensions of Development (SDD) which was launched in 1994 (Strezov, Evans & Evans, 2017) whose aim was to shoulder the poor against the harsh effects resulting from economic reforms of 1980s. The government formulated a strategy to bring down poverty levels in rural and urban areas by 50% by the year 2015 and strengthen the possibilities of the poor to earn better income (Wilson & Wilson, 2017). National Poverty Eradication Programme (NPEP) was initiated and implemented in 1999 because of inability to fight poverty through national development plans and poverty specific programmes (Mwai, 2017).

Lately the government of Kenya has come up with initiatives to fight poverty in rural and urban population. These strategies among others include; National Government Constituency Development Fund NG-CDF which was initiated by the government in 2003 to address the problem of inequality in resource distribution (Khaemba & Sang, 2019), the National Hospital Insurance Fund NHIF which is a government parastatal whose core business and mandate is to provide accessible, affordable, sustainable and quality health insurance for all Kenyan citizens (Ochiel, D. 2012). The NHIF is a top healthcare with benefit package growth rate between 2017/2018 and 2016/2017 as follows: Inpatient services 22%, outpatient services 48%, surgeries 73%, renal dialysis 41%, maternity services -6%, free maternity (*Linda mama*), Cancer treatment 11%, dental 50%, specialized surgeries 100%, MRI 33%, CT-scan 8%, rehabilitation for Drugs & substance Abuse 67%.

Another government urban poverty reduction strategy is social protection programme. Mwai (2017) affirmed that to move Kenyans towards a more equitable and inclusive future, social protection programmes should be initiated. The focus on social protection was enshrined in the Kenyan 2010 Constitution. Kenyan government runs four cash transfer programmes namely; Cash Transfer for Orphans and Vulnerable

Children CT-OVC, Older Persons Cash Transfer OPCT, Persons With Severe Disability Cash Transfer PWSD-CT and Hunger Safety Net Programme HSNP

With all the above in place, poverty remains a major problem indicating that poverty, reduction strategies have not yielded significant fruits.

By focusing on evaluation of available poverty reduction strategies especially NG-CDF, OPCT and NHIF, enables the study to explore on impacts of national government urban poverty reduction strategies in Eldoret Municipality, Kenya.

1.3 Statement Problem

As at the 2019 census, Eldoret Municipality had a population of about 378,107 persons. The population that lived in the core urban region was 79.9% and that lived in the peri-urban regions was 20.1% (KNBS, 2013). In a study to assess inequality and Kenya level of urban poverty, the percentage of urban poverty in Eldoret town was 35.5% Shifa & Leibbrandt (2017). The study approach focused on multidimensional poverty rather than poverty measured financially or economically.

The dimensions that were majorly analysed were education level, health standards, living conditions and asset owning. Poverty in this study was viewed from the 'deprivation perspective' and measured using the four indicators: education, health, living conditions and asset owning. The indicators of urban poverty -explained later on pages 7 & 8 - were measured and weighted to create multidimensional poverty indices on the major towns in Kenya.

The calculated index of multidimensional poverty in Eldoret was at 39%. Whereas this was a figure much lower than that of many other urban centres such as Kilifi 66% and Garissa 61% it was also higher than that of other urban centres such as Thika 27% Nairobi 27% and Ruiru 22% (Shifa & Leibbrandt, 2017). Garissa has more than 90%

of its population living in central urban but is among the poorest urban centers in Kenya. Its poverty level is greater than the Kenyan average 55%.

Despite years of robust economic growth, Kenya lags behind in poverty reduction, indicating that the rewards of high economic growth do not reach all segments of the society. The pace of poverty reduction in Kenya is only at 1% per a year (World Bank, 2017). This is because dissemination of wealth in Kenya was limited, thus constraining overall poverty reduction. At such a rate of 1%, poverty eradication can only be a dream. Eliminating poverty will require a higher rate of poverty reduction and increased focus on poverty reduction strategies rather than focusing on poverty rates based on percentages. It is so timely that this study comes at a time the world is focusing its agenda on eliminating poverty through the SDGs. It is with this regard that this study seeks to understand the impacts of national urban poverty reduction strategies (PRS) in Eldoret.

1.3 Research objectives

The main objective of this research was to evaluate impacts of national government poverty reduction strategies on urban poor in Eldoret Municipality.

The specific objectives that guided this study include the following:

1 To highlight the government Poverty Reduction Strategies in Eldoret municipality.

2. To analyze the impacts of NG-CDF, Older Persons Cash Transfer (OPCT) and NHIF

in reducing urban poverty in Eldoret municipality.

3. To state the challenges faced in implementing NG-CDF, OPCT and NHIF as Poverty Reduction Strategies.
4. To develop a pro-poor urban poverty reduction strategy model.

1.4 Research Questions

1. What are the government poverty reduction strategies applied in Eldoret municipality?
2. What are the impacts of NG-CDF, Older Persons Cash Transfer (OPCT) and NHIF strategies on the urban poor in Eldoret municipality?
3. What are the challenges faced in implementing NG- CDF, OPCT and NHIF as Poverty Reduction Strategies?
4. What methodologies will be effective in developing a pro-poor poverty reduction strategy model?

1.5 Justification

The concept of urban poverty reduction is one that needs to be addressed to a greater level. Africa is a less urbanized continent compared with the rest of the world, with the fastest urbanization rate of 3.5% per year. In 1980, only 28% of Africans lived in urban areas UN Habitat (2012). This number has since increased to 40% and is expected to rise up to 50% by 2030. Many studies have been carried out on an international scale to address poverty reduction in urban centres. However, few research studies have been done in Kenya to highlight issues of poverty reduction in urban centres (UN Habitat 2012). This study therefore was aimed at increasing the level of knowledge on poverty reduction strategies, to find out factors contributing to high urban poverty rates and their solutions and to develop a pro-poor poverty reduction strategy model to be used in Kenya, more so in Eldoret municipality.

1.6 Significance

Poverty reduction is the concern of government at all levels. Therefore, this study and its results played a crucial role in providing evidence that would guide poverty reduction strategies.

This study will serve to provide information on the type of poverty reduction methodologies that have been adopted to date. By creating an understanding of the poverty reduction strategies that are already in place, this study serves as a baseline in understanding urban poverty reduction strategies to allow for their assessment for effectiveness. It sought to highlight the strategies in place from the highest levels to the lower levels.

The results of this study would also guide in creating a glimpse of the extent to which policies have been effective in curbing urban poverty. By creating a framework in which urban poverty reduction strategies can be assessed, the findings will allow for the provision of evidence on which poverty prevention strategies would be effective.

This study also sought to highlight on pro-poor poverty reduction methodology by developing a pro-poor poverty reduction strategy model to inform policy. By consequence therefore, the study sought to find out the existing poverty reduction strategies, the barriers to their implementation, and the specific areas that would need to be highlighted in the provision of a sound pro-poor policy framework.

1.7 Study Limitations

The current study had not sufficiently been the representative of all the urban poor estates in Kenya as it was limited to Eldoret region only as well as having a limited number of respondents. Future studies should incorporate a broader number of poor estates and a larger sample size of urban poor in several urban areas in the country. This would make it possible for greater understanding of poverty reduction strategies with their corresponding impacts on urban poor.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter provided reviewed related literature about urban poverty. It begun by giving the concept of urban poverty where it highlights on the multifaceted nature of poverty. It provided a brief description of the indicators of urban poverty. It then provided a literature review of the common poverty reduction strategies. It went ahead to highlight the challenges in implementing urban poverty reduction strategies. Finally, the study focused on an explanation of a theoretical framework and the conceptual framework that guided the study.

2.2 The Concept of Urban Poverty

Baharoglu and Kessides (2015) discuss urban poverty in five major dimensions. These include income and consumption, education, health, security and empowerment. These aspects are briefly discussed below:

2.2.1 Income

In many urban settings, there is a huge reliance on the cash economy to allow for the purchase of goods and services that are essential for day-to-day living. In addition, urban settings are associated with a lack of employment security. This is because many of the urban poor are unskilled. This leaves them with options of lower paying jobs and casual work that have lower qualifications. Since the jobs are high in demand, there is high turnover and the jobs are easy to lose. The cumulative effect of urban poverty also comes to play in the sense that, many of the urban poor may have ill health and may lack access to proper healthcare and therefore may be unable to stay in employment and subsequently leading to lower levels of household

income(Samson *et al*., 2017).Such prevailing conditions actually may breed areas such as domestic violence and crime.

2.2.2 Health

Health and well-being of an individual is supported by certain factors such as access to adequate clean water, food security, adequate housing and access to affordable healthcare services. Health is a crucial indicator of urban poverty. Poor persons may experience a wider array of challenges to health as compared to persons who are not poor. Ill health is a major result of urban poverty. Overcrowding and the lack of environmental hygiene in such areas causes ill health. Most of the urban poor are more likely to live in areas of traffic and industrial pollution (Mowafi & Khawaja, 2015; Murray, 2016). The urban poor are also more likely to settle in marginal lands that are exposed to naturally occurring hazards such as floods and landslides. Many of the urban poor are also exposed to harsh, exploitative and hazardous work environment, and considerations are less likely to be made with regards to their healthcare (Murray, 2016) . Therefore, health is a significant contributor to urban poverty.

2.2.3 Education

Education has a critical role in alleviating poverty. Education increases the ability of an individual to earn a decent living and instils certain attitudes that can serve to reduce poverty levels. However, many of the urban poor lack adequate access to quality education (Mihai, Ţiţan, & Manea, 2015). This is because many urban areas experience exponential levels of growth and social amenities do not expand at a similar rate. The urban poor may also be unable to afford the expenses that are associated with food and may experience certain challenges such as insecurity and

threats to personal safety that may serve to deter school attendance(Mihai *et al*., 2015).

2.2.4 Security

Security is another dimension of poverty. Security with respect to urban poverty can be viewed in two major dimensions: tenure insecurity and personal insecurity.

a) Tenure Insecurity

Due to high costs of land and housing, authorized areas tend to be less accessible to the urban poor in terms of cost. This causes most to adopt makeshift structures and substandard housing. These structures may be prone to natural hazards and lack proper construction. Many of the land policies lock out the urban poor from access to land. The urban poor also lack adequate access to credit services and therefore cannot take up housing options that take the form of credits (Francesco *et al*., 2019).

b) Personal Insecurity

Personal insecurity among the urban poor is a common phenomenon. It is associated with many of the aforementioned challenges. Due to lack of education and well-established social support networks and due to the social fragmentation, that is common in urban areas, many may result to social evils such as drug and alcohol abuse, domestic violence, breakdown in family units and prostitution. Policy issues that result in this include the lack of employment opportunities, inadequate access to education, schooling, amenities, or security services, which lower the range of life options of the urban poor. Such a lack of personal security may have such an effect on several aspects such as the physical and mental health of individuals, loss of property and increased costs of healthcare (Klugman *et al*., 2012).

2.2.5 Empowerment

The empowerment of the urban poor is a crucial aspect. Empowered individuals can have sufficient areas of income generation and consequently cater for housing, healthy areas. However, there may be several challenges that the urban poor face. Many of the urban poor have limited access to opportunities because they lack skills. Most of them also are unable to practice legitimately to specific government policies that may bar them thus they remain largely informal and this may affect the ability of their enterprises to grow. Many of the urban poor may lack civil registration of their rights(Klugman *et al*., 2012)

2.3 Indicators of Urban Poverty

2.3.1 Indicators of Income Deprivation

The following are commonly used measures of poverty with reference to deprivation in terms of income:

Poverty headcount: This is the percentage of a population that lives below the poverty line. It is calculated by taking the total number of persons in a country who fall below a certain set level of income and then dividing this figure by the total population (World Bank, 2017). *Poverty gap:* The poverty gap is a reflection of the average fall of the population from the poverty line (World Bank, 2017). *Extreme poverty incidence:* This is defined by the World Bank as the number of people who earn below $1.90 dollars in a day (World Bank, 2017). *Unemployment rate:* This is the percentage of the unemployed workers in the total labour force. (World Bank, 2017)

2.3.2 Indicators of Health Deprivation

Infant Mortality rate: This is the number of deaths children in a group of a thousand births of children under the age of one year (WHO, 2018). *Under 5 mortality rates*: This is the probability of death between birth and the age of five, which is expressed

per a thousand live births (WHO, 2018). *Maternal mortality rate:* This refers to the death of a pregnant woman or within 42 days of abortion, due to pregnancy-related causes (WHO, 2018). *Malnutrition rate in children:* this includes malnutrition in all is forms: wasting, stunting, underweight, lack of adequate minerals and vitamins (WHO, 2018). *Morbidity and mortality rates from public health/environment-related* diseases (for example, diarrheal, respiratory diseases, malaria): This is the rate of occurrence of diseases due to such causes related to public health and environment (WHO, 2018).

2.3.3 Indicators of Educational Deprivation

Basic and secondary school enrolment ratio: This refers to the number of children who are enrolled either in secondary or primary school, irrespective of their age, as a percentage of the population of the age group that corresponds to such a level of learning (UNESCO, 2018). (UNESCO, 2018). *Adult Literacy Rate:* This is the percentage of persons who are above the age of 15 who can read and write (UNESCO, 2018). *School Completion Rates*: This is the ratio of people who complete either primary or secondary school education against those who were enrolled (UNESCO, 2018).

2.3.4 Indicators of Security Deprivation

Percentage of households with secure tenure: This is defined as the number of households that have legal arrangements or indefinite tenure on their housing that would protect them from sudden removal by landlord or from other cause (UN-Habitat, 2017). *Deaths from industrial and environmental disasters:* This is the rate of death compared to the total population as a result of industrial or environmental causes (UN-Habitat, 2017). *Murder rates and other crimes*. This is the rate of unlawful killing or other criminal acts that are not legally justifiable. They are an indication of the level of efficiency of security services (UN-Habitat, 2017).

2.3.5 Indicators of Empowerment deprivation

Citizen involvement in major planning decisions: This is the rate at which citizens are involved in planning decisions that have direct impact on their health and well-being (Klugman *et al*., 2012). *Access to telephones and internet*: This is the ration of the population that have access to telephone and internet services, as an indicator of the rate of access to information (Klugman *et al*., 2012). *Satisfaction with city services:* This includes the rate of citizen satisfaction with the adequacy, quality and availability of government services in the regions wherein they live (Klugman *et al*., 2012).

2.4 Global poverty reduction strategies

With three quarters of its population living in cities, Latin America is substantially an urban region. Higher urbanization is usually associated with increased income, increased access to services, and lower poverty incidence, (ECLAC, 2014). Today, urban poverty incidence is at 28%. Extreme poverty is at 12%. (ECLAC, 2014).

Social programmes and non-contributory social protection transfers increased in importance and have had a positive impact in Latin America. Conditional cash transfer programmes, in particular, led to improvements in education, health and nutrition indicators, especially among the poorest families in urban areas (ECLAC, 2015). Impacts on income poverty and inequality depend on the quality of targeting, the breadth of coverage, and the amount of the transfers (ECLAC, 2015). In the case of Brazil, for example, according to Soares (2012), the Bolsa Família programme contributes to an 8% reduction in the poverty headcount index, an 18% reduction in the poverty gap and a 22% reduction in the severity of poverty.

In Asia, Bangladesh has a wider scale of social safety net programmes. Bangladesh has what is referred to as an - urban partnership for poverty reduction (UPPR) - which

is aimed at improving the livelihoods and living conditions of three million poor and extremely poor people, especially women and children, living in 30 different urban areas (Bangladesh Asian Development Bank, 2013a). It works to improve security of land tenure, access to community infrastructure for a healthy living environment and access to essential services such as health facilities and finance for improved housing and entrepreneurship.

In Sub Sahara Africa, South Africa's post-apartheid government has embarked on numerous poverty reduction strategies in order to address poverty and inequality in the country (UNDP, 2014).These strategies include the Reconstruction and Development Programme (RDP), Growth Employment and Redistribution (GEAR), The Accelerated and Shared Growth Initiative of South Africa (ASGISA), The National Development Plan (NDP) and the Social Assistance System (UNDP, 2014). From this critical review, it becomes evident that the main limitation in these strategies is that they do little to tackle the main cause of poverty, especially unemployment. They have instead focused more on providing social welfare to the poor (UNDP, 2014). Economic growth in South Africa has generally increased after 1994 up until the global crisis and then continued to slow down from 3.5% in 2011, to 2.5% in 2012 to 0,7% in the third quarter of 2015 (Statistics South Africa, 2015b; SARB, 2015c).

2.5 Poverty Reduction Strategies in Kenya since independence

Poverty reduction strategies are the structural, social and macroeconomic policies and programs that targets at promoting economic growth in a country and reducing poverty. Efforts fighting poverty in Kenya can be traced from Independence.

2.5.1 The Sessional Paper No 1 of 1965

It detailed the Government commitment to alleviate poverty together with ignorance and diseases. The Early efforts towards poverty reduction included land resettlement programmes and the District Focus for Rural Development Strategy.

2.5.2 The Social Dimensions of Development Programme (SDD)

The SDD Programme was launched in 1994. Its premises are pegged on the fact that, the institutional and economic reforms of the 1980s reduced the provision of basic needs for the poor. This led to loss of jobs, diminished purchasing power and elimination of a number of essential subsidies. The purpose of the programme was to shoulder the poor against the harsh effects of economic reforms of the 1980s (Akinola, 2020).

2.5.3 The National Poverty Eradication Plan 1999-2015

The national government in rural and urban areas came up with plan to reduce poverty incidence by 50% by the year 2015 (Mwai, 2017). The National Poverty Eradication was launched in 1999 (Ward, 2017) to combat poverty through national development strategies. The aim of NPEP is to formulate a national policy and institutional framework for action against poverty. Though NPEP seemed to have provided an elaborate framework for action against poverty, poverty still proved to be threat to Kenyan population.

2.5.4 Poverty Reduction Strategy Paper (PRSP) 2000-2003

According to Omiti *et.al* (2002), this strategy paper is the most comprehensive and most focused policy paper in the war against poverty in Kenya. The paper was focused at enhancing sustainable, quick economic growth; beef up governance and security, increase the ability of the poor to be self-reliant in income generation and

improve the quality of life of all people especially the poor. Hughes (2002) also added that the positive aspects of the PRSP is that it learns from failures of the past policies.

2.5.5 Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC), 2003-2007

Mugo, & Kilonzo (2017) in a research on impacts of financial inclusion at community level in Kenya concerning poverty eradication and job creation indicated that impacts of financial inclusion reveal performance of the Kenyan economy that has been poor over the last 20 years has led to deterioration of quality of life of Kenyans.

2.5.6 MDG 1/ SDG1: Eradicate Extreme Poverty and Hunger

The country's percentage of population living below the national poverty line (<$1.25 a day) has not made any improvement since 1990s (Ezeomedo & Egware, 2018). Compared to the poverty rates in 1990, there was significant increase in 2000 before declining and stabilizing between 2005 and 2014 (Mugo, & Kilonzo, 2017). The trends in achieving MDG 1 is summarized in table 2.1 below:

Table 2. 1 Trends in Achievement of MDG1

Indicator	2000	2003	2005	2007	2009	2011	2013	2014
Proportion of Population Living Below the National Poverty Line (%)	52.3	48.9	45.9	46.8	45.2	44.0	47.7	45.0
Poverty Gap Ratio (%)	18.7	17.2	16.3	14.0	12.2	12.0	10.2	9.0
Share of Poorest Quintile in National Consumption (20%)	4.8	4.7	4.6	____	9.8	10.2	11.1	11.5

Source: KNBS, Economic Surveys 2000-2015, the World Bank, 2013, ICT Survey, 2010

Of importance in this study includes, the CDF, the NHIF and the OPCT. CDF which was initiated by the government in 2003 to address the problem of inequality in resource distribution. CDF has tried to achieve the following: promotion of entrepreneurs hence creating employment opportunities for many youths today. The funds have also been used to develop and construct infrastructural structures that have helped to upgrade the conditions of schools, hospitals even roads. The number of educated citizens is increasing. The CDF programme has introduced bursaries for bright students in each constituency where they are supported through fee payment. Youths and entrepreneurs have been encouraged to do dairy farming, bee keeping, and even Juakali artisans, art crafts and projects that would create employment for the youth and women groups have been encouraged. Dispensaries and hospitals are now more developed than ever before. An enormous number of boreholes are now up and running, women now walk less to get clean water for their household. All these projects have been funded by CDF. However, CDF has faced myriads of challenges that include: Transition to devolved system i.e., misunderstanding the roles of national government and county government, Fluctuating Economic Growth: The economy registered a growth rate of 5.6% in 2015, which was higher than 5.3% recorded in 2014 but lower than 5.7 % in 2013.The growth rate of the economy has however been below the 10 % annual target under Vision 2030. Kenyan economy is vulnerable to global shocks such as financial crises and commodity price fluctuations and disease pandemic like malaria and Covid-19.

The (NHIF) which is a government parastatal whose core business and mandate is to provide accessible, affordable, sustainable and quality health insurance for all Kenyan citizens (Ochiel, D. 2012).

The Fund has been running programs to promote social protection and inclusivity, which include; The Health Insurance Subsidy Program (HISP) targeting vulnerable population, GoK's Cash Transfer Program for Orphans & Vulnerable Children and Older Persons & Persons living with Severe Disabilities (OPSD). The benefit payout ratio attained is at 50% (Njoroge, Kihara & Gichohi, 2019). The members were to access the National Health Scheme benefits package dubbed NHIF Supacover. The Free Maternity Program named '*Linda Mama – Boresha Jamii'*, which was launched in October 2016 (Barasa *et al*., 2018).

Another government urban poverty reduction strategy is social protection programme. Mwai (2017) affirmed that to move Kenyans towards a more equitable and inclusive future, the focus on social protection was enshrined in the 2010 Constitution. Njagi (2018) added that Vision 2030 strategy aimed at reducing poverty by investing in vulnerable strata while recommending the establishment of a consolidated Social Protection Fund.

The Government of Kenya currently has four major cash transfer programmes that provide benefits to over 500,000 vulnerable households nationwide (Barasa *et al*., 2018). Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Older Persons Cash Transfer (OPCT), Persons with Severe Disabilities Cash Transfer (PWSD-CT) and Hunger Safety Net Programme (HSNP).

The county government of Uasin Gishu had developed various poverty reduction strategies such as *Mama na kuku*, water kiosks and *kijana na acre* programmes. Kipkemei et al (2021). Non-governmental poverty reduction strategies in Eldoret included; Beyond Zero initiative, joyful women (JOYWO) and Kenya women finance trust (KWFT) Kipkemei et al (2021).

As at 2017, the poverty rate in Uasin Gishu was at 44.6% according to the Kenya Integrated Household Budget Survey (KIHBS, 2017). However, poverty is still widespread and rampant (Kenya Economic Update, 2019). It is crucial to shed light to poverty among the urban poor by focusing on and evaluation of current poverty reduction strategies liken NG-CDF, NHIF and Older Person's Cash Transfer (OPCT).

A typical Pro-Poor Poverty reduction strategy model known as the Girinka programme was initiated in Rwanda. Rwandan President Paul Kagame launched it in 2006 to respond to high rates of child malnutrition and as a mechanism towards accelerating, the reduction of rural poverty and promoting increased agricultural productivity RARDA (2011).

This nationwide programme was based on the principle that providing a cow to poor households helps to improve their livelihood through improved nutrition from the milk produced by the cow, increased agricultural output through better soil fertility as a result of organic manure, as well as increased income derived from the commercialisation of dairy products (Rwandapedia, 2013).

The program had a substantive impact on household income and crop production RARDA (2011). The main constrain of the program was training of the beneficiaries. There was no apparent training programme on proper implementation and management of the programme. Extension services were also not practised on farmers to improve quality.

2.6 Barriers to implementation of Poverty Reduction Strategies

Poor implementation of Strategies: Government and international agencies may provide funds for urban poverty reduction. However, despite there being good policies set up from the donors, there may be challenges to implementing the policies and programs at ground level (Moser, 2016).

Corruption and Misappropriation of funds: Many poverty reduction strategies suffer to the misappropriation of funding accorded for the implementation of the strategies. Corrupt officials may misappropriate funds and governing officials may play the detrimental roles of redirecting poverty reduction funds to non-related areas. This hampers the implementation of the strategies (Moser, 2016).

Limited role of NGOs: NGOs in many cases have been limited to small-scale measures of poverty reduction. Government setup is in such a way that the roles, which they are able to play, are not to a fuller and wider scale. For success of poverty reduction, more focus needs to be given as to the strategies that can be implemented to allow for a broader scope of NGO action (Klugman *et al*., 2012).

Poor Public-Private sector collaboration: Left to the public sector alone, there has been a trend of poor implementation of poverty reduction strategies. It is therefore crucial for partnership be effectively attained between the public and private sector. This will allow for efficiency and alternative sources of funding(Klugman *et al*., 2012).

2.7 Importance of Poverty Reduction Strategies

Poverty reduction strategies leads to reduction in social inequalities. The impacts of social inequalities can be far reaching. They may have impacts on the security and peace of a region by building contempt, political clashes and social problems. Poverty reduction strategy is effective if it curbs such ends by providing a relatively fair level playing ground for the poor thus decreasing inequalities (Mowafi & Khawaja, 2015).

Poverty reduction strategies prevent health and environmental challenges at a wide-scale level when citizens are deprived of essential services such as healthcare and environmental sanitation it may pose a specific burden. Diseases such as cholera, typhoid malaria and plague are usually resultant to the lack of services such as solid

waste management, sanitation and water supply, such health and environmental problems may serve to further aggravate poverty. Poverty reduction strategies serve to curb such situations by providing clear-cut measures on providing such services to the urban poor (Mowafi & Khawaja, 2015).

Poverty reduction strategies would mitigate impacts of disasters. The poor are generally more prone to experience disaster. Factors such as lack of land, housing and proper settlement options, puts them in such a situation that they may live in areas that are vulnerable to disasters. Landslides, floods and large-scale fires are more common among the poor. Therefore, poverty reduction strategies serve to ensure that such disasters are mitigated in due time and effective measures to prevent them are enforced (Murray, 2016). Poverty reduction strategies are also crucial in supporting local economic development. Poverty reduction strategies are crucial in the light that they help to improve the living conditions and earn income. This is due to access to education, health, security and other crucial parameters.

2.7.1 Support to social Entrepreneurship Practices

Financial services, for commercial reasons, have been historically targeted to the richer members of the community as they have a greater capacity to pay back the loans as well as maintain savings levels. The poor on the other hand have not been serviced and are underbanked and therefore not offered any appropriate financial services. (Stewart, 2000). Thus, to meet these challenges, microfinance emerged in the last three decades as an approach to provide appropriate financial services to the poor clients. The following are some of the practices provided by MFIs to help the low- and middle-income earners:

a) Savings services

Microfinance institutions offered the best possibility for low-income earners to open accounts. According to Patel & Mitlin, (2005), a critical mechanism to building economic independence as well as safeguarding the people's futures was found in the creation and opening of bank accounts. With this, a number of MFIs came up with products specifically designed to benefit their income group. In Kenya, KWFT and Faulu Bank Ltd have more than five savings accounts that cut across all ages (KWFT, 2016; Faulu Bank, 2016). This MFI caters for young children, teenager, youth and adults. These savings accounts are attributed to minimum operating balance and enable poor members to qualify for personal loans. Additionally, MFIs in Kenya have embraced the idea of "*chamas*" as this ensures the rate of defaulters is minimal. The *chamas* comprise of a group of between 5 and 15 members. The members are encouraged to save for a certain minimum period of about 3 months, after which they qualify for individual loans in a *chama*.

Other organizations like Joyful Women organization came up with a product called "Table Banking" (Joywo, 2016). The essence of table banking is encouraging member in a particular group, who meet monthly to place their savings, loan repayment and other contributions on the "table" and they are expected to borrow immediately either on short-term or long-term based on the loan agreements. The women in this case have been able to use the money they borrow as capital to improve their livelihoods as well as engage in income generating projects. In Kenya, MFIs use mobile banking to deposit savings, disburse loans, offer savings plans among other services.

b) Loan services

According to KWFT (2016), MFIs offer personal, business and community loans. Personal loans are provided for reasons such as emergency, health, school fees etc.

Business loans are given for business expansion while community loans involve groups (*Chamas and Ushirika*). These types of loans have low interest rates as low as 9% and flexible repayment period of up to 72 months. In a *chama*, each individual is a given a loan according to how much they have saved in their personal account.

2.7.2 Increasing Access to Job Opportunities

A crucial measure for reducing urban poverty is to ensure that the urban poor engage in meaningful employment. This refers to both increasing employment opportunities as well as increasing the physical accessibility of these opportunities. Physical accessibility can be improved through creating efficient and affordable transport systems and ensuring that zoning ordinances allow the urban poor households easier access to the job opportunities. Governments can improve employment opportunities by ensuring that legal framework are in such a manner as to encourage employment. For instance, reducing payroll taxes and other costs that ensue from making labour contracts. This would motivate more firms to employ workers (Babatunde, 2015).

The governments at local and national levels may also ensure that they facilitate the information availability on jobs and product markets. Another crucial method would be to provide training in practical and skill-based aspects so that the urban poor are equipped with skills that would make them more useful in the work environment.

2.7.3 Supporting Urban Agriculture

Urban agriculture is a pro-poor poverty reduction strategy that increases the food security of urban households and may allow them to earn an added income. It also improves the overall health and nutrition of these households. However, in many urban centres, agricultural activity is prohibited. Those who participate in urban agriculture, in many cases, do not legally own the pieces of land that they farm. Many

of them use private pieces of land illegally and therefore have low security of tenure (Mkwambisi, 2015).

2.7.4 Supporting Home-Based Income-Generating Strategies

This pro-poor poverty reduction strategy encourages the urban poor to use their homes to accommodate commercial activity in order to allow for a greater income of these households. Governments should also strive to improve infrastructure to facilitate the efficiency, safety and productivity of these industries. Also, provision of information on aspects such as markets, credit, safety, and also practical skills training may serve to stimulate the economic activity and productivity of the urban areas as a whole while maintaining health and safety (Ogbe, 2017).

2.8 Literature gaps

The literature gaps in this study involves the role of information communication technology ICT in poverty reduction strategies. More information should be availed to focus on relationship between the size of urban centre and poverty rates. Knowledge on pro poor poverty reduction strategies in urban set ups is scantily available and the role of various gender in urban poverty reduction strategies are inadequate.

2.9 Theoretical Framework

2.9.1 DFID's Sustainable Livelihoods Approach

According to Andreasson (2017) in Bruggemann, Tracey & Kroezen (2018), the concept of sustainable livelihoods forms the foundation of different approaches. This has been adapted by different development agencies such as the British Department for International Development that adapts a version of Chambers Conway's definition of livelihoods (Shahriar, Qian, Rahman, Hasan, Kea & Abdullahi, 2019).

As per Quandt (2018), DFID's biggest aim is the eradication of poverty in developing countries with the following livelihood approaches.

(i) People-centred approach: Resources used by people are the primary focus in the livelihoods approach, as they often root in adverse institutional structures impossible to be overcome through simple asset creation (Moynihan, Brodersen, Heath, Johansson, Kuehlein, Minué-Lorenzo & Stavdal, 2019).

(ii) Holistic approach**:** According to Schubert & Vu (2016), this view is aspired in understanding the stakeholders by a manageable model that helps to examine the most pressing constraints encountered.

(iii) Dynamic Approach: Just as people's livelihoods and the institutions that shape their life are highly dynamic, Singh (2019) added that so is the approach in order to learn from changes and help mitigating negative impacts.

(iv) Building on strengths approach: Kollmair *et al*. (2002) and Hart & Brando (2018) ascertained recognition of individual unique abilities for his/her removal of stresses and realisation of potentials is the core issue of building on strength.

(v) Macro-micro links approach: Development activity tends to be geared at either the macro or the micro level, whereas the sustainable livelihood approach tries to bridge this gap in emphasising the links between the two levels (Kollmair *et al*., 2002 and Hart & Brando, 2018).

(vi) Sustainability approach: A livelihood is sustainable (Kollmair *et al*., 2002), if it is resilient over stresses and shocks.

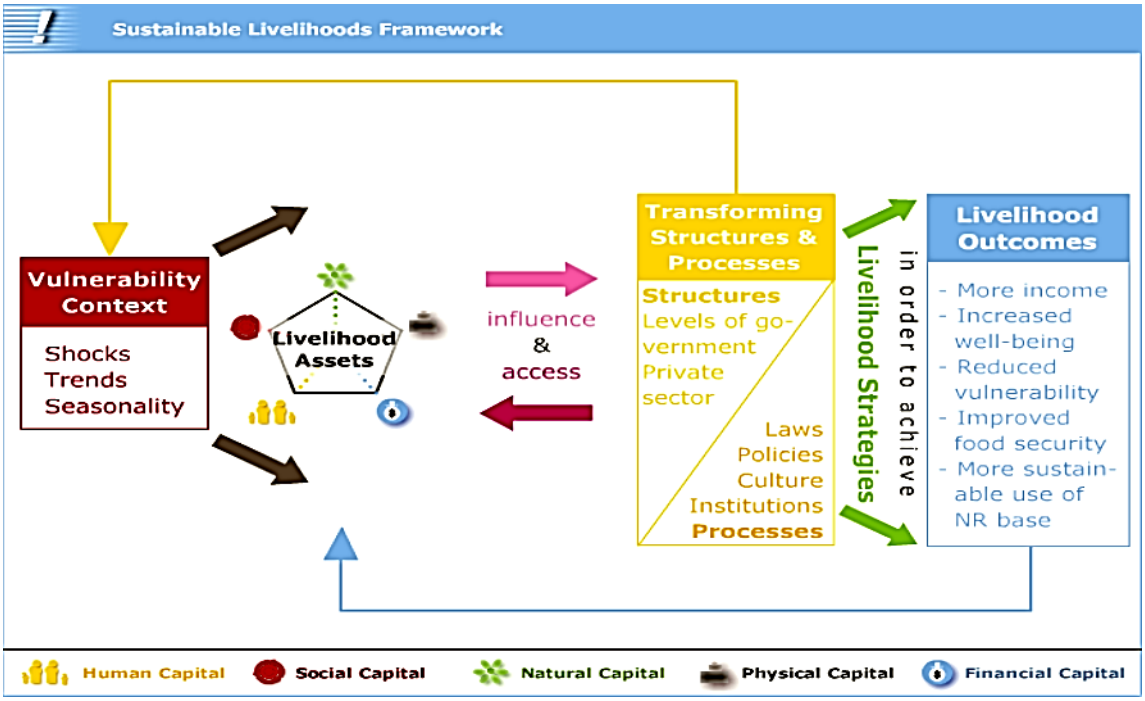

Figure 2. 1 Framework for Sustainable Livelihoods

Data Source: DFID (2000)

The DFID framework sets out to conceptualise how people interact with environment full of vulnerabilities shaped by different factors e g., shifting seasonal constraints, economic difficulties and long-term trends and how they utilize different types of livelihood assets or resources in different set ups.

2.10 Conceptual Framework

The conceptual framework model in Figure 2.2 guided the study. The major construct of this study is urban poverty reduction. Urban poverty in this model is seen as being multi-dimensional construct. Independent variables in this study are the poverty reduction strategies e.g., NG-CDF, OPCT and NHIF. It is through this, that poverty is reduced or eradicated. The dependent variable in the study is poverty reduction. This entails a reduction in the levels of poverty as defined by poverty cut-offs set for sustainable income, high literacy levels, affordable health, education and guaranteed security.

Lack of sustainable income, high illiteracy rates low empowerment, poor health, lack of access to services and insecurity are the intervening variables between independent and dependent variables. This study therefore seeks to create an understanding of effectiveness of independent variables on the poverty reduction strategies.

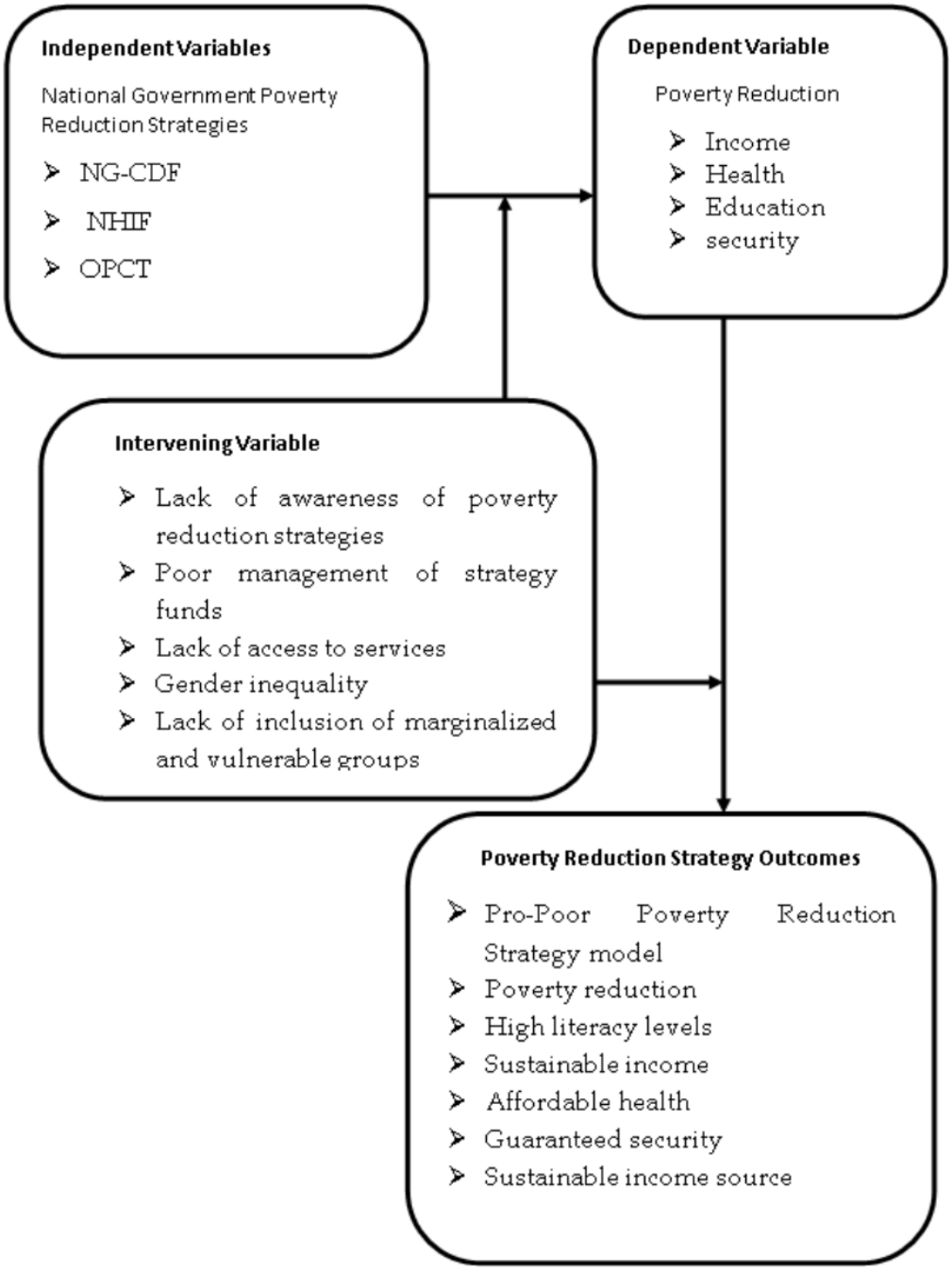

Figure 2. 2 Conceptual Framework

Source: Author, 2020

2.11 Summary of Literature Review

The literature reviewed identifies the concept of poverty based on income, health, education, security and empowerment. It went further to identify indicators of urban poverty, poverty reduction strategies and their importance, several challenges of strategy implementation which includes poor implementation of strategies, misappropriation of funds limited roles of NGOs, poor public-private sector collaboration organizational communication, among others.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

This chapter focuses on methodological aspects that were involved in undertaking this study. It highlights the study design, the study population, the sample size, the sampling procedure, the data collection instruments as well as the methods of analysis and management of the data. It also gives a highlight of the ethical considerations made in carrying out this study.

3.2 Study Design

The study majorly utilized a descriptive research design. Data on national poverty reduction strategies, their impact on urban poor, and the challenges concerning implementation was collected at one point in time. The study majorly described the status of these phenomena rather than delve deep into their interaction effects. Mugenda and Mugenda (2003) stated that descriptive research design reports phenomena at their status and attempt to describe the possible characteristics of such things. The research process started with pilot study. During piloting, courtesy call was made in sub county commissioner of each study location since the estates where research was carried out were spread in different sub- counties. The questionnaires were pre-tested and refined to suit and meet the objectives of the study. Four research assistants, who after training collected data with the researcher, comprised of two men and two women. The research assistants were taken to a two-day training to familiarize and acquaint them with pre-requisite skills of how to conduct research using questionnaires, what questions to require from respondents, how to build rapport with respondents, how to select the respondents, how to identify heads of

households in every estate and how to overcome hardship if any. Therefore, this study design was deemed most appropriate.

3.3 Study location

The study area in this study was Eldoret Municipality. Households in low-income estates of Eldoret formed a sampling frame. Examples of estates in Eldoret Municipality include Elgon View, Maili Nne, Kahoya, West Indies, Kapsoya, Kipkaren, Outspan, Cheplaskei, Chinese, Jerusalem, Annex, Action, and Pioneer, Kimumu, Silas, Langas, Kenyaa, Huruma, Mwanzo, Peris, Junction, West, Munyaka, Kapseret, Samar, Roadie, Hillside among others. Estates like Elgon View, Roadie and Hillside are posh and lived by mostly haves while most of the remaining are low-income estates.

3.4 Sampling of the study area

The study used stratified sampling techniques to group estates according to constituencies surrounding Eldoret municipality and then using simple random sampling to choose a single estate from each constituency. Munyaka from Moiben constituency, Kamukunji from Soy Constituency and Langas from Kapseret constituency were sampled out. In particular, the study focused on Munyaka (Mwitiriria and Bahati), Kamukunji (Kambi Teso and Bondeni localities) and Langas estates (Yamumbi and Msikiti localities). Langas is located in the southern part of Eldoret Municipality adjacent to the Eldoret-Kisumu road, about 7 km. from the town Centre. It is geographically (752274.03 E, 53976.61 N). It had a population of Over 26,000 people and according to 2019 national census. Munyaka is located in north-eastern side of Eldoret town about 5 km from the town centre. It is geographically (756686.68 E, 58234.03 N). It is a recent settlement and is small compared to Kamukunji and Langas. Munyaka estate had a population of about 4,000 in 2019

census. Kamukunji is located in the northern part of the municipality about 6km from the town centre and borders the town's main industrial area. It is geographically (752027.10 E, 59367.26 N). At the time the farm was acquired, it was outside the municipality and it remained so until the 1988 municipal boundary extension. These portions of land are already consolidated, with houses of varying quality while some are of permanent materials; others have mud walls and are in poor condition. It had a population of 4,527 people in the 2019 national census. Eldoret town is the administrative capital of Uasin Gishu County. The county government of Uasin Gishu governs it. The town is made up of thirteen wards, which are distributed in three major constituencies: Eldoret East, Eldoret South and Eldoret North Constituencies. Its population as at 2019 census was about 475,716 persons.

Table 3. 1 Population of Research Location

Estates	Population as at 2019 censors
▪ Langas. (Msikiti, Yamumbi)	26,000
▪ Munyaka. (Mwitiriria, Bahati)	4,000
▪ Kamukunji (Kambi Teso, Bondeni)	4,527
TOTAL	34,527

Source: Field data, 2020

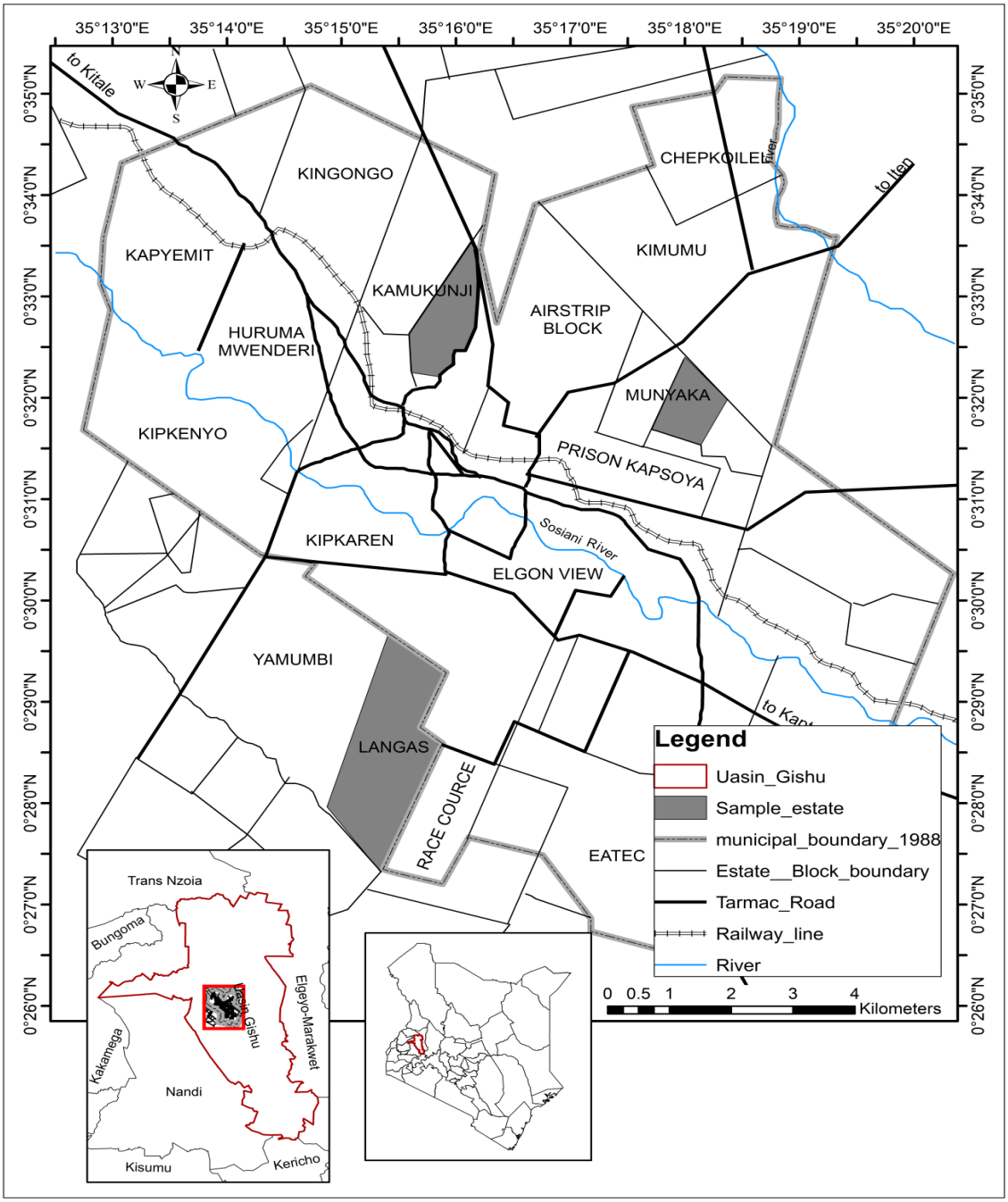

Figure 3. 1 Map of Eldoret Municipality

Source: Eldoret Municipality Council, 2003

3.5 Target Population

This study targeted two major groups of persons to meet the study objectives. One is those in governance like in institutions e.g., hospitals, county government offices and schools who formed key informants to be able to get a glimpse and understanding of the poverty reduction strategies in place and the barriers to their implementation.

Others were household heads in urban poor estates who formed the study population in being able to determine the effectiveness of the urban poverty reduction strategies. Household heads also gave out information about welfare of persons living with severe Disabilities if any in their households.

3.5.1 Inclusion Criteria

a) Criteria for inclusion of Key Informants

The criteria for selection of Key Informants included the following:

1. Informants who have been in Public Service for at least 2-10 years.
2. Informants who are policy makers in governance, health, education, security, and empowerment.
3. Recognized and elected members of county assembly, and other governing officials who are stakeholders of the Government Poverty Reduction Strategies.

b) Inclusion Criteria for Study Participants

The study participants were selected based on the following criteria:

1. Participants who live-in low-income estates of Munyaka, Kamukunji and Langas estates as seen in the piloting study.
2. Participants who are beneficiaries of Government support programmes
3. Participants who gave informed consent to the study.
4. Participants above the age of 18 Years.
5. Participants available during the time of the study.
6. Household heads in the study locations

c) Exclusion

1. Participants who lived in the low-income estates mentioned, but not classified as being deprived.

2. Participants who failed to give informed consent to the study
3. Participants who were below 18 years
4. Participants who were unavailable at the time of the study.

3.6 Sample Size

The sample size of the study population was calculated using the Fischer's formula. Schiffer (2017) found that approximately 23% of the respondents in Eldoret town lived in what can be termed as 'underprivileged backgrounds. Therefore, the estimate of urban poor in Eldoret is 23%.

The Fischer's formula for Sample is denoted as:

$$n_o = \frac{Z^2 pq}{e^2}$$

Where:
Z=standard normal deviation for α (1.96)
p = estimate of urban poor (0.23)
q = 1-p (0.77)
e = level of precision (0.05)
Upon substituting the values into this formula for a 95% level of significance:

$$n_o = \frac{(1.96)^2(0.23)(0.77)}{(0.05)^2}$$

$$n_o = 273$$

The sample size determined in this formula thus becomes 273. The number of key informants who gave specific information about poverty reduction strategies was set at 15 and were spread across different disciplines i.e., 3 chiefs, 5 school heads, 4 medical officers of health MOHs in four randomly selected hospitals in different selected estates, 2 MCAs and 1 village elder.

3.7 Sampling Technique

The key informants who gave specific information about the poverty reduction strategies in place were targeted in their designated official places of work like hospitals, CDF offices, chiefs' offices, schools and county government offices. Informed consent was sought and open-ended interviews were conducted to gauge their opinions on the poverty reduction strategies in place, and the measures of urban

poverty. Purposive sampling was used in the study for only those who can be termed as deprived. The questionnaires were then administered proportionately for each low-income estate i.e., 75% from Langas estate with a population of 26000, 13% from Kamukunji estate with a population of 4527 people and 12% from Munyaka estate with a population of 4000.

For the urban poor household heads who participated in this study, the population was stratified by the three major areas that comprise of 'low-income communities' which are: Munyaka, Kamukunji and Langas estates. A combination of methods of data collection were employed. First, household questionnaires were administered to 200 low-income households sampled from the three settlements, using area cluster sampling method. In total there were 200 clusters formed and numbered numerically. The clusters formed were based on the local distinctions for different sections of the settlements as reflected through local names. In each cluster, one household was picked at random for the administration of the questionnaire to the household head. The questionnaires were also administered through purposive method of sampling. Those who were considered poor- based on low daily expenditures (less than $1 a day), nature of there houses, nature of clothing they put on, heath care and level of education- were recruited into the study. Snowball technique was used to collect data from older persons who are beneficiaries of older person's cash transfer. In this sampling procedure, the researcher identified one or more individuals from the population of interest. He/she interviewed and used them to identify other members of the population who are beneficiaries of OPCT.

3.8 Results of the study

The study targeted 273 respondents, which included 15 key informants' interviews, 58 older persons and 200 household heads who were beneficiaries of NG-CDF and

NHIF. In Langas, a total 150 beneficiaries of NHIF and CDF were drawn. This represented 75% of the total households. Of this, 90 respondents (60%) and 60 respondents (40%) of the total respondents represented NG-CDF and NHIF respectively. similarly, 44 respondents of older persons were given questionnaires. This represented 75% of the total 58 households.

In Munyaka, 24 beneficiaries of NG-CDF and NHIF were drawn. This represented 12% of the total 200 households. Of this number, 60% (14 respondents) and 40% (10 respondents), represented NG-CDF and NHIF respectively. 6 older persons were given questionnaires. This represented 12% of the total 58 households.

In Kamukunji, 26 beneficiaries of NG-CDF and NHIF were drawn; this represented 13% of the total 200 households. Of this number, 60% (16) and 40% (10) represented NG-CDF and NHIF in the ratio 3:2 in that order. 8 older persons were given questionnaires. This represented 13% of the total 58 households in the study locations as summarized in table 3.2. Equal number of gender were targeted in each category. Observation method was also used to collect data. In particular, transect walks were made in the settlements to observe social dynamics, economic activities, physical environment and housing.

Table 3. 2 Distribution of Respondents in Study Locations

<table>
<tr><th>ESTATES</th><th colspan="3">CDF/NHIF</th><th>OPCT</th><th>KII</th><th>TOTAL</th></tr>
<tr><td rowspan="6">Langas</td><td colspan="2">200</td><td>Total</td><td>58</td><td>15</td><td>273</td></tr>
<tr><td colspan="3">75% of 200 =150</td><td rowspan="5">75% of 58

44</td><td rowspan="5">75% of 15

11</td><td rowspan="5">205</td></tr>
<tr><td>Yamombi</td><td>75</td><td rowspan="4">150</td></tr>
<tr><td>Msikiti</td><td>75</td></tr>
<tr><td>CDF (60%)</td><td>NHIF (40%)</td></tr>
<tr><td></td><td></td></tr>
</table>

	90	60				
Kamukunji	13% of 200 = 26			13% of 58	13% of 15	36
	Kambi Tesi	13	26	8	2	
	Bondeni	13				
	CDF (60%)	NHIF (40%)				
	16	10				
Munyaka	12% of 200 = 24			12% of 58	12% of 15	32
	Mwitiriria	12	24	6	2	
	Bahati	12				
	CDF (60%)	NHIF (40%)				
	14	10				
TOTAL	**120**	**80**		**58**	**15**	**273**

Source: Field Study, 2020

3.9 Data Collection

A combination of methods of data collection were employed. First, household questionnaires were administered to 200 household heads sampled from the three settlements, using area cluster sampling method. The clusters formed were based on the local distinctions for different sections of the settlements as reflected through local names. In each cluster, a number of compounds (plots) were picked at random, and one household was picked for the administration of the questionnaire to household head. The questionnaires were also administered through purposive method of sampling for those considered deprived.

3.9.1 Data collection Tools and Instruments

Data collected from the key informants employed key informant interview method in order to get a breadth and depth of understanding of this construct from policy makers

and policy implementer's perspectives in Eldoret municipality: Data from this group of respondents comprised of data on poverty reduction strategies and the barriers to their implementation of the strategies.

Data collected from the population of deprived includes Socio-demographic, level of poverty screening and the respondent's perception on the effectiveness and implementation of the poverty reduction strategies. A structured closed-ended and open-ended interviewer-administered questionnaire was utilized in the collection of data.

Plate 3. 1 Interview session in one of the households in Langas Eldoret

Plate 3. 2 Kamukunji primary school in Eldoret is a beneficiary of NG- CDF

3.9.2 Piloting of Tools

10 % of the sample size was selected for the pilot study.

Which is equivalent to:

$$n = \frac{10}{100} \times 273$$

n=27.3 ≈27

The pilot study was carried out in Kahuruko plots of Langas estate in Eldoret where household heads were requested to respond by filling in questionnaires and answer

interview questions. The tools were then checked for errors where corrections were made appropriately. Table 3.3 below shows distribution of research tools in piloting process in terms of questionnaires and key informants interviews.

Table 3.3 Distribution of research tools in piloting process

Tool	Attribute	Frequency	%frequency
Questionnaire	CDF/NHIF	17	62.9%
	OPCT	6	22.2%
Key informants interview	KII	4	14.8%
TOTAL		**27**	**100%**

Source: Field Study, 2020

3.9.3 Validity and reliability of research instruments

According to Mugenda and Mugenda (2009), Validity is the accuracy and meaningfulness of inferences, which are based on the research results. In this study, the data collection tools were pre-tested to check for validity and reliability. Content validation measures were successfully utilized in this study to determine the validity of the research instruments. The two supervisors analyzed the tools for validity, and whether they conformed to the study objectives before they were pilot tested. Every item in the study tools were successfully analyzed for accuracy.

A reliability test approach used in this study was “internal consistency”, which is the consistency of people’s responses across the items in several items measured. In this approach, a split-half correlation of the tests was used. This involves splitting the tools into two sets, using the even- and odd-numbered tools. Then a score was computed for each set of items, and the relationship between the two sets of scores

was examined. The results of the two sets of scores showed high correlation in responses. As such, reliability of the tests in the study tools was reflected positively.

3.10 Data Collection Procedure

The Study began upon receiving approval to collect data from the University, County government of Uasin Gishu and NACOSTI. The researcher began by paying a visit to area chief to inform of the presence in his area. The researcher then moved to the study location where he clustered households in terms of local names where any, then randomly selecting one household from each cluster from which data was collected. The researcher then collected data together with the four research assistants. Informed consent was sought from all the study participants who meet the inclusion criteria. Cluster sampling technique was used to collect data from household heads to give glimpse of NG-CDF and NHIF. Snowball data collection method was employed to get data from older persons who benefit from OPCT. One respondent was identified and was used to identify other beneficiaries of OPCT. Data was collected purposively from key informants in their respective places of work using key informant interviews.

3.10.1 Data collection methods

Both primary and secondary sources were used in obtaining data for the study.

3.10.2 Key informant interviews

Key informant interviews are suitable for intensive investigations (Kothari, 2003). The number of key informants who gave specific information about poverty reduction strategies were spread proportionately i.e., 75%, 13% and 12% of the total 15 in Langas, Kamukunji and Munyaka respectively and spread across different disciplines i.e., 3 chiefs, 5 school heads, 4 medical officers of health MOHs in four randomly selected hospitals in different selected estates, 2 MCAs and 1 village elder. They

were identified based on the knowledge of issues pertaining urban poverty reduction strategies in Eldoret municipality.

3.10.3 Questionnaires

This study employed the use of closed and open- ended questionnaires that was accorded to the respondents to retrieve information on impacts of poverty reduction strategies on urban poverty in Eldoret municipality. Collection of data through questionnaires is free from bias of the interviewer (Kothari, 2003). There were different interview schedule for key informants and household heads. The questionnaires method was suitable in soliciting information for statistical analysis, easy to respond to, effective in generating quantitative data, and can easily be administered.

Plate 3.3 On the left, a beneficiary of OPCT in Kamukunji estate in Eldoret

3.10.4 Use of photographs

Photographs were used to capture observable important events and aspects impacts of poverty reduction strategies on urban poverty in Eldoret municipality. The nature of the environment in the study area was also photographed. Consent from respondents whose photos were taken was sought.

3.10.5 Secondary sources

Secondary sources i.e., data from government documents, were sought from government reports within sub county offices.

3.11 Data Analysis

After data had been collected from the field, it was sorted then coded and entered into computer software to be analysed. Both qualitative and quantitative data were obtained and data analysis procedure was used in analysing data. Qualitative data was obtained from the key informants, direct observation made during the study and additional information obtained from the respondents which was relevant and related to the study with regards to poverty reduction strategies and their implementation were analysed by way of content analysis. This approach involves giving coding categories from text data. Therefore, the responses were made into specific categories that gave an overall perspective of the strategies together with the challenges of poverty reduction strategies.

Quantitative data from the sample of respondents from low income and deprived areas were collected using questionnaires and analysed by way of the Statistical Package for Social Sciences (SPSS) version 23. A data Entry structure based on the questionnaire was formulated. Data was manually keyed into the software at the data entry interface of SPSS. Data was analyzed and summarized by creating descriptive and analytical reports on various variable items. Frequency distribution tables with percentages, chi

square tests, Medians and Frequency percentages were carried out on the variable items to be able to get a picture of the characteristics of the population.

3.12 Ethical Considerations

Sieber and Stanley (1988) in Kirwan (2018) define ethics as a moral principle that govern a person's behaviour or the conducting of an activity which is an important issue that one has to consider. In this research study, participation was clearly explained to the respondents before they signed in their consent forms. An explanation was followed to enhance participants make own informed choices regarding the study so that confidentiality, anonymity and cultural rights were not infringed.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter reflect results according to objectives. Descriptive statistics, cross-tabular analysis and the chi-square test were used to analyse results and explore relationships between and among variables.

4.2 Socio- demographic profile of the respondents

There were two hundred and seventy-three (273) data collection tools administered to the local residents, which comprise of fifteen (15) key informants interviews. Out of 273 administered questionnaires, 271 (99.23%) respondents filled and returned the questionnaires as illustrated in Table 4.1. A large proportion of the respondents (63.24%) comprised of females, (67.29%) was aged above 36 years while those below 36 years constituted only 32.71%. Based on education, majority of the respondents (83.27%) had formal education, with 33.46% having attained certificate of primary level education, 34.94% secondary level education and (14.87% having attended college / university. A significant portion of (16.73%) respondents had never attended any school. In terms of marital status, majority were married (62.59%) while few were single (15.56%). Unemployed respondents constituted the highest percentage (86.40%). Majority of the respondents (64.26%) had more than four dependence, either parents, siblings or children. Those respondents who owned the house they lived in were 123 (54.09%) compared to those who lived in rented houses who represented 54.95% with majority of (82.05%) who indicated that they felt the rent they were paying was not affordable as illustrated in table 4.1.

Table 4. 1 Socio-demographic profile of the Respondent

Question	Attribute	Frequency	Percentage frequency
What is your gender?	Male	100	36.76
	Female	172	63.24
	Total	272	100.00
How old are you?	26-35	87	32.71
	36-45	61	22.93
	46-55	39	14.66
	>56	79	29.70
	Total	266	100.00
What is your highest level of education	Primary	90	33.46
	Secondary	94	34.94
	College/ university	40	14.87
	Never went to school	45	16.73
	Total	269	100.00
Marital status	Married	169	62.59
	Single	42	15.56
	Divorced / separated / widowed	59	21.85
	Total	270	100.00
Are you currently employed?	Yes	37	13.60
	No	235	86.40
	Total	272	100.00
How many people would you consider as your dependents?	1-3	94	35.74
	4-6	131	49.81
	7-9	32	12.17
	>10	6	2.28
	Total	263	100.00
Do you own the house you live in?	Yes	123	45.05
	No	150	54.95
	Total	273	100.00
If no, do you feel like the rent you are paying is affordable?	Yes	28	17.95
	No	128	82.05
	Total	156	100.00

Source: Field Data, 2020

It can be concluded that the rate of unemployment was so high at (86.40%) with (83.27%) having formal education and a small portion (16.73%) who had not gone to school at all. Those who own their houses were at (45.05%) with (82.05%) of those without their houses felt that the rent they were paying was not affordable, with (67.29%) aged above 36years. (64.26%) of the respondents had dependence of more than four people with more females than males at (63.24%) in the study area. Majority of the respondents (62.59%) were married with the remaining being single.

4.3 Examining Government poverty reduction strategies in Eldoret municipality

From table 4.2, A large percentage of the respondents strongly disagreed with the statement that opportunity for citizens in Eldoret municipality to earn a decent income are increasing (60.0%), while, a significantly lower proportion (0.8%) of the respondents strongly agreed with the statement (χ^2 = 123.023, d. f.=4, P < 0.0000).

Majority of the respondents (61.7%) also indicated that they disagreed with the statements that, the government is taking measures to increase the employment opportunities in Eldoret (χ^2 = 124.30, d.f.=4, P < 0.0000); "My income is better than it was two years ago " (60.8%), (χ^2 = 119.27, d.f.=4, P < 0.0001); "I feel capable of affording the lifestyle I am now living" (52.1%), (Chi-Square = 92.1, d.f.=4, P < 0.0001); (50.0%).

"There is an adequate number of health facilities in the area where I live" (χ^2 = 69.7, =4, P-Value = 0.0000); "I don't have to wait for too long to receive services from health facilities or clinics "(57.1%) (χ^2 = 93.44, d. f.=4, P < 0.0001); "There are doctors and nurses available in the health facilities around me" (48.7%) (χ^2 = 69.35, d.f.=4, P < 0.0001); "The area where I stay has garbage collection facilities" (65.3%) (χ^2 = 149.149, d.f.=4, P < 0.0001); I feel likely to change houses within the next one

year" (50.8%), (χ^2 = 80.3324, d.f.=4, P < 0.0001) and "Cases of theft and robbery have significantly reduced over the past one year" (52.5%), (χ^2 = 91.2, d.f.=4, P < 0.0001).

Among the statements provided, majority of the respondents agreed that Public schools are more improved now than they were two years ago (70.8%), (χ^2 = 167.05, d.f.=4, P< 0.0001) and that there has been significant improvement in the quality of education provided these days (67.5%), (χ^2= 147.7, d.f.=4, P< 0.0001) as illustrated in table 4.2. Majority of the respondents (43.7%) were unsure if they might own a house of their own.

Table 4. 2 Examining Government poverty reduction strategies in Eldoret municipality

Statement	Attribute	Frequency (f)	Percent frequency (%f)	Chi-Square (χ^2)
Opportunity for citizens in Eldoret to earn a decent income are increasing	strongly agree	1	0.8	χ^2 = 123.02 d.f.=4 P < 0.0001
	agree	9	7.5	
	unsure	4	3.3	
	disagree	72	60.0	
	strongly disagree	34	28.3	
	Total	120	100	
The government is taking measures to increase the employment opportunities in Eldoret	strongly agree	4	3.3	χ^2 = 124.3 d.f.=4 P < 0.0001
	agree	12	10	
	unsure	2	1.7	
	disagree	74	61.7	
	strongly disagree	28	23.3	
	Total	120	100	
my income is better than it was two years ago	strongly agree	1	0.8	χ^2 = 119.27 d.f.=4 P < 0.0001
	agree	19	15.8	
	unsure	2	1.7	
	disagree	73	60.8	
	strongly disagree	25	20.8	
	Total	120	100	
I feel capable of affording the lifestyle I	strongly agree	2	1.7	χ^2 = 92.1 d.f.=4
	agree	37	31.1	

am now living	unsure	2	1.7	P < 0.0001
	disagree	62	52.1	
	strongly disagree	16	13.4	
	Total	119	100	
I am able to access loans to meet my needs and my lifestyle	strongly agree	8	6.7	$\chi^2 = 57.74$ d.f.=4 P < 0.0001
	agree	35	29.2	
	unsure	5	4.2	
	disagree	54	45	
	strongly disagree	18	15	
	Total	120	100	
There has been significant improvement in the quality of education provided these days.	strongly agree	18	15	$\chi^2 = 147.7$ d.f.=4 P < 0.0001
	agree	81	67.5	
	unsure	5	4.2	
	disagree	10	8.3	
	strongly disagree	6	5	
	Total	120	100	
Public schools are more improved now than they were two years ago	strongly agree	19	15.8	$\chi^2 = 167.05$ d.f.=4 P < 0.0001
	agree	85	70.8	
	unsure	5	4.2	
	disagree	9	7.5	
	strongly disagree	2	1.7	
	Total	120	100	
I feel like if I take my child to public primary schools, they are at an equal chance of getting a good education	strongly agree	17	14.2	$\chi^2 = 71.1$ d.f.=4 P < 0.0001
	agree	64	53.3	
	unsure	10	8.3	
	disagree	20	16.7	
	strongly disagree	9	7.5	
	Total	120	100	
There is an adequate number of health facilities in the area where I live	strongly agree	5	4.2	$\chi^2 = 69.7$ d.f.=4 P < 0.0001
	agree	27	22.5	
	unsure	6	5	
	disagree	60	50	
	strongly disagree	22	18.3	
	Total	120	100	
I don't have to wait for too long to receive services from health facilities or clinics	strongly agree	7	5.9	$\chi^2 = 93.44$ d.f.=4 P < 0.0001
	agree	21	17.6	
	unsure	3	2.5	
	disagree	68	57.1	
	strongly disagree	20	16.8	
	Total	119	100	
There are doctors and nurses available in the health facilities around me	strongly agree	9	7.6	$\chi^2 = 69.35$ d.f.=4 P < 0.0001
	agree	33	27.7	
	unsure	4	3.4	
	disagree	58	48.7	
	strongly disagree	15	12.6	

	Total	119	100	
Generally, I feel like health care has improved now more it has two year ago	strongly agree	11	9.3	$\chi^2 = 108.90$ d.f.=4 P < 0.0001
	agree	72	61	
	unsure	7	5.9	
	disagree	20	16.9	
	strongly disagree	8	6.8	
	Total	118	100	
The area where I stay has garbage collection facilities	strongly agree	3	2.5	$\chi^2 = 149.14$ d.f.=4 P < 0.0001
	agree	5	4.2	
	unsure	1	0.8	
	disagree	77	65.3	
	strongly disagree	32	27.1	
	Total	118	100	
I feel likely to change houses within the next one year	strongly agree	9	7.6	$\chi^2 = 80.33$ d.f.=4 P < 0.0001
	agree	9	7.6	
	unsure	35	29.7	
	disagree	60	50.8	
	strongly disagree	5	4.2	
	Total	118	100	
I might never own a house of my own	strongly agree	8	6.7	$\chi^2 = 50.95$ d.f.=4 P < 0.0001
	agree	15	12.6	
	unsure	52	43.7	
	disagree	34	28.6	
	strongly disagree	10	8.4	
	Total	119	100	
Cases of theft and robbery have significantly reduced over the past one year	strongly agree	6	5	$\chi^2 = 91.2$ d.f.=4 P < 0.0001
	agree	11	9.2	
	unsure	4	3.3	
	disagree	63	52.5	
	strongly disagree	36	30	
	Total	120	100	

Source: Field Data, 2020

In summary, public schools are more improved now compared to two years ago (70.8%) hence improvement in the quality of education (67.5%). The people do not have garbage collection points (65.3%) and the government is not taking measures to increase the employment opportunities (61.7%). Peoples' income had not improved in the last two years (60.8%), opportunity to earn a decent income in Eldoret was minimal (60.0%), and cases of robbery had gone up over the past two years (52.5%).

People do not afford the lifestyles they live (52.1%). Doctors and nurses were not always available (48.7%). The residents were not sure whether they would own houses of their own (43.7%).

A large percentage of the interviewed respondents had been working in public sector for more than fifteen years (71.4%), a few of them had worked in the sector for a period between 6 -10 years (7.1%). A large proportion of them had worked in the positions they were serving in for a period of more than six years (78.6%).

The interviewed respondents indicated that the county government of Uasin Gishu had poverty reduction strategies which included *Linda Mama* initiative (18.0%), *Kijana na acre* (18.0%), Beyond zero (13 %), NHIF (13%), *Mama na kuku* (13 %) among others as portrayed in figure 4.1 with a significant difference (χ^2 = 21.23, d. f.=8, P = 0.0066).

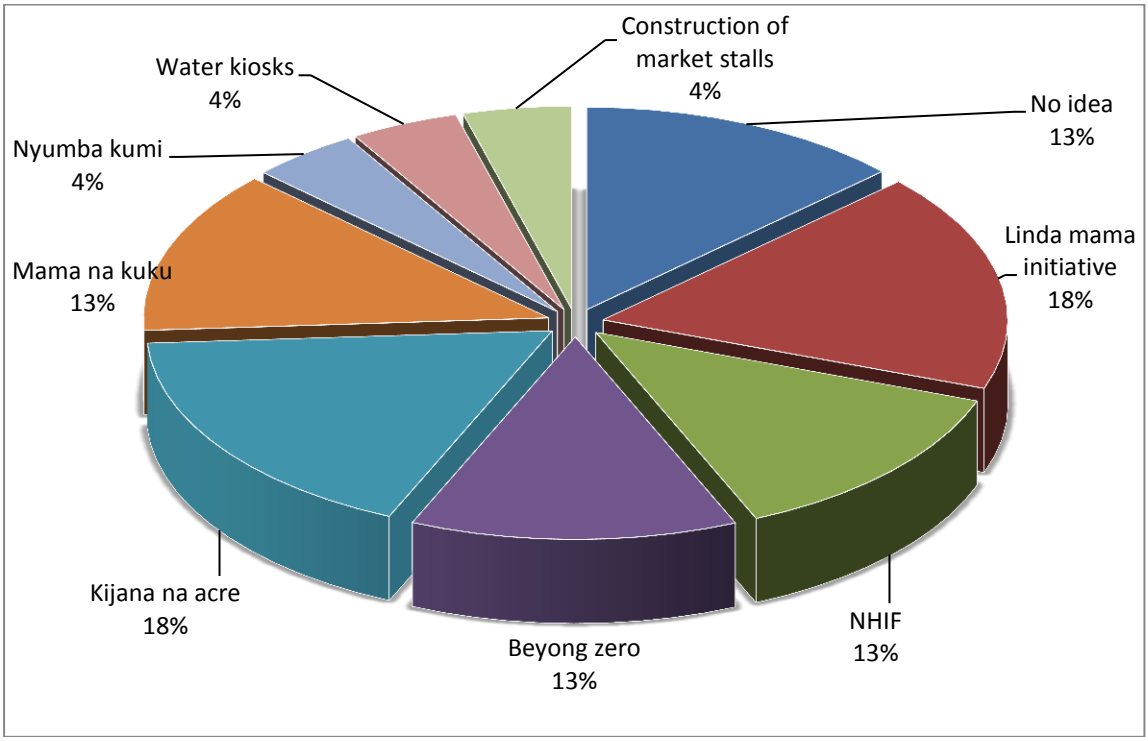

Figure 4. 1 County government of Uasin Gishu poverty reduction strategies

Source: Field Data, 2020

A large percentage of the interviewed respondents revealed that they had not participated in setting up or implementing any policy to increase the level of decent livelihoods for the poor in urban areas (36.4%) significantly different (χ^2 = 27.52, d.f=4, P< 0.0001) from those who had participated in the *nyumba kumi* initiative (27.3%), *mama na kuku* (18.2%), *kijana na acre* (9.1%) as well as construction of good and affordable houses (9.1%).

In summary, majority of the respondents (36.4%) had not participated in setting up or implementing any policy to increase the level of decent livelihoods for the poor in Eldoret. Those who had participated in the *nyumba kumi* initiative were (27.3%), *mama na kuku* (18.2%), *kijana na acre* (9.1%).

4.4 Impacts of CDF, OPCT and NHIF in reducing urban poverty in Eldoret municipality

The impacts of the three poverty reduction strategies i.e. CDF, OPCT and NHIF are discussed as follows:

4.4.1 Impacts of Older Person's Cash Transfer in reducing urban poverty in Eldoret municipality

Concerning Older Persons' Cash Transfer (OPCT), different formats of questions were asked to the respondents. All respondents asked, indicated that they were and or one of the members of their family was a beneficiary of the older persons' cash transfer (OPCT). A large proportion (84.5%) of those who were beneficiaries indicated they did rely on this fund to meet their daily family needs like buy food, pay rent, pay water bills or meet hospital bills. Majority indicated that, the money was received after every three months (81.7%) while few respondents pointed out that they received it after every month (3.3%), after every two months (3.3%), and with no clear consistency (8.3%) with a significant difference (χ^2=186.42, d.f.=3, P < 0.0001)

as illustrated in table 4.3. Majority of the respondents were not satisfied with the 'Are you satisfied with the amount of money you or a member of your family receive under this cash transfer system' at (96.6%) and recommended the government to remit between 3000- 6000 Kenya shilling (75.0%). They also indicated that they do not think 70 years and above is the best age to benefit from this fund (94.8%) and recommended minimum age of above 60 years (69.1%). Majority indicated that they could not recommend policy formulated to enrol youth and unemployed people in cash transfer system of empowerment (52.6%) as illustrated in table 4.3.

Table 4. 3 Impacts of Older Person's Cash Transfer in reducing urban poverty in Eldoret municipality

Question	Attribute	Frequency (f)	Percent frequency (%f)	Chi-square (χ^2)
Are you or a member of your family a beneficiary of older persons cash transfer?	Yes	56	100	-
If yes do you rely on this fund to meet your daily family needs like buy food, pay rent, pay water bills or meet hospital bills etc?	Yes	49	84.5	χ^2= 47.62 d.f.=1, P< 0.0001
	No	9	15.5	
	Total	58	100	
How consistent do you or a member of your family receive this cash transfer?	after every month	2	3.4	χ^2= 193.15 d.f.=3 P< 0.0001
	after every two months	2	3.4	
	after every three months	49	84.5	
	no clear consistency	5	8.6	
	Total	58	100	
Are you satisfied with the amount of money you or a member of your family receive under this cash transfer system?	Yes	2	3.4	χ^2= 88.36 d.f.=1 P< 0.0001
	No	56	96.6	
	Total	58	100	
If no how much would you recommend government to remit	3001-6000	42	75	χ^2= 76.89 d.f.=2 P< 0.0001
	6001-9000	7	12.5	
	9001-12000	7	12.5	
	Total	56	100	
Do you think 70 years and above	Yes	3	5.2	χ^2= 81.0

is the best age to benefit from this fund	No	55	94.8	d.f.=1
	Total	58	100	P< 0.0001
If no, what minimum age should be one be enrolled in this cash transfer	50 yrs.	6	10.9	χ^2= 27.98 d.f.=3 P< 0.0001
	55 yrs.	10	18.2	
	60 yrs.	25	45.5	
	65 yrs.	13	23.6	
	Total	55	100	
Do you recommend the policy should be formulated to enrol youth and unemployed people in cash transfer system of empowerment?	Yes	27	47.4	χ^2= 0.36 d.f.=1 P = 0.5485
	No	30	52.6	
	Total	57	100	

χ^2= Chi-square; d.f.- degree of freedom; p=probability.
Source: Field Data, 2020

In summary (96.6%) of the respondents indicated that they were not satisfied with the cash they receive χ^2= 88.36 d.f.=1 P< 0.0001. According to (94.8%) of the respondents, 70 years and above is not the appropriate age for qualification to benefit from the funds with (69.1%) suggesting 60 years and above is the appropriate age. A large proportion (84.5%) of the beneficiaries, indicated they did rely on this fund to meet their daily family needs. Majority (81.7%) indicated the money was received after every three months. (75.0%) indicated that the government should remit between Ksh 3000-6000. (52.6%) of the respondents are not for the opinion that youth and unemployed should be enrolled in the cash transfer.

4.4.2 Impacts of NG-CDF in reducing urban poverty in Eldoret municipality

To explore the extent to which the NG-CDF has promoted livelihood hence reducing poverty in Eldoret, several questions were given to 120 respondents. Regarding whether NG-CDF was the most common livelihood strategy among Eldoret residents, significant majority indicated no (54.6%) while the rest indicated yes. There was insignificant difference in cross tabulation with whether one was employed (χ^2=5.44, d f=2, p=0.660).

In the question concerning whether the service has promoted the improvement of the local school facilities including: building of classrooms, construction of toilets, purchase of books, etc., majority indicated yes (81.7%) significantly different from those who indicated no (χ^2=41.00, d f=1, p<0.0001).

A large percentage of the respondents disagreed with the following statements; that CDF pays for the schooling of their kids in the local primary and secondary school (69.4%); CDF funds has helped improved the physical environment by building dumpsites for refuse collection (94.2%); it has facilitated health of the residents by construction of a dispensary within the estates (77.7%); CDF has improved the local streets by providing lighting (89.3%); the service has provided water kiosks for locals in the estate (94.2%); the service pays for their rent at the end of every month (98.3): as well as the service has provided employment for the locals in various positions within their offices (82.6%) as illustrated in table 4.4.

Table 4. 4 Impacts of NG-CDF in reducing urban poverty in Eldoret municipality

Statement	Attribute	Frequency (f)	Percent frequency (%f)	Chi-square (χ^2)
CDF is the most common livelihood strategy among Eldoret residents.	Yes	54	45.4	χ^2= 1.0, d.f.=1, P= 0.3173
	No	65	54.6	
	Total	119	100	
This service has promoted the improvement of our local school facilities including: building of classrooms, construction of toilets, purchase of books, etc.	Yes	98	81.7	χ^2= 40.96, d.f.=1, P = 0.0000
	No	22	18.3	
	Total	120	100	
CDF pays for the schooling of my kids in the local primary and secondary school.	Yes	37	30.6	χ^2= 14.44, d.f.=1, P = 0.0001
	No	84	69.4	
	Total	121	100	
CDF funds has helped improved our	Yes	7	5.8	χ^2= 77.44,

physical environment by building dumpsites from refuse collection.	No	114	94.2	d.f.=1, P < 0.0000
	Total	121	100	
It has facilitated health of our residents by construction a dispensary within the estates.	Yes	27	22.3	χ^2= 31.36, d.f.=1, P < 0.0000
	No	94	77.7	
	Total	121	100	
CDF has improved our local streets by providing lighting.	Yes	13	10.7	χ^2= 60.84, d.f.=1, P < 0.0000
	No	108	89.3	
	Total	121	100	
This service has provided water kiosks for our locals in the estate	Yes	7	5.8	χ^2= 77.44, d.f.=1, P< 0.0000
	No	114	94.2	
	Total	121	100	
This service pays for my rent at the end of every month.	Yes	2	1.7	χ^2= 92.16, d.f.=1, P < 0.0000
	No	119	98.3	
	Total	121	100	
This service has provided employment for our locals in various positions within their offices.	Yes	21	17.4	χ^2= 43.56, d.f.=1, P< 0.0000
	No	100	82.6	
	Total	121	100	

χ^2= Chi-square, d.f.- degree of freedom, p=probability.
Source: Field Data, 2020

In summary the respondents did not agree to the fact that the service pays for their rent at the end of every month (98.3%), They also disagreed at (94.2%) that it has helped improve the physical environment by building dumpsites from refuse collection and that the service has provided water kiosks for locals in the estate (94.2%); NG-CDF has not improved the local streets by providing lighting (89.3%), as well as not provided employment for the locals in various positions within their offices (82.6%). NG- CDF has improved school facilities (81.7%). They also disagreed that it has constructed a dispensary within the estates (77.7%); (69.4%) disagreed that NG CDF pays for their children's school fees. Eldoret residents (54.6%), indicated that NG CDF was not common livelihood strategy.

A large proportion of respondents (94.2%) indicated that NG-CDF did not satisfy their livelihood needs. Majority of the respondents (35.4%) added that more funds should be allocated to improve CDF in order to meet their expectations. Significantly (χ^2= 25.35, d.f=4, P = 0.0000) few respondents (4.0%) indicated that NG-CDF officials / staff should avoid tribalism when allocating funds to beneficiaries.

4.4.3 Impacts of NHIF in reducing urban poverty in Eldoret municipality

Respondents were asked to comment on the NHIF as a social protection service. They were asked whether they had any health insurance cover for them and their dependence. Majority (69.0%) of the respondents had health insurance cover significantly different from those who did not (χ^2= 14.44, d.f.=1, P = 0.0001) as portrayed in figure 4.2. For those who had a health insurance cover, all of them indicated they were enrolled to NHIF as health insurance cover.

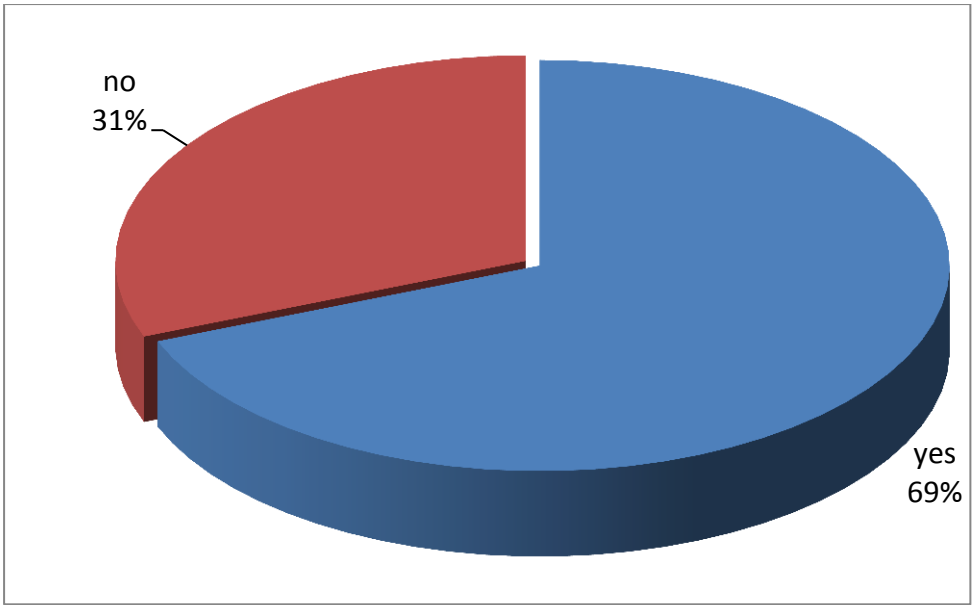

Figure 4. 2: Responses pertaining to whether respondents were enrolled to any health insurance cover.

Source: Field Data, 2020

Respondents acknowledged with a significant difference on the statements that there were health facility/ clinic in the locality where they lived (73.1%); the NHIF services are available in all health facilities within Eldoret municipality (66.7%); the service does not restrict them on the facility to visit for treatment whether in patient or outpatient (65.3%); NHIF improved maternal health of the mother and baby before, during and after birth (89.3%); the service regularly pays for all of their medical bills (57.7%); the service works best for their health needs and that of their dependence (71.8%) as well as they think NHIF can provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients to the policy holders (68.4%) as illustrated in table 4.5.

On the Contrary, majority of the respondents distanced themselves from the statements that; they used NHIF the last time they visited the hospital (64.1%); NHIF monthly premiums are affordable to pay (63.6%); the service offers quick services with less restrictions (72.0%) as well as that NHIF pays even when they buy drugs

from private chemists when they do not get them in the public health facility or pharmacy (97.4%) as illustrated in table 4.5.

Cross tabulation between those who were employed and the statement that NHIF monthly premiums are affordable to pay, majority (97.92%) of those who were not employed stated that the monthly premiums were not affordable to pay. Those who were aged between 26-35 years had majority indicating that NHIF service does not offer quick services with less restriction (64.15%).

Respondents indicated that they would often attend to the health facility when they had illness (51.3%) which was significantly different from those who would never attend (1.3%), and rarely attend (3.8%) (χ^2= 82.8, d f=3, P = 0.0000). Majority of the respondents indicated that they would most likely (91.0%) recommend NHIF to a friend or a family member.

Table 4. 5 Impacts of NHIF in reducing urban poverty in Eldoret municipality

Statement	Attribute	Frequency (f)	Percent frequency (%f)	Chi-square (χ^2)
Is there a health facility/ clinic in the locality where you are?	yes	57	73.1	χ^2= 21.16
	no	21	26.9	d.f.=1
	Total	78	100	P = 0.0000
I used NHIF the last time I visited the hospital	yes	28	35.9	χ^2= 7.84
	no	50	64.1	d.f.=1
	Total	78	100	P = 0.0051
NHIF monthly premiums are affordable to pay	yes	28	36.4	χ^2= 7.84
	no	49	63.6	d.f.=1
	Total	77	100	P = 0.0051
This service is available in all health facilities within Eldoret municipality	yes	52	66.7	χ^2= 11.56
	no	26	33.3	d.f.=1
	Total	78	100	P = 0.0007
This service offers quick services with less restrictions	yes	21	28	χ^2= 19.36
	no	54	72	d.f.=1
	Total	75	100	P = 0.0000

This service doesn't restrict e on the Facility to visit for treatment whether in patient or out patient	yes	49	65.3	χ^2= 9.0
	no	26	34.7	d.f.=1
	Total	75	100	P = 0.0027
NHIF improved maternal health of the other and baby before, during and after birth	yes	67	89.3	χ^2= 60.84
	no	8	10.7	d.f.=1
	Total	75	100	P = 0.0000
This service regularly pays for all my medical bills	yes	45	57.7	χ^2= 2.56
	no	33	42.3	d.f.=1
	Total	78	100	P = 0.1096
NHIF pays even when I buy drugs from private chemists when I do not get the in the health facility pharmacy	yes	2	2.6	
	no	75	97.4	χ^2= 88.36
				d.f.=1
	Total	77	100	P = 0.0000
This service works best for my health needs and that of my dependence	yes	56	71.8	χ^2= 19.36
	no	22	28.2	d.f.=1
	Total	78	100	P = 0.0000
Do you think NHIF can provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients to the policy holders?	yes	52	68.4	
	no	24	31.6	χ^2= 12.96
				d.f.=1
	Total	76	100	P = 0.0003

Source: Field Data, 2020

In summary majority (97.92%) of those who were not employed stated that the monthly premiums were not affordable to pay. NHIF improved maternal health of the mother and baby before, during and after birth (89.3%); They also indicated that there was health facility/ clinic in the locality where they lived (73.1%), and that NHIF services are available in these health facilities (66.7%); However, majority of the respondents did not use NHIF the last time they visited the hospital (64.1%) and that the service does not regularly pay for all of their medical bills (57.7%);

According to the interviewed respondents, county government of Uasin Gishu had several strategies put in place to improve the health of the urban poor in Eldoret which included; building and equipping health facilities (33.3%), free medical services for children under five years (20.0%), water kiosks (13.3%) among others as illustrated in figure 4.3 with a significant difference (χ^2= 50.18, d. f.= 7, P< 0.0001).

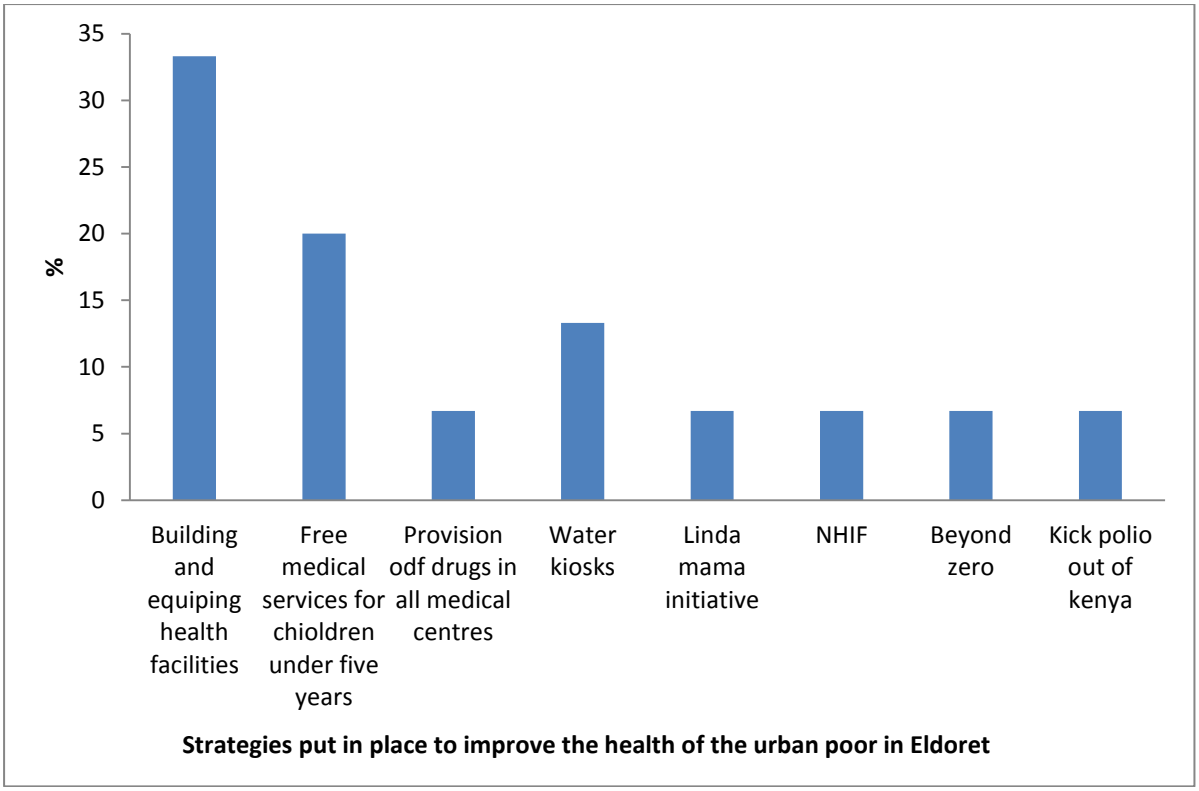

Figure 4. 3 County Government of Uasin Gishu strategies put in place to enhance the health of the urban poor in Eldoret.

Source: Field Data, 2020

Strategies to improved education among the urban poor in Eldoret municipality according to the interviewed respondents included CDF (38.7%), bursaries for free primary and secondary education (25.8%), wings to fly (32.3%) as well as building of schools in every estate (3.2%). Waste disposal management (100.0%) is one outstanding project already in place to improve the physical and environmental health of the urban poor in Eldoret town according to those interviewed respondents while strategies put in place to ensure that the urban poor have better housing and more housing security included last mile power supply at affordable connection.

The interviewed respondents were also asked to mention the policies put in place to increase the access of the urban poor to physical and environmental health services. Majority with a significant difference (χ^2= 8.92, d. f.=3, P= 0.0305) indicated that

education on health (36.4%), waste management (27.3%), construction of roads (18.2%) as well as construction of public toilets (18.2%) as portrayed in figure 4.4.

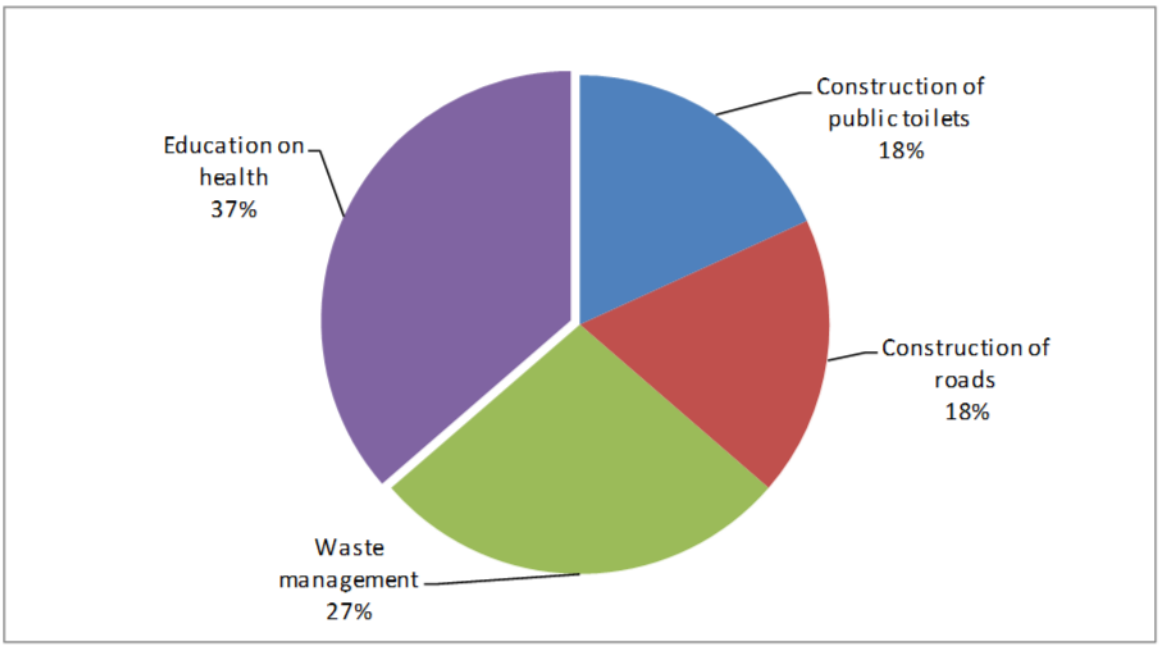

Figure 4.4: Policies put in place to increase the access of the urban poor to physical and environmental health services.

Source: Field Data, 2020

In summary, there are strategies to improve the health of the poor and education in Eldoret municipality which included; CDF (38.7%), Education on health (36.4%), building and equipping health facilities (33.3%), wings to fly (32.3%), waste management (27.3%), free primary and secondary education (25.8%), free medical services for children under five years (20.0%), construction of roads (18.2%) as well as construction of public toilets (18.2%) water kiosks (13.3%) as well as building of schools in every estate (3.2%) among other strategies.

4.5 Challenges faced in implementing poverty reduction strategies

Interviewed respondent indicated that there were Challenges that were faced in implementing poverty reduction strategies. They also identified some of the urban poor coping strategies. Among the challenges faced includes, insufficient fund

allocation (45.0%) followed by misappropriation and corruption (25.0%) with a significant difference from those who indicated that inadequacy of trained personnel as well as unsustainability of the policies (χ^2 = 24.0, d.f.=3 P<0.0001) as presented in figure 4.5.

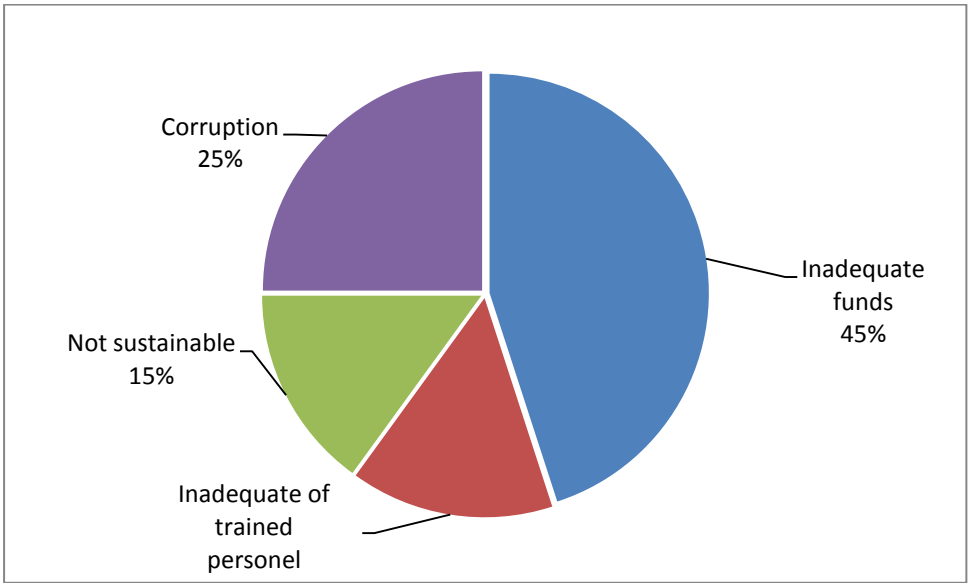

Figure 4. 5 Challenges faced in implementing poverty reduction strategies

Source: Field Data, 2020

In summary, challenges in implementing poverty reduction strategies include: Funds allocated were not enough (45.0%), followed by corruption (25.0%) and inadequate trained personnel (15%). Unsustainability of the strategies were represented by 25% of the respondents.

4.6 Development of Pro-Poor Urban Poverty reduction strategy

Respondents indicated that there were strategies to improve the level of empowerment of the urban poor to allow them to find means to improve their own lives (figure 4.6). Majority indicated use of microfinancing (76.5%) as the most widely known followed by use of seminars with a significance difference (χ^2 = 86.67, d.f=2, P< 0.0001). Respondents had the opinion that setting up dispensaries in every estates would be effective in poverty reduction strategy.

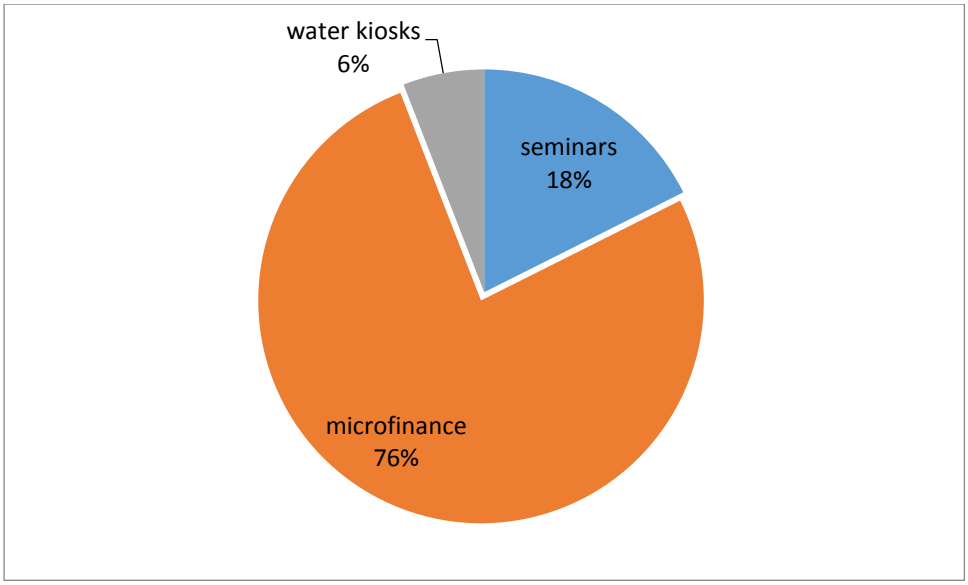

Figure 4. 6 Strategies to improve the level of empowerment of the urban poor to allow them to find means to improve their own lives.

Source: Field Data, 2020

In summary, majority indicated use of microfinancing (76.5%), use of seminars to enlighten people on poverty reduction (18%) as effective pro- poor poverty reduction strategies. 6% of them indicated that water kiosks as one of the pro poor poverty reduction strategy suitable for them.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

A large population sampled was of youthful age but having more female than male as compared to the Kenya population 2019 (KNBS, 2019). Kenyan population is made of youth seeking jobs in urban centres who do not own houses but rent from property owners who hike charges. In line with PRSP (2000-2003) and Mwangi (2017), Kenya has more female than male in both rural and urban male-headed households affected by poverty.

5.2 Examining Government poverty reduction strategies in Eldoret municipality

From the findings, the county government of Uasin Gishu had poverty reduction strategies, which included *Linda Mama* initiative, *Kijana na acre*, Beyond zero, NHIF, NG-CDF, OPCT, *Mama na kuku* among others. The empowerment of the urban poor is a crucial aspect. Empowered individuals can have sufficient flow of income and consequently cater for housing, health care and education. This is in line with Abro, Alemu & Hanjra (2014) who asserted that to reduce rural poverty, it is vital to improve agricultural activities through initiatives like *Kijana na acre, Mama na kuku* among others, through high-quality extension services to help farmers apply best practices and better access to inputs.

5.3 Impacts of NG- CDF, older person's cash transfer (OPCT) and NHIF in reducing urban poverty in Eldoret municipality

The impacts of NG-CDF, OPCT and NHIF are discussed broadly under sub sections as follows:

5.3.1 Impacts of older person's cash transfer (OPCT) in reducing urban poverty in Eldoret municipality

The study revealed that all the 70 years and above citizens were beneficiaries of the older persons' cash transfer (OPCT). Cash transfer was geared toward helping the old and the most disadvantaged members of the population. This cash transfer program has been of help to a tune of (84.5%) of the beneficiaries in supporting buying of food stuffs as well as investing in micro businesses such as domestic chicken farming which is in line with the National Government (NG) older person's cash transfer program. OPCT in this manner has significantly promoted inflow of income to beneficiaries, foster education of their dependents, promoted empowerment at household level and enhanced social and economic security of beneficiaries.

Cash transfer in general are recognised as being more efficient than food or other kind of transfers irrespective of beneficiaries not relying on this fund to meet their daily family needs like buy food, pay rent, pay water bills or meet hospital bills. The study findings concur with those of Marino and Moore (2009) and Zezza *et al* (2010) that cash transfers to older people impact positively on beneficiaries thus changing their socio-economic behaviours.

It was noted that cash transfers did not only benefit the older person but also their dependents. This concurs with World Bank (2008) that cash transfers have empowered beneficiaries to spend more on household needs such as food, fuel, and housing and to invest more in their children's health, nutrition and education.

The money received was perceived not to be enough and was remitted after every three months. This concur with EACLSP (2016) that cash transfer programs that constitutes the national safety net programme has a transfer value between KES 2000 and 2500 which is not enough as majority indicated and recommended the

government to remit between 3000- 6000 Kenya shilling. According to Samson (2009), cash transfers create dependency rather than improving the productivity of poor adults. This is because it helps alleviate poverty in short term but not provide an exit out of poverty. Government should be in frontline in defending the rights of the poor. Similarly, (OPCT) Programs should be transparent, remitted every month consistently and money set aside should be enough to cater for the poor. Government through ministry of social service gender and sports should organize assessment programmes to monitor, evaluate and guide older people on how to successfuly utilize this cash transfers. It would be prudent if the government integrates the OPCT and NHIF so that health insurance's monthly remittance is deducted automatically from a beneficiary's cash transfer account.

5.3.2 Impacts of NG-CDF in reducing urban poverty in Eldoret municipality

The study revealed that NG-CDF was not considered common livelihood strategy among Eldoret residents irrespective of CDF being a form of devolved function of the government and parallel funding which was introduced in 2003 to facilitate development closer to constituents. The finding indicated that the service has promoted the improvement of the local school facilities including building of classrooms, construction of toilets, and purchase of books.

From the findings, CDF do not pay for the schooling of school going kids in the local primary and secondary schools but offer bursaries inform of school fees to tertiary and university students from poor and vulnerable households. This conquers with (Gikonyo, 2008) that CDF bursary is open to local primary, secondary and tertiary institutions hence accommodating a wide span of education beneficiaries; postgraduate students included. Constituency development fund Committees work together with secondary school to help them identify and fund needy students. The

study also revealed that other benefits derived from CDF are estate road improvements (89.3%). The findings concur with those of Mwangi (2009) that benefits derived from CDF include housing facilities, sanitation, better health facilities, security provision and road improvement.

CDF do not address the issues concerning physical environment through building dumpsites for refuse collection and facilitation of health of the residents by construction a dispensary within the estates. This contradicts the Kenya National Commission on Human Rights (KNCHR, 2011) which indicated that introduction of constituency development fund since 2003 has led to construction and equipping of more local health facilities in many parts of Kenya. According to Mansuri and Rao (2003); Triantafillou and Nielsen (2001) and Drydyk (2005) CDF marks a shift in development agenda towards the need for citizens to be empowered so as to be active agents in their own development following drawbacks of the post-independence centralized big project development agenda.

The study findings also revealed that NG-CDF did not satisfy people's livelihood needs (54.6%). Corruption (25%) in selection of officials and beneficiaries, discrimination and tribalism (4%) were the major reason for this. The findings also revealed that more funds should be allocated to improve it in order to meet their expectations (35.4%). Narayan (2002) and Nyamori (2008) indicated that CDF programme contains elements, which have been championed by international development institutions such as the World Bank but inadequate funding levels; misappropriation of funds as well as Lack of transparency and dogged controversy has been the reason for failure to meet its objectives. It is no wonder there are many projects either stalling or failing to take off (Oxfam 2009).

In conclusion, NG CDF has done a milestone in improving education sector leaving aside matters outside schools like fostering security of the urban poor, meeting citizen's healthcare needs and failing to promote empowerment to the citizens. NG-CDF has created dependency in learning institutions. Many school projects were funded halfway awaiting subsequent disbursements that may not come particularly if there is transition of power from one leader to another or from one government to the other. As such, stakeholders do not seek other means of finding funds hence dependence on the kitty. This has led to many projects remaining incomplete.

5.3.3 Impacts of NHIF in reducing urban poverty in Eldoret municipality.

Health and well-being of an individual is supported by certain factors such as access to adequate clean water, food security, adequate housing and access to healthcare services. NHIF was launched in 1966 to facilitate healthcare cover for citizens in public institution to cover formal and informal sector workers (IFC, 2011). It has a prepayment health financing mechanism that Kenyan government made as one of population coverage key strategies to reduce poverty and improve the welfare of Kenyan population. The study found out that, NHIF was a social protection service of choice since majority of the respondents and their dependants are beneficiaries.

The study findings revealed (73.1%) that there were health facilities/ clinics in the locality where people lived and that the NHIF services are available in all health facilities within Eldoret municipality at a rate of (66.7%). This ensured that the poor population's health is taken care of. This is in line with IFC (2011), a program duped HISP (health insurance subsidy for the poor) which was approved for selected underprivileged and susceptible children benefitting from the government's support programmes across the country for a period of two years, with plans to progressively improve health coverage to the unfortunate (10%) of the population (NHIF; 2013).

From the study findings, the service does not restrict beneficiaries on the facility to visit for treatment whether in-patient or outpatient. This is in line with NHIF (2013) that outpatient provision is specifically set for the healthcare cover subsidy for the poor beneficiaries to provide adequate financial risk protection. It is through this that NHIF improves maternal health of the mother and baby before, during and after birth as well as regularly paying for all of their medical bills thus working best for respondents' health needs and that of their dependence.

On the Contrary, most beneficiaries did not used NHIF the last time they visited the hospital (64.1%). That, NHIF monthly premiums are not affordable to pay at (63.6%). According to Barasa, Mwaura, Rogo, & Andrawes (2017), the monthly remittance for NHIF for the lowest paid employee have risen by 400% since 1988, thereby proving to be unaffordable to the low- income citizen as the rates for the highest earners increased by 431%. This increase was subsequently followed by expansion of the benefit package to include outpatient services and a wide range of what the NHIF labels special packages (Barasa *et al.,* 2017). As such NHIF has not fully met its mandate of offering universal health coverage to beneficiaries since majority of the low-income population are defaulters of monthly remittance.

The study also reveals the existence of several strategies put in place to improve the health of the urban poor in Eldoret by county government of Uasin Gishu, which included; building and equipping health facilities, free medical services among others. This is an indication that the county government of Uasin Gishu has done a lot in comparison to report by WHO that at least 400 million women, men and children around the world are excluded from access to affordable health care.

In conclusion, NHIF has done remarkable service to people of Eldoret town by providing health cover to urban poor. Nevertheless, from respondents' point of view

the monthly remittance has not been affordable. As such, the government through NHIF board should review its remittance policy so that unemployed and poor people should be given free treatment for whatever ailment they suffer from or accorded highly subsidized packages that the poorest Kenyan can afford.

5.4 Challenges faced in implementing urban poverty reduction strategies

The study revealed that majority of the urban residence in Eldoret Municipality had not participated in setting up or implementing any poverty reduction strategy policy to increase the level of decent livelihoods for the poor in urban areas. Lack of inclusion in policy formulation and implementation has been a major challenge. This goes in line with Moser's finding that, despite there being good policies set up from the donors, there may be challenges to implementing the policies and programs at ground level (Moser, 2016). Other challenges faced are, funds allocated to support programmes were not enough to meet the intended need followed by misappropriation of funds. This concurs with the findings made by Moser that many poverty reduction strategies suffer to the misappropriation of funding accorded for the implementation of the strategies. Corrupt officials may misappropriate funds and governing officials may play the detrimental roles of redirecting poverty reduction funds to non-related areas. This hampers the implementation of the strategies (Moser, 2016). Many of the urban poor have little access to opportunities because they lack technical skills. Most of them are unable to practice legitimately to specific government policies that may bar them thus they remain largely informal and this may affect the ability of their enterprises to grow. This is because many of the urban poor are unskilled (Klugman *et al.*, 2012).

Gender equality and mainstreaming has been a major challenge. Focussing on gender equality and women empowering are essential steps in reducing poverty and

enhancing development as supported by the human development and capabilities approach and the Sustainable Development Goals (SDG). Disparities in the areas of education, mortality rates, health and other social and economic indicators impose large costs on well-being and health of the poor, which diminishes productivity and the potential to reduce poverty.

5.5 Development of Pro- Poor urban poverty reduction strategy model

The proposed pro-poor poverty Reduction strategy model for this study will work in the following ways and levels:

5.5.1 The NHIF level

Health is a crucial indicator of urban poverty. NHIF should offer Government-funded medical and health care services that everyone living in Kenya more so Eldoret municipality can use without being asked to pay the full cost of the service. Currently, NHIF offers health cover to one spouse and five dependants under 18 years. Principle members must be earning above ksh1000 per month.

The NHIF should review its framework for everyone to share the burden of paying for health services offered in hospitals and clinics rather than the costs coming directly from ill or injured people. This service should be free at the point of use. Any Kenyan citizen can go and see a doctor who will offer examinations or treatment for a disease free of charge during or after the visit. This kind of health care services should be ‘funded by the public’, that is to say money should be collected and allocated through Kenyan taxation system.

Among the enhanced policies in the proposed model that will favor the poor, include:

a) **Subsidies in monthly premiums**

Subsidies make monthly premiums of health insurance less expensive for those who qualify. Sound financial plans should be set so as 80% of once premiums cater for

healthcare instead of administrative costs. This will make the health insurance a patient centred. This policy if adopted, will benefit the poor in Kenya a great deal.

b) Universal preventive health care

NHIF must focus on their policy to provide 10 essential health benefits to all the beneficiaries. These benefits include preventive care and wellness visits with no pay deductible. They include: Ambulance services, Emergency services, in-patient services, Mother and baby service, Mental health and substance use disorder services, including behavioural health treatment, Prescription of drugs, rehabilitative and habilitative services (those that help patients acquire, maintain, or improve skills necessary for activities of daily living -ADLs) and devices, laboratory services, Preventive and wellness services and chronic disease management and Paediatric services.

c) No treatment denials due to chronic pre-existing conditions.

Many poor people living in Kenya have chronic pre-existing conditions due to inability to prevent or treat themselves. A pro-poor poverty reduction strategy should offer all-inclusive cover to all ailments without denying coverage for a pre-existing chronic condition to any beneficiary.

d) Extending Dependents period under parents' plan beyond 18 years

NHIF can extent children or dependence cover period beyond 18 years, may be up to 28 years. This will enhance the health of the poor who find it difficult to secure a job up to late in their youthful where a means of livelihood may have been secured.

e) Adoption of a 'No Limit Policy'

Poor people visit hospitals frequently due to the fact that they are highly vulnerable to ailments associated to environments where they live and the fact that they are economically weak to take care of their health needs. As a pro-poor strategy NHIF

should completely offer limitless cover of all diseases to all beneficiaries. Similarly, the number of dependents per cover should be unlimited both in number of wives per person and children.

f) Differentiated cover for elderly

The government of Kenya through NHIF should formulate a policy geared at providing health cover to Kenyans above 70 years. This is because most old age conditions are seen at this stage. This is also a stage where most Kenyans are not economically productive therefore becoming difficult for them to cater for their health needs. Similarly, Integration of OPCT with NHIF can work better in order for the government to meet the health needs of elderly who are beneficiaries of OPCT.

5.5.2 Older Person's Cash Transfer (OPCT) level

This is a Poverty Reduction Strategy aimed at promoting the livelihoods of older persons in Kenya. This intervention calls upon all the players, including the government through the Ministry of Labour and socials services, parastatals such as NHIF, NGOs, the elderly and their families and the community to pull up their efforts and resources in order to improve the OPCT program. The proposed Pro Poor model that can ensure proper management of the older persons affairs is as follows:

a) The Unique contributions to practice and policy

There is the need for government support in ensuring there are timely budgetary allocations and disbursements. There should be staff capacity building and training for ministry officials involved in the implementation of the program. There is also need to involve the elderly in the formulation of policies about the program in order to address the negative perceptions about the program. Prompt disbursement of funds, improve communication channels with the elderly persons. Recruitment of youths as mobilization officers to work with the ministry officials. More cash to be allocated to

the programme in order to cushion the elderly against sky rocketing prices of commodities.

The elderly should be encouraged to form welfare groups where they can socialise, share, enlighten each other, make friends and even champion their rights.

The OPCT payments should be made more regular. If the OPCT is disbursed regularly then the elderly will be able to make proper plans for spending money.

Creation of awareness so that potential beneficiaries and their relatives know that the OPCT program is everywhere, even in the rural areas to avoid people fleeing from rural areas to urban centres to benefit from the same program.

b) Automated Payments

Monthly benefits should be wired directly to the elderly person`s M-Pesa registered phone numbers or their own bank accounts or to those of their trustees for quick, safe and efficient transmission. This allows the beneficiaries to have full control of their own accounts and money. This alleviates the need to travel to the OPCT dispensing sites, long queues that often lack order and tension of long waits.

The ministry should also make regular recruitment of new beneficiaries to the programme as many older people qualify every year yet they are not registered.

5.5.3. The CDF level

The CDF has a great capability to positively change peoples' lives if well implemented and the funds maximally utilized. A proposed management of CDF is proposed as follows:

a) The Management of CDF

CDF Committees should be highly experienced in order to advocate for the needs of everyone. The CDF committee should be given autonomy to run CDF affairs void of external and political influence. The CDF should strategized to mobilize some

resources from society for its projects, gender equity, youth group funding, enhancing participation of marginalized and vulnerable groups in CDF processes and activities, dispensaries in estates /villages, School Fee support for poor and vulnerable groups and Promotion of security lighting in estates, housing facilities in estates and villages, Promotion of small-scale agriculture and Strategic interventions/projects to target marginalized and vulnerable groups in the society should form the mandate of the improved CDF.

b) People-friendly Information dissemination on CDF matters

Information dissemination is a key element in the success of any organization. The use of local language radios, use of chief's *barazas*, posters on CDF matters among local communities and deliberation on publicity on CDF projects, disclosure of CDF financial status to the members of the public should form the integral part of people-friendly information sharing.

c) CDF implementation processes

CDF tendering processes should be made transparent to the public other than committee's exclusive role, accountability for CDF Funds, public participation in identification and prioritization of CDF projects, having inclusive CDF committees, that is, ensuring that all categories of the society, for example, youth, women, the elderly, persons with special needs, are represented in CDF committees, allowing members of the public to participate in elections of CDF committees, proper Co-ordination and harmonization of funds to promote efficiency, CDF projects to move out of institutions to the residential areas of the society.

The whole model would cost a taxpayer millions of money that will be used in implementation of the model for its success and sustainability. The county government would work hand in hand with the national government in the CDF

projects like school projects, security projects like construction of police stations, police posts and chiefs` camps.

This model relates well with the DFID approach of Sustainable Livelihood Approaches in that it aims at elimination of poverty by using integrated approaches like people- centred approach, Holistic, Dynamism of the livelihoods and sustainability. Integration of CDF, NHIF and OPCT in this model plays similar dimension used by DFID to reduce poverty in an environment full of vulnerabilities shaped by different factors e.g., shifting seasonal constrains, economic difficulties and long-term trends in order to attain outcomes like increased well-being, reduced vulnerability and improved security.

5.6 The Pro-Poor Poverty Reduction Strategy Model Chart

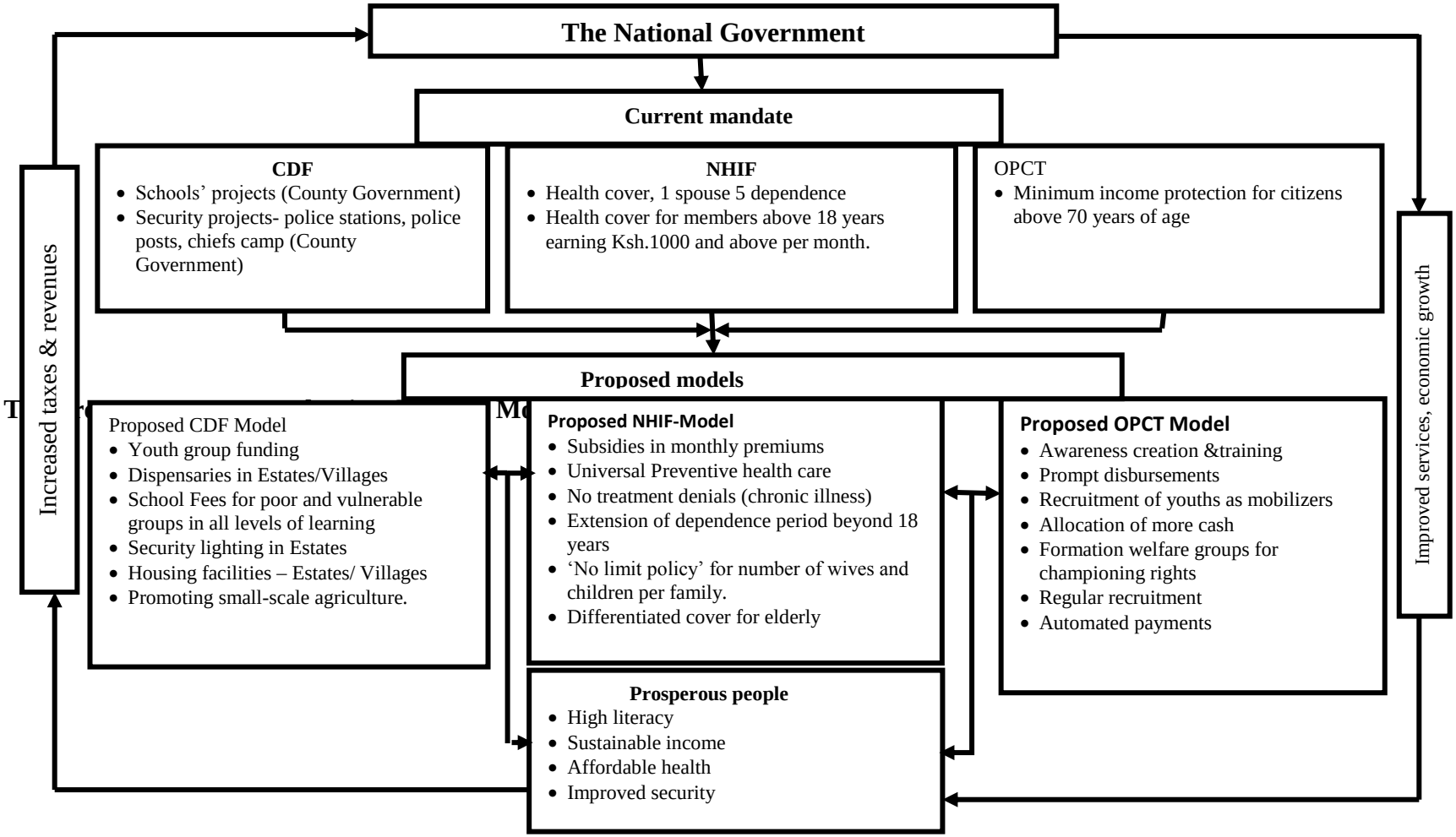

Figure 5. 1 T… Mo…

5.6.1 Challenges that would face the model

Profits margins would largely decrease for NHIF because it must now manage healthcare costs for people with pre-existing medical conditions and cover the entire costs of preventive services. The government subsidies that should be remitted to healthcare giver for public healthcare may not be regularly paid out due to economic dynamics this would cause unavailability or delay of some processes in the public and private hospitals

Younger adults and healthy persons might not see the need to enrol in the health insurance cover since they would not feel comfortable to pay regularly for the benefit of a person with chronic diseases. This is likely to leave the insurance company with a pool of older and sicker populations.

The whole model would be marred by a spring of malfeasant staff who would syphon funds meant for the beneficiaries. Similarly, tax evaders would reduce the chances of the model's success since the model needs huge operational cost.

5.6.2. Model summary

In conclusion, healthcare, social protection of the old and vulnerable and education of a nation is a mandate of everyone living in that country. The model above would meet its mandate if adhered to well and supported by the citizens, NGOs and development partners. This is true since the pillars of development is education, healthcare and the security of the people.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study reveals that, there exist government poverty reduction strategies in Uasin Gishu County e g., NG-CDF, OPCT, NHIF and County Government Urban poverty reduction strategies like *Inua Mama na kuku* programme, *Kijana na Acre* programme, NGO urban poverty reduction strategies i.e., social entrepreneurship like KWFT, *Faulu* Kenya and "Joywo"- table banking for *chamas*.

From the study findings, it is clear that Old Persons Cash Transfer (OPCT) as a poverty reduction strategy has played a major role in poverty reduction by 84.5% through promoting older and the most disadvantaged members of the society. It has promoted sustainable income for buying food stuff as well as investing in micro-businesses like practising domestic poultry farming which is in line with the National Government older person's cash transfer program. OPCT has also improved the education of the dependents' siblings through payment of school fees for them, buying of books and examination fees in cost sharing arrangements with learning institutions. Health of the beneficiaries and their dependence has been promoted up to 49% through spending the OPCT cash in hospital bills where the member is not covered by NHIF or when drugs are not available in their NHIF chosen facilities. OPCT has also enhanced security of securing a rental house by paying for monthly rent in urban areas. It is advisable that more funds should be allocated to members for them to be able to meet all the above mentioned effectively.

Constituent Development Funds CDF as poverty reduction strategy has promoted education of all learners in primary, secondary and tertiary institutions by 98% through construction of learning facilities, though it does not pay for school fees of

learners in basic schools but only in tertiary and university levels of learning. CDF has neither done much in promoting income to the residence nor enhancing their physical security. It has also not cushioned the locals in matters health and employment for sustainable income. It is therefore advisable for the CDF to stretch its arms to matters health and security of the locals and promotion of employment opportunities for the youth.

NHIF as poverty reduction strategy has improved health of its beneficiaries by 69.0%. It has improved the maternal health of the mother and the baby both pre- natal and post-natal by 89.3% therefore improving the health and security of beneficiaries. It has therefore empowered its members in matters health. From the study findings, NHIF does not cater for the drugs bought by members from drug stores whenever they do not get them in their preferred public hospitals. It is therefore recommended that monthly premiums be cut down drastically to sustain membership and enrol more in order to meet its mandate of universal healthcare for all.

To sum up, National Health Insurance Fund NHIF, older person's cash transfer OPCT and NG -CDF play a great role in reduction of poverty in the society if only managed well by ensuring proper funding and transparency for reasons of accountability. This would lead to a significant change in the lifestyles of the urban poor measured by the changes in Social Economic Status' indicators (SES) such as education, health facilities, security and empowerment.

Pertaining to pro-poor poverty reduction strategy 76.5% of the residents in Eldoret use microfinancing to acquire loans to meet their development needs. People too use seminars 18% to acquire knowledge and skills to enlighten them on poverty reduction. The pro-poor poverty reduction strategy model is proposed to cushion the poor in three levels based on objectives of the study; the NHIF level, The CDF level

and the OPCT level where each level does its purported mandate independently e.g., NHIF should provide improved and enhanced healthcare services for the citizens while OPCT should emphasise on improved service provision for the elderly people in the society. CDF on the other hand should provide comprehensive services touching on education, health, security and empowerment in an improved manner.

Even with the efforts put by county and national government to reduce poverty in Eldoret municipality, there exist factors that still derail these efforts. Gender workload: The larger portion of time spent by women in searching for fuel and water or even when they are lactating cuts down on the amount of time they spend in productive activities, either on or off the farm or even within their respective estates. In Kenya, female-headed families are affected more by poverty than their male counterparts heading their families. The position of the women is worsened since they comprise 69% of all subsistence farmers, who are among the very poor in the society.

Limited access to education: More girls than boys are limited in accessing education at all levels. Most of them dropout at higher rate than boys. Performance rates are lower for girls than boys and access to some of the scientific and technological fields at tertiary levels is limited for women. This tells why women are more vulnerable to poverty than men are even though they invest more time in productive and non-productive activities.

Population growth: Population growth in Eldoret municipality is exponentially going higher and higher. According to 2019 KNBS census, the population of Eldoret was 475,716 compared to KNBS census of 2009 which was 312,351. This brings a population growth of 163,365 people within a period of one decade representing 34.34% growth rate. Comparing this with stagnation in opportunities for living marked by low employment rates, low upcoming of new industries and low levels of

technical expertise brings in a question of low empowerment hence high poverty rates.

The solutions to the above should be informed by factors such as, gender equity, which should manifest itself vividly where both male and female head their families. Males should be highly sensitized to recognize matriarchal positions and to do their part effectively for the common good of alleviating poverty. Gender mainstreaming should also be vibrant where female have equal chances of making top decisions equally as male pertaining to poverty reduction at household, county and national levels. Government policy on girl child education should be upheld. As the narrative says, 'educating a girl is educating the world'. Education is an eye opener and therefore a tool for fighting poverty in urban areas as far as this write up is concern.

The county government of Uasin Gishu in collaboration with national government should develop national and county policy as well as institutional framework for action against poverty in regards to pro- poor poverty reduction. People of Eldoret should be guided on how to alleviate poverty themselves through formation of community-based organizations (CBOs). Salim, (2010) investigated the contribution of NGO's in reducing poverty in Nairobi urban slums. The study found that without the assistance of NGOs, the low-income households would remain marginalized and lack the capacity to negotiate for programmes to address the deprivations. These CBOs have the ability to attract international grants for poverty reduction from international NGOs and faith -based organizations.

6.2 Recommendations

1. (OPCT) should be remitted every month consistently and money set aside should be enough to cater for poor person's needs. Government should organize assessment programmes to monitor, evaluate and guide OPCT beneficiaries. It

would be prudent if the government integrates the OPCT and NHIF of older people to cater for monthly premiums due for NHIF cover.

2. CDF should focus on matters outside schools like fostering security of the urban poor, meeting people's health needs and empowerment to the citizens. CDF disbursement of funds' committee should be representative of whole area of jurisdiction to avoid bias in allocation of funds.
3. NHIF board should review its remittance policy so that unemployed and poor people should be given highly subsidized or even free treatment for whatever ailment they suffer from.
4. This study focused on Eldoret municipality in Uasin Gishu County and therefore, generalizations cannot adequately extend to other constituencies. Based on this fact among others, it is therefore, recommended that a broad-based study covering all constituencies in all counties be done to find out the impact of CDF on poverty reduction.

6.2.1 Recommendations for further studies

The study suggests the following areas for further research:

Evaluating the peoples' willingness to enrol in NHIF compared to other health care insurances and the need assessment to have NG-CDF and OPCT get new enhanced mandates on Poverty reduction in Uasin Gishu County.

REFERENCES

Aaltonen, P. & Ikävalko, H. (2011). "Implementing Strategies Successfully." *Integrated Manufacturing Systems, 13* (6), 415– 418.

ACLED. (2018). Data. ACLED- *Bringing clarity to crisis*. Retrieved from https://www.acleddata.com/data/

Akinola, A. O. (2020). *Economic Reforms in Africa*: A Critical Appraisal. In The Palgrave Handbook of African Political Economy (pp. 489-502). Palgrave Macmillan, Cham.

Alemu, B. A., & Ahmad Hanjra, M. (2014). Policies for agricultural productivity growth and poverty reduction in rural Ethiopia. *World Development, 59*, 461-474. https://doi.org/10.1016/j.worlddev.2014.01.033

Andreasson, S. (2017). Comparing British and American conservatisms through the prism of African development. *Commonwealth & Comparative Politics*, *55*(4), 471-488.

Asian Development Bank. (2013a). *Urban Sector Assessment, Strategy and Roadmap*; Indonesia. Manila, Philippines.

Babatunde, A. (2015). Exports trade, employment and poverty reduction in Nigeria. *International Journal of Social Economics*, *39*(11). Retrieved from https://www.emeraldinsight.com/doi/full/10.1108/03068291211263916

Baharoglu, D. and Kessides, C. (2015); *Urban Poverty*, chapter 16 in Poverty Reduction

Strategies, pages: 124 – http://poverty.worldbank.org/files/4418_chap16.pdf

Barasa, E., Rogo, K., Mwaura, N., & Chuma, J. (2018). Kenya National Hospital Insurance Fund Reforms: implications and lessons for universal health coverage. *Health Systems & Reform, 4(4),* 346-361.

Barlean, M. K. (2018). *Gender Inequality and Export-Led Development*: Neoliberal Reform in Latin America (Doctoral dissertation, San Diego State University). Bridging divides: translating the concept of sustainable livelihoods to rural Indonesia through institutional empowerment work.

Beer, M., & Eisenstat, R. A. (2000). The silent killers of strategy implementation and Learning. *Sloan Management Review*, 29-40

B W Namano (2014). The Constituency Development Fund. *Merits and Demerits to Community Development, Munich, GRIN Verlag,* https://www.grin.com/document/307588.

Clayton, T., & Radcliffe, N. (2018). *Sustainability: a systems approach*. Routledge.

Curti, G. H. (2008). From a wall of bodies to a body of walls: *Emotion, Space and Society, 1*(2), 106– 118. doi: 10.1016/j.emospa.2009.02.002.

DFID (2002b). *Review of the Inclusion of Poverty Environment Issues in Selected Poverty Reduction Strategy Papers and Joint Staff Assessments*. Environmental Policy Department. London

Duncan, G. J., Magnuson, K., & Votruba-Drzal, E. (2017). Moving beyond correlations in assessing the consequences of poverty. *Annual review of psychology, 68,* 413-434.

ECLAC (2014). *Compacts for Equality*: Towards a Sustainable Future, Santiago, Chile, United Nations.

ECLAC (2015), *Inclusive Social Development*. The Next Generation of Policies for Overcoming Poverty and Reducing Inequality in Latin America and the Caribbean, Santiago, Chile, United Nations. Reduction and Environmental Management: Policy Challenges and Opportunities.

Ezeomedo, I., & Egware, A. R. (2018). Eradication Of Extreme Poverty And Hunger Using Urban Agriculture As A Tool For Sustainable Livelihood. *African Journal of Environmental Research, 1*(1), 78-97.

Francesco, A., Mauro, M., & Vincenzo, P. (2019). Urban poverty*: Theory and evidence from American cities* (No. 2019–07). Retrieved from LISER website: https://ideas.repec.org/p/irs/cepswp/2019-07.html

Gurr, T. D. (2000). *Peoples versus States*. Minorities at Risk in the New Century. Washington, D.C: Institute of Peace.

Hart, C. S., & Brando, N. (2018). A capability approach to children's well- being, agency and participatory rights in education. *European Journal of Education*, *53*(3), 293-309.

Heide, M., S. (2012). Exploring Barriers to the Successful implementation of a Formulated strategy. *Scandinavian Journal of Management, 18, 217-231*.

IFC (2011). *Strategic review of the National Hospital Insurance Fund-Kenya*. Nairobi (Kenya): Deloitte; 2011.

Imai, K. S., Gaiha, R., & Garbero, A. (2017). Poverty reduction during the rural–urban transformation: Rural development is still more important than urbanisation. *Journal of Policy Modeling, 39*(6), 963-982.

Janis, F., & Paul, A. A. (2005). How corporate communication influences strategy Implementation, reputation and corporate brand: An exploratory qualitative study. *Corporate Reputation Review, 8*(3), 245-264.

Joyful Women Organization (JOYWO) (2016b). "*Table banking Statistics in Every County*", availale at: http://joywo.org/our-presence/ (Accessed 12 April 2016).

Kassa, H., Birhane, E., Bekele, M., Lemenih, M., Tadesse, W., Cronkleton, P., & Baral,

H. (2017). Shared strengths and limitations of participatory forest management and area enclosure: Two major state led landscape rehabilitation mechanisms in Ethiopia. *International Forestry Review, 19*(4), 51-61.

Kelly, A. P. (2011). *Social research methods*. London: London School of Economics and Political Science.

Kenya Economic Update. (2019). Kenya Economic Update: *Unbundling the Slack in Private Sector Investment* – Transforming Agriculture Sector Productivity and Linkages to Poverty Reduction. Retrieved June 13, 2019, from https://openknowledge.worldbank.org/handle/10986/31515

Kessides, C. (2006). *The urban transition in Sub-Saharan Africa*: Implications for economic growth and poverty reduction. https://www.citiesalliance.org/sites/citiesalliance.org/files/CA_Docs/resources/paperpres/ssa/eng/ssa_english_full.pdf. Accessed 07 Sept 2017.

Khaemba, C., & Sang, P. (2019). Sustainability of Constituency Development Funded Projects in Kanduyi Constituency, Bungoma County, Kenya. *International Journal of Project Management, 2*(3).

KIHBS (2017); Kenya National Bureau of Statistics. 2015-2016. Kenya Integrated Household Budget Survey. Nairobi, Kenya: Kenya National Bureau of Statistics, 2015

Kipkemei, F. B., Cheserek, G., & Ondari, G. (2020). Impacts of National Government-Community Developments Funds (CDF), Older Persons Cash Transfer (OPCT) and National Health Insurance Fund (NHIF) in Reducing Urban Poverty in Eldoret Town, Kenya. *Africa Environmental Review Journal, 4*(1), 21-34.

Kirwan, G. (2018). 'In the half shadows'. *Social Work and Social Sciences Review*, *19*(3), 3-6. Legare, C. H. (2017). Cumulative cultural learning: Development and diversity. *Proceedings of the National Academy of Sciences, 114*(30), 7877-7883.

Klugman, J. [editor, Coudouel, A., Hentschel, J. S., Wodon, Q. T., Yitzaki, S., Prennushi, G., Navas-Sabater, J. (2012). *Macroeconomic and sectoral approaches 29800*; pp. 1–656). Retrieved from The World Bank website: http://documents.worldbank.org/curated/en/681651468147315119/Macroeconomic-and-sectoral-approaches

KNBS. (2013). *Kenya Population and Housing Cens*us. Retrieved June 13, 2019, from http://statistics.knbs.or.ke/nada/index.php/catalog/55

Kwasi, A. (2015). Growth, Inequality and Poverty in Sub-Saharan Africa: Recent Progress in a Global Context. *Oxford Development Studies, 43*(1). Retrieved from https://www.tandfonline.com/doi/abs/10.1080/13600818.2014.964195

Lopes, V. K., & Social, M. A. (2019). *Water Supply in the context of India's neoliberal policy and its consequences for the poor*.

Lucci, P., Bhatkal, T., & Khan, A. (2018). Are we underestimating urban poverty? *World development*, *103*, 297-310.

MacDonald, R., Shildrick, T., & Furlong, A. (2020). Cycles of disadvantage revisited: young people, families and poverty across generations. *Journal of Youth Studies*, *23*(1), 12-27.

Mann, R. D., Schreibman, R. E., Mann, R. D., & Schreibman, R. E. (2015). *What Would Rav Kook Say Today?* 1–14.

McCarthy, Cormac (June 10, 2013). "*Scenes of the crime*". *The New Yorker*. *89* (17): 66–69. Retrieved July 14, 2017

Mihai, M., Ţiţan, E., & Manea, D. (2015). Education and Poverty. *Procedia Economics and Finance*, *32*, 855–860. https://doi.org/10.1016/S2212-5671(15)01532-4

Mkwambisi. (2015). *urban agriculture and poverty reduction*: Evaluating how food production in cities contributes to food security, employment and income in Malawi. *Journal of International Development*. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1002/jid.1657

Moser, C. O. N. (2016). The asset vulnerability framework: Reassessing urban poverty reduction strategies. *World Development*, *26*(1), 1–19. https://doi.org/10.1016/S0305-750X (97)10015-8

Mowafi, M., & Khawaja, M. (2015). Poverty. *Journal of Epidemiology & Community Health*, *59*(4), 260–264. https://doi.org/10.1136/jech.2004.022822

Mubecua, M. A., & David, O. J. (2019). So far so good? Tracking the poverty eradication goal of SDGs in Kenya, Nigeria, and South Africa. *Journal of* Public Affairs, *19*(4), e1964.

Mugenda, M. M., (2009). *Research Method Quantitative /Qualitative Approaches, Nairobi*: Act Press.

Mugo, M., & Kilonzo, E. (2017). Community-level impacts of financial inclusion in Kenya with particular focus on poverty eradication and employment creation. Central Bank of Kenya, 13.

Murray, S. (2016). Poverty and health. *CMAJ: Canadian Medical Association Journal*, *174*(7), 923. https://doi.org/10.1503/cmaj.060235

Mutunga, I. N. (2017). *The challenges faced in effective implementation of strategic plans in non-governmental organizations in Kenya* (Doctoral dissertation, United States International University-Africa).

Mwai, J. (2017). *Impact of Saccos in Poverty Eradication among Farmers in Muranga County, Kenya.*

Mwangi, C. (2017). *An assessment of impact of poverty on female headed households in Kangemi, Kenya* (Doctoral dissertation, University of Nairobi).

Narayan, D., & Nyamori, (2002). *Empowerment and Poverty Reduction* : A Sourcebook. Washington, DC: World Bank. © World Bank.

NHIF (2013). Health Insurance Subsidy for the Poor (HISP) operations manual. Nairobi (Kenya): NHIF; 2013.

Njagi, C. W. (2018). Vision 2030 and the Gender Question in Kenya. *Jumuga Journal of Education, Oral Studies, and Human Sciences (JJEOSHS)*, *1*(1), 18-18.

Njoroge, B., Kihara, P., & Gichohi, P. (2019). Technology Influence on Performance of Cash Transfer Programmes in the Public Sector in Nairobi County, Kenya. *International Journal of Professional Practice*, *7*(1), 104-112.

Ochiel, D. (2012). Attitudes of parastatal employees towards the proposed increase in premiums by the national hospital insurance fund. *Journal of International Development*, *1*(2), *5–40*. Retrieved from https://business.uonbi.ac.ke/index.php?q=node/1460

Ogbe, A. (2017). Assessment of the Impact of Small-Scale Business on Poverty Reduction of Benue State, NigeriaA I. *International Journal of Public Administration & Management (IJPAM)*, *2*, 152.

Patel, S., & Mitlin, D. (2005). *Grassroots driven Development*: The Alliance of SPARC, The national Slum Dwellers Federation and Mahila Milan, in Empowering Squatter Citizen, Local Government, Civil Society and Urban Poverty Reduction, Mitlin, D., Sattert. London.

Qi, D., & Wu, Y. (2019). Comparing the extent and levels of child poverty by the income and multidimensional deprivation approach in China. *Child Indicators Research*, *12*(2), 627-645.

Quandt, A. (2018). Measuring livelihood resilience: The household livelihood resilience approach (HLRA). *World Development*, *107*, 253-263.

Quaye, D. N. D. (2018). A Comparative Study of Urban Poverty among Migrants and Indigenes in the Communities of Chorkor and Old Fadama, Accra (Doctoral dissertation, University Of Ghana).

Reza, M. H., & Henly, J. R. (2018). Health crises, social support, and caregiving practices among street children in Bangladesh. *Children and Youth Services Review*, *88*, 229-240.Schubert, I., & Vu, G. T. (2016). Genome stability and evolution: attempting a holistic view. *Trends in plant science*, *21*(9), 749-757.

Rwanda Animal Resource Development Authority-RARDA (2011). *International document on total number of Girinka cows from 2006 to january 2011 by districts.* Provided from a key informant at RARDA, Accessed May 2011

Rwandapedia, (2013). *Home grown solutions*. http://rwandapedia.rw/explore/ubudehe. Accessed: 02 October 2013

Samson, L. W., Finegold, K., Ahmed, A., Jensen, M., Filice, C. E., & Joynt, K. E. (2017, December). *Examining Measures of Income and Poverty in Medicare Administrative Data*. https://doi.org/info:doi/10.1097/MLR.0000000000000606

Schaap, J.I. (2010). Toward Strategy Implementation Success: An Empirical Study of The Role of Senior-Level Leaders in the Nevada Gaming Industry. UNLV *Gaming Research & Review Journal, 10,* 13-37.

Shahriar, S., Qian, L., Rahman, A., Hasan, M. M., Kea, S., & Abdullahi, N. M. (2019). *Youth Skill Development Loans (YSDL) and Good Governance in Bangladesh*: A Logit Model Analysis. Emerging Markets Finance and Trade, 114.

Singh, C. (2019). Migration as a driver of changing household structures: Implications for local livelihoods and adaptation. *Migration and Development, 8*(3), 301-319.

Shifa, M., & Leibbrandt, M. (2017). Urban Poverty and Inequality in Kenya. *Urban Forum, 28*(4), 363–385. https://doi.org/10.1007/s12132-017-9317-0

Silva-Laya, M., D'Angelo, N., García, E., Zúñiga, L., & Fernández, T. (2019). Urban poverty and education. A systematic literature reviews. *Educational Research Review*. https://doi.org/10.1016/j.edurev.2019.05.002

Strezov, V., Evans, A., & Evans, T. J. (2017). Assessment of the economic, social and environmental dimensions of the indicators for sustainabledevelopment. *Sustainable Development, 25*(3), 242-253.

Statistics South Africa (2015c) *National and Provincial Labour Market*: Youth (online)

Available:http://www.statssa.gov.za/publications/P02114.2/P02114.22015.pdf (Accessed: 13 March 2016)

Truong, V. D. (2018). Tourism, poverty alleviation, and the informal economy: the street vendors of Hanoi, Vietnam. *Tourism Recreation Research*, *43*(1), 52-67.

Tshishonga, N. (2019). Operation Sukuma-Sakhe: A New Social Contract for Decentralized Service Delivery and Responsive Governance in KwaZulu-Natal. In Socio-Economic Development: Concepts, Methodologies, Tools, and Applications (pp. 1139-1158). IGI Global.

UN-HABITAT (2012). *Urban Patterns for a Green Economy*: Leveraging Density Nairobi: United Nations Human Settlements Programme p 96

UNDP: (2014). *The Human Development Report*. Oxford University Press. New York.

UNDP. (2015). Millennium Development Goals UNDP. Retrieved June 13, 2019, from United Nations Development Programme website: https://www.undp.org/content/undp/en/home/sdgoverview/mdg_goals.html

UNDP. (2018). Sustainable Development Goals - United Nations Sustainable Development. Retrieved June 13, 2019, from United Nations Development Programme website: https://www.un.org/sustainabledevelopment/sustainable-development-goals/

UNESCO. (2018). Deprivation and Marginalization in Education. Retrieved June 13, 2019, from United Nations Educational, Scientific and Cultural Organization website:http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/ED/GMR/html/dme-1.html

Ward, R. I. I. (2017). *Faculty of Arts Sociology Department* (Doctoral dissertation, University Of Nairobi).

White, R. (2017). Multidimensional Poverty and Deprivation: An Introduction. In R. White (Ed.), *Measuring Multidimensional Poverty and Deprivation: Incidence and Determinants in Developed Countries* (pp. 1–6). https://doi.org/10.1007/978-3-319-58368-6_1

WHO. (2018). Global Reference List of 100 Core Health Indicators (plus health-related SDGs). Retrieved June 13, 2019, from World Health Organization website: http://www.who.int/healthinfo/indicators/2018/en/

Wilson, C., & Wilson, P. (2017). Make poverty business: increase profits and reduce risks by engaging with the poor. Routledge.

World Bank. (2008). World Development Indicators 2008 : Poverty Data. Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/28241 License: CC BY 3.0 IGO."

World Bank. (2017). Poverty Overview [Text/HTML]. Retrieved June 13, 2019, from World Bank website: http://www.worldbank.org/en/topic/poverty/overview

APPENDICIES

APPENDIX I: INFORMATION AND CONSENT FORM

Dear respondent,

I am Felix Kipkemei Bett, a Masters student in University of Eldoret. As a partial fulfilment of the course, I am carrying out a study on "Assessing the Impacts of Government Poverty Reduction Strategies on Urban Poor: A Case Study of Eldoret Municipality, Uasin Gishu County, Kenya" You are hereby requested to participate in this study involving the collection of information by use of a questionnaire.
Your participation is optional and withdrawal is accepted. Please respond appropriately to the questions given below, express your views freely without fear of victimization, and in case of any clarification please feel free to ask. Data will be used for educational purposes only. By signing this consent form, you agree to fully take part in this study.

Participant
I have read this consent form and I am voluntarily accepting to participate in this study.
Signature of Participant _____Date_____

Researcher
I certify that I have explained to the above individual the nature and purpose and significance of the study. I have also answered questions raised concerning research on the date stated on this consent form.
Signature_____Date_____

Thank you in advance.

Yours faithfully,
Felix Bett.
University of Eldoret

Tel: 0724246415

APPENDIX II: QUESTIONNAIRE

SECTION A: SOCIO-DEMOGRAPHIC VARIABLES

This section will ask a few questions about you. Tick [✓] as appropriate:

1. What is your Gender?
   Male [ ] Female [ ]
2. How old are you?

   a) 26-35 **[ ]** **b)** 36-45 **[ ]** c) 46-55 **[ ]** d) Above 56 **[ ]**

3. What is your highest level of education?
   Never went to School [ ]
   Primary [ ]
   Secondary [ ]
   Collage/University [ ]
4. Marital Status:
   Married [ ] Single [ ] Divorced/Separated/Widowed [ ]
5. Are you currently employed: Yes? [ ] No. [ ] .
6. How many people would you consider as your dependents (may include parents, siblings, children who depend on you economically)? _____
7. Do you own the house you live in? Yes [ ] No [ ]
8. If NO in number 7 above, do you feel like the rent you are paying is affordable?
   Yes [ ] No [ ]

SECTION B: EXAMINING THE IMPACTS OF GOVERNMENT POVERTY REDUCTION STRATEGIES IN ELDORET MUNICIPALITY

In the section below, indicate whether you strongly agree, are neutral, disagree or strongly disagree with the following statements. Tick [✓] where appropriate:

Statement	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Opportunities for citizens in Eldoret to earn a decent income are increasing					
The government is taking measures to increase the employment opportunities in Eldoret					
My income is better than it was two years ago					
I feel capable of affording the lifestyle I am now living					
I am able to access loans to meet my needs and my lifestyle.					
There has been significant improvement in the quality of education provided these days.					
Public schools are more improved now than they were 2 years ago.					

I feel like if I take my child to a public primary school, they are at an equal chance of getting a good education					
There is an adequate number of health facilities in the area where I live					
I don't have to wait too long to receive services from a health facility or clinic					
There are doctors and nurses available in the health facilities around me					
Generally, I feel like healthcare has improved now more it has 2 years ago					
The area where I stay has garbage collection facilities					
I feel likely to change houses within the next one year					
I might never own a house of my own					
Cases of theft and robbery have significantly reduced over the past one year					

SECTION C: EXTENT TO WHICH THE NG-CDF HAS PROMOTED LIVELIHOODS HENCE REDUCING POVERTY IN ELDORET MUNICIPALITY.

C1. In this section, you are kindly requested to give your response concerning the extent to which the NG- CDF has promoted Livelihoods hence reducing poverty in Eldoret Municipality Tick [✓] where appropriate).

	Statement	Yes	No
	CDF is the most common livelihood strategy among Eldoret residents	[ ]	[ ]
	This service has promoted the improvement of our local school facilities including: building of classrooms, construction toilets, purchase of books, etc.	[ ]	[ ]
	CDF pays for the schooling of my kids in local primary and secondary school.	[ ]	[ ]
	CDF funds has help improved our physical environment by building dump site for refuse collection.	[ ]	[ ]
	It has facilitated health of our residents by constructing a dispensary within our estate.	[ ]	[ ]
	CDF has improved our local streets by providing	[	[ ]

lighting	]	
This service has provided water kiosks for locals in our estate.	[ ]	[ ]
This service pays for my rent at the end of every month.	[ ]	[ ]
This service has provided employment for our locals in various positions within their offices.	[ ]	[ ]

C2. From your own opinion, do you think NG-CDF satisfy your livelihood needs?
If NO, how do you think it can be improved to meet your expectation
_____
_____
_____

SECTION D: NHIF AS A SOCIAL PROTECTION SERVICE
D1. Do you have any health insurance cover for you and your dependence? _____. If yes which one? _____
D2. Please rate NHIF under the following sub –headings. Tick [√] appropriately.

Statement	Yes	No
Is there a health facility/clinic in the locality where you are?	[ ]	[ ]
I used NHIF the last time I visited the hospital	[ ]	[ ]
NHIF monthly premiums are affordable to pay	[ ]	[ ]
This service is available in all health facilities within Eldoret municipality.	[ ]	[ ]
This service offers quick services with less restrictions	[ ]	[ ]
This service does not restrict me on the facility to visit for treatment whether in-patient or out-patient.	[ ]	[ ]
NHIF improved maternal health of the mother and baby before, during and after birth.	[ ]	[ ]
This service regularly pays for all my medical bills.	[ ]	[ ]
NHIF pays even when I buy drugs from private chemists when I do not get them in the health facility pharmacy.	[ ]	[ ]
This service work better for my health needs and that of my dependence.	[ ]	[ ]
Do you think NHIF can provide extensive services like provision of mosquito nets, VCT services and provision of ARVs for HIV patients to the policy holders?	[ ]	[ ]

D3. How would you rate your attendance to health facilities when you have illness?
Never [ ] Rarely [ ] Sometimes [ ] Often [ ].
D4. How likely can you recommend NHIF to a friend or family member?
Most likely [ ] less likely [ ] If less likely
why_____
_____
_____

SECTION E: Older Persons Cash Transfer (OPCT)

E1. Are you or a member of your family a beneficiary of older person's Cash Transfer? Yes [ ] No [ ]

E2. If yes in D1 above, do you rely on these funds to meet your daily family needs like buy Food, pay rent, pay water bill or meet hospital bills etc.? Yes [ ] No [ ]

E3. How consistent do you or a member of your family receive this cash transfer. Tick [✓] appropriately according to the domains shown below?

After every month [ ] After every two months [ ]

After every three months [ ] No clear consistency [ ]

E4. Are you satisfied with the amount of money you or a member of your family receive under this cash transfer system?

[ ] No [ ]

if no how much do you recommend the government to remit? _____

E5. Do you think 70 years and above is the best age to benefit from these funds?

Yes [ ] No [ ]

If No what minimum age should one be enrolled in this cash transfer_____

E6. Do you recommend that policy should be formulated to enroll youth and unemployed people in cash transfer system of Empowerment?

_____

APPENDIX III: KEY INFORMANT INTERVIEW

1. How long have you worked in public sector governance?
2. How long have you worked in the position you currently serve?
3. Which poverty reduction strategy has the county government of Uasin Gishu set up in brief?
4. Which poverty reduction strategies have you personally been a part of?

   _____
5. What are the current county government strategies to ensure that the urban poor are able to have access to a descent Livelihoods?
6. Which policies have you set up or have you implemented that you believe will increase the level of decent livelihoods for the poor in urban areas?
7. What are the challenges to the implementation of these policies to improve livelihoods for the urban poor?
8. Which strategies are in place to improve the health of the urban poor in Eldoret town?
9. Which projects are already in place to improve the physical and environmental health of the urban poor in Eldoret town?
10. What policies are in place to increase the access of the urban poor to physical and environmental health services?
11. What are the challenges involved in the implementation of these policies?
12. What are the strategies to improve education among the urban poor in Eldoret?
13. What strategies are in place to ensure that the urban poor have better housing and more housing security?
14. What strategies are there to improve the level of empowerment of the urban poor so as to allow them to find means to improve their own lives?
15. What is your opinion about effectiveness of poverty reduction strategies?
16. Overall, what can you comment about the challenges you encounter with implementing urban poverty reduction strategies?

APPENDIX IV: NACOSTI PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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Date of Issue: **16/March/2020**

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This is to Certify that Mr.. BETT KIPKEMEI FELIX of University of Eldoret, has been licensed to conduct research in Uasin-Gishu on the topic: IMPACTS OF GOVERNMENT POVERTY REDUCTION STRATEGIES ON URBAN POOR. A CASE STUDY OF ELDORET MUNICIPALITY, UASIN GISHU COUNTY, KENYA for the period ending : 16/March/2021.

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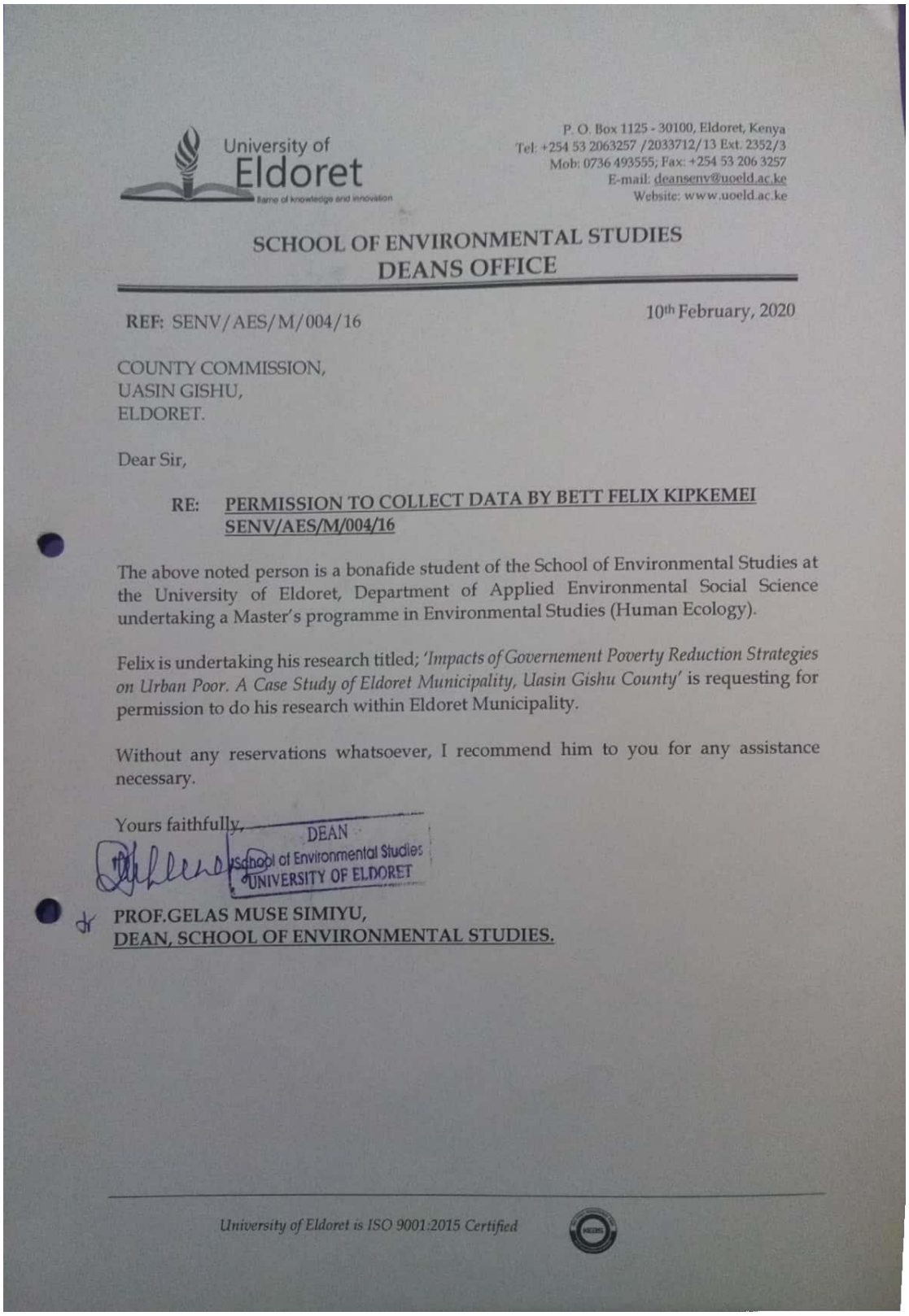

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SCHOOL OF ENVIRONMENTAL STUDIES
DEANS OFFICE

REF: SENV/AES/M/004/16

10th February, 2020

COUNTY COMMISSION,
UASIN GISHU,
ELDORET.

Dear Sir,

RE: PERMISSION TO COLLECT DATA BY BETT FELIX KIPKEMEI SENV/AES/M/004/16

The above noted person is a bonafide student of the School of Environmental Studies at the University of Eldoret, Department of Applied Environmental Social Science undertaking a Master's programme in Environmental Studies (Human Ecology).

Felix is undertaking his research titled; *'Impacts of Governement Poverty Reduction Strategies on Urban Poor. A Case Study of Eldoret Municipality, Uasin Gishu County'* is requesting for permission to do his research within Eldoret Municipality.

Without any reservations whatsoever, I recommend him to you for any assistance necessary.

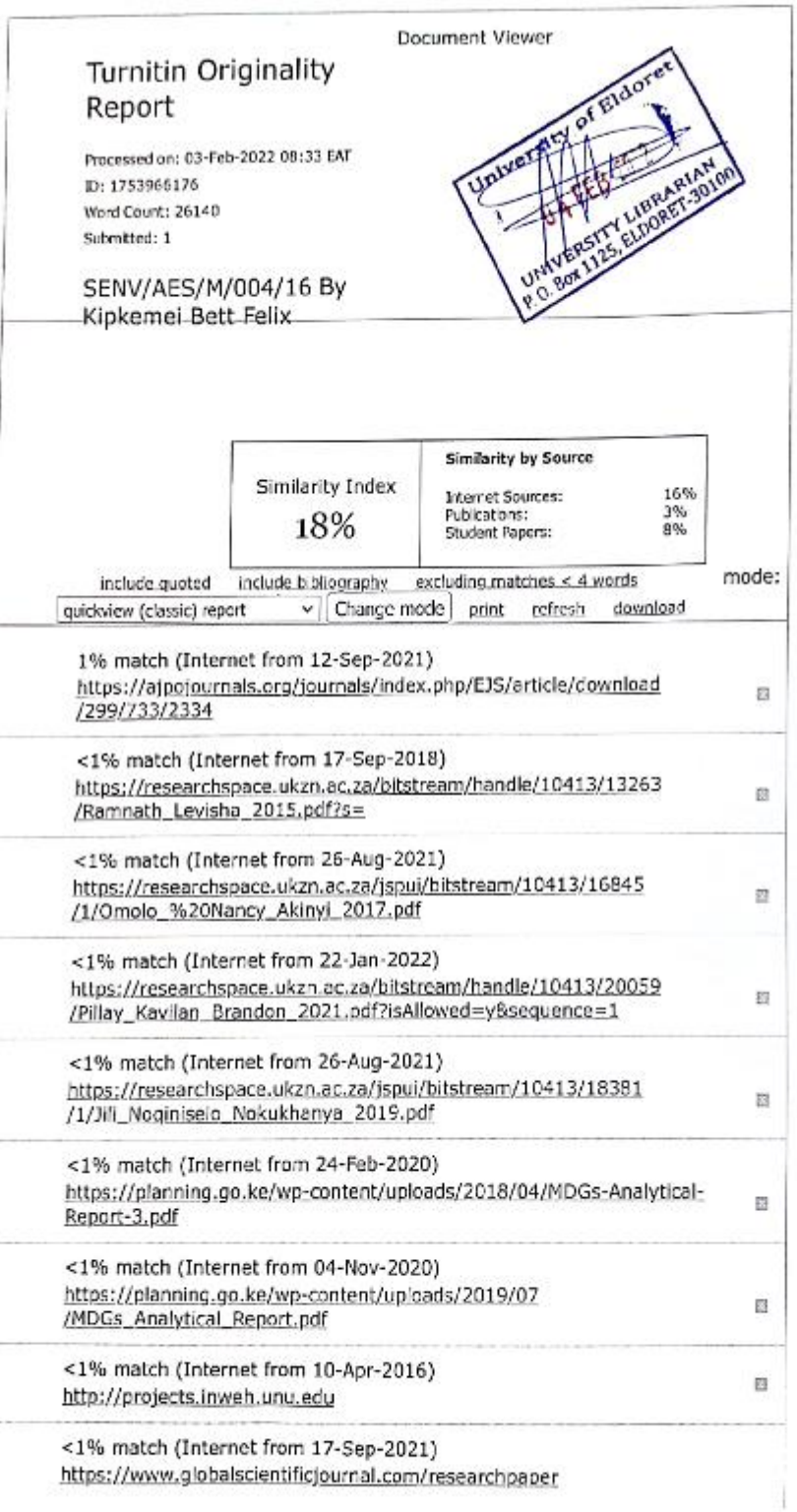
Yours faithfully,

DEAN
School of Environmental Studies
UNIVERSITY OF ELDORET

PROF.GELAS MUSE SIMIYU,
DEAN, SCHOOL OF ENVIRONMENTAL STUDIES.

University of Eldoret is ISO 9001:2015 Certified

APPENDIX IV: SIMILARITY REPORT



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