

**INFLUENCE OF CONSTITUENCY DEVELOPMENT FUND PROGRAMMES IN  
POVERTY REDUCTION IN KILIFI COUNTY, KENYA**

**BY**

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN  
PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI**

**2016**

## **DECLARATION**

This research project report is my original work and has not been submitted for examination to any other university.

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This research project has been submitted for examination with my approval as the University supervisor.

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## **DEDICATION**

This research project report is dedicated to my husband Jonas for his inexhaustible moral support, as well as invaluable contribution towards my study. To my children, Ian, Sheila, Tracy and Stanley for their inspiration, patients and encouragement throughout my studies at the university.

## **ACKNOWLEDGEMENT**

I would like to thank The Almighty God for giving me life and strength to complete this research project

I wish to express my gratitude to the University of Nairobi for giving me an opportunity to undertake my studies in Project Planning and Management

I acknowledge and express my appreciation to my supervisor Professor Harriet Kidombo for her professional guidance while writing this research project report. I am deeply grateful to Mr Kisimbii for his guidance and sincere comments towards the development of this research project

I am Grateful to my lecturers, Dr. Otieno, Dr. Mwanguni, Mr. Gatimu and Mr Nyambati for instilling knowledge, and through their efforts I was able to complete my studies

I owe exceptional heartfelt gratitude to my husband Jonas for his constant support and encouragement, my children for giving me hope to press on and finally friends who supported me, materially, advice, and encouragement throughout my research project report.

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## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASALs</b>	Arid and Semi-Arid Lands
<b>CDF</b>	Constituency Development Fund
<b>CDFC</b>	Constituency Development Fund Committee
<b>CRECO</b>	Constitution Reform Education Consortium
<b>CRA</b>	Commission on Revenue Allocation
<b>GDP</b>	Gross Domestic Product
<b>GoK</b>	Government of Kenya
<b>KIRA</b>	Kenya Inter-Agency Rapid Assessment
<b>LAC</b>	Latin America and Caribbean
<b>MDG</b>	Millennium Development Goal
<b>NG-CDF</b>	National Government Constituency Development Fund
<b>NGO</b>	Non-Governmental Organization
<b>RoK</b>	Republic of Kenya
<b>SDG</b>	Sustainable Development Goals
<b>SID</b>	Society for International Development
<b>SSA</b>	Sub-Saharan Africa
<b>UN</b>	United Nations Fund for Population Activities
<b>UNESCO</b>	United Nations Educational Scientific and Cultural Organization
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations
<b>WB</b>	World Bank

## ABSTRACT

Since independence the Kenyan government has made its core agenda to fight poverty, disease and ignorance. Various development programs such Majimbo (Devolution) system, District Development Grant, Special Rural Development Programme, District Development Planning, Rural Development Fund and the District Focus for Rural Development Strategy had previously been put in place to counter poverty but proved ineffective. Most of these programmes failed to address the needs of local people due to lack of political will, inadequate government funding, lack of appropriate technology, neglect of institutional development, lack of beneficiary participation and poor coordination from top to the bottom. Constituency Development Fund was hence introduced with the objective of initiating development activities at constituency level with the aim of alleviating poverty at grassroots level. Constituency Development Fund was introduced in 2003 through the CDF act in the Kenya gazette supplement no 107(Act no11) of January 2004 in the reign of President Mwai Kibaki. The fund has gone through challenges, repealed severally and currently replaced by NG-CDF, National Government Constituency Development Fund with effect from 19<sup>th</sup> February 2016. This research project argues that Kilifi County continues to experience high levels of poverty, with half of the population living in deep poverty, which has led to numerous child labour practices such as sex exploitation of children, domestic labour, children selling illicit brew and quarrying among others. The poverty level is morally unacceptable and its complexity could endanger the social fabric, undermine economic development and environment, and threaten stability of the country. This area therefore needs urgent and critical attention in order to achieve the recently adopted Sustainable Development Goals (SDGs). Accordingly, this study investigated the influence of CDF programmes in poverty reduction in Kilifi County and was guided by the following objectives; To determine the extent to which educational programmes influence poverty reduction; To establish the extent to which water and sanitation programmes influence poverty reduction and; To identify the influence of health programmes on poverty reduction; To find out the extent to which economic empowerment programmes influence poverty reduction in Kilifi County. The study employed a descriptive survey research design in collecting the primary data, the Instruments used were questionnaires and interviews. Stratified, Purposive and simple random sampling techniques were used as this was appropriate in giving equal chances to the population. The total population of 384 was considered for study, although focused interview schedules were conducted between the researcher and the fund manager and two CDF committee members. The response rate was 62% meaning that the sample was valid for study. The collected data was analysed using SPSS and content analysis. The findings showed that CDF educational programmes have significant influence on poverty reduction and hence the alternative hypothesis was accepted whereas CDF programmes on economic empowerment, health, water and sanitation had no significant correlation. Therefore it was concluded that most of the CDF programmes appear to have no significant influence on poverty reduction. Based on this, the study recommends that the programme manager should improve on economic empowerment skills and education programmes, especially now that water and health programmes have been devolved under the new CDF act of 2016. There should also be a mechanism of transparent monitoring and evaluating the programmes run by the CDF in the sub-county and this should integrate the economic development index. Furthermore the programme managers should set clear targets and time frames that will enable them evaluate the progress of the programmes and determine their success in poverty reduction.

## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background of the study

Poverty reduction has been the subject of debate in many forums in the world. Consequently, world leaders adopted the sustainable development goals (SDGs) that aim to end poverty in all its form. Poverty may be interpreted as extreme or relative where the former exists in developing countries (Crossan, 2015) and the latter may be experienced by most developed countries (Sachs, 2012). According to World Bank's estimate in 2012, 12.7 percent of the world's population lived at or below \$1.90 PPP a day, hence it is a decrease from 37 percent in 1990 and 44 percent in 1981 (World Bank, 2012).

Despite interventions such as financial output, advanced technological developments, human capital and assistance from influential institutions, poverty has remained a widespread concern (Stiglitz 2007). The challenge therefore lies on how to free the human race from the tyranny of poverty and protect our planet, however agenda 2030 for sustainable development remains hopeful to resolve this concern in its fight against poverty (UN, 2014). Hence each country should come up with specific programs with support from international communities within a supportive international environment. (UNDP, 2016; Sachs, 2012).

Globally, the number of people living in extreme poverty has fallen in every developing region in the last three decades including sub-Saharan Africa, Latin America and the Caribbean (LAC), nevertheless, progress has been slower at higher poverty lines (World Bank, 2012; Olinto and Uematsu, 2013). The Caribbean region of Jamaica is an example of how country specific programmes have been developed to improve access to social services within the community (Osei, 2002) A significant number of people lack adequate clean water, education, poor housing, quality health care and limited supply of food, hence a decline of social services provided to the Jamaicans despite their well-developed health and education system (Osei, 2002)

The Government of Jamaica developed the Jamaica Social Investment Fund (JSIF) to support small scale community based projects including social services and infrastructure development, basic schools and health centres that benefits the whole community (UNDP,

2000). Although poverty in sub-Saharan Africa is an issue to deal with, Ghana has tremendously reduced poverty from 51.7 percent in 1992 to 28.5 percent in 2006, and is listed to have achieved target of Goal one of the MDGs ahead of schedule (World Bank, 2015).

This was attributed to the government's capability of creating the necessary fiscal space for increased poverty related expenditures in agriculture, health, education, water and sanitation. Protection programs such as Livelihood Empowerment against Poverty (LEAP) National Health Insurance Scheme (NHIS), School feeding programs, free exercise books and uniform programs initiated by the government have significantly played a role in poverty alleviation in the country (Akachabwon, 2013). Official statistics show that although poverty has increased in the northern region by 0.9 million, poverty has declined by 2-3 million in the south between 1992 and 2006 (World Bank 2015).

Dealing with poverty and underdevelopment in Africa entails dealing with socio-economic factors that perpetuate it. Notably, empowerment programmes such as those mentioned earlier with the support of productive international communities can help to move Sub Sahara Africa in the right direction (Roe, 2006). Additionally, countries should implement empowerment programmes as depicted by Narayan-Parker (2002). She states that empowerment programmes should be able to support development effectiveness by promoting pro-poor growth patterns that reduce inequality through investing in poor people's capabilities in areas such as education and access to basic healthcare, increased access to land, financial capital and markets (Narayan-Parker, 2002).

### **1.1.1 Concept of CDF in Kenya**

Since independence the government of Kenya identified poverty, diseases and ignorance as the main concern within its social and economic policies (sessional paper no 10 of 1965). This led to the introduction of several development programs such as Majimbo (Devolution) system (1963), District Development Grant Program (1966), Special Rural Development Program (1969/70) District Development planning of 1971, Rural development plan 1983 and the development Fund of 1984 Auya and Oino (2013)

Nonetheless, majority of these efforts proved to be ineffective for reasons such as inadequate funding, lack of government commitment, failure to actively involve beneficiaries in development projects among others (Institute of Economic Affairs, 2010). Hence,

Constituency Development Fund (CDF) was introduced by the national government to fight poverty with an aim of taking development nearer to beneficiaries to empower people through project management processes both in the urban and rural areas (Tsibura, 2013).

Constituency Development Fund was introduced in 2003 through the CDF act in the Kenya gazette supplement no 107 (Act no11) of January 2004 in the reign of President Mwai Kibaki. The fund comprises of an annual budgetary allocation equivalent to 2.5 percent of the total national revenue. 75 per cent of the amount is disbursed equally across the 210 constituencies while the remaining 25 per cent is disbursed on the basis of the constituent poverty level and population size .This fund is disbursed under the direction of National Constituencies Development Fund Management Committee (NCDFMC) (Bagaka, 2008, GoK, 2003a)

CDF has been repealed severally as it was marred with corruption embezzlement allegations, as well as political patronage (Sunnycid, 2009). The fund now known as NG-CDF as from 19th of February will no longer be used for devolved functions. It allows the citizens to participate on how the funds will be used and the new committees to oversee implementation of the projects will be approved by the national government (Kenya Gazette Supplement Acts, 2015).

Out of a population of 44 million in Kenya, 42 percent live below poverty level, where significant segments of the population within the counties including the growing number of urban poor are highly vulnerable to climatic, economic and social shocks. Additionally most of the counties experience social and economic inequalities, with the poorest located in the Northern arid and some coastal regions (SID 2013).This high levels of poverty are evidenced by the lack of access to basic quality services such as clean water and sanitation, healthcare and education (Rok,IPRSP,2000).

According to the Kenya Central Bureau of statistics, (2005) Kilifi is the most impoverished County within the coast province and the second most impoverished in Kenya with 72 percent of residents living below poverty line, hence it is impossible for most households to access basic needs. An estimated 65 percent of the population is food insecure, especially because the County has been susceptible to periodic and prolonged droughts. Additionally there are few community drinking water systems and the majority depend on ponds and rain water, which contribute to high levels of diarrhoea and water borne diseases. This leave its populace in dire need of humanitarian assistance (CRECO, 2012).

Kilifi is also faced with high levels of poor infrastructural development, poor enrolment and transition in schools so that only 13% of Kilifi County residents have a secondary level of education or above (SID, 2012). Many young people who drop off formal education system lack alternatives to enable them acquire requisite skills that would allow them to actively and decently participate in labour market ( KIRA, 2014). A baseline report of KNBS,(2011) notes that the county is faced with numerous child labour practices which includes sex exploitation of children, domestic labour, children selling illicit brew, quarrying, early girl child marriages which poses a risk on school (CRA 2011).

It is also estimated that the county's deprived child population is 57.71 percent. Consequently, CDF is meant to take a leading role in managing these issues in this region, and is expected to bring change and development (Romello, 2009). The aim of development is to improve the socio-economic conditions of people and should take place in all sectors within the rural and urban areas (Romello, 2009). While CDFs have been recognised for improving the relationships between the constituency and members of the parliament, decentralization, and control over programmes, it may undermine accountability and government systems, lower levels of participation and ineffectively implement programmes (Herbert, 2013).

## **1.2 Statement of the problem**

Fighting poverty is a core agenda of every government both internationally and at local levels, which requires strategies be put in place to improve the capabilities and functioning that enable people to take charge of their own affairs (Gondi 2005). Various strategies have been put forth to help in poverty reduction and while each strategy is faced with a unique challenge all are geared towards eliminating or reducing poverty levels. Subsequently Sustainable Development Goals launched by UNDP (2015) aim at eradicating poverty for all people

The government of Kenya is equally focused in fighting poverty as well as reverse regional disparities by intensifying use of decentralised programs such as CDF (Romero, 2009). According to CRECO (2012) Poverty levels in Kilifi County poverty levels are relatively high with more than half of the population still living on less than \$ 1.25 a day. This is manifested by poor health, poor enrolment and transition in schools, unemployment, poor housing, insecurity, poor roads and isolation from economic development resulting to low standards of

living. This has led to undignified practices such as child labour, child sex exploitation, such as children selling illicit brew, quarrying among others (CRECO, 2012).

While CDF is believed and expected to bring change and development to communities both in rural and urban areas, poverty levels in Kilifi have continued to be high. This raises eyebrows and attracts the question, of what magnitude the fund is meeting its intended purpose of local development through recipient's involvement. This therefore formulated the need for this research study which seeks to investigate the influence of CDF as a constituency development program in alleviating poverty in Kilifi County.

### **1.3 Purpose of the study**

The main purpose of the study was to examine the influence of constituency development programs in poverty reduction in Kilifi County; with special emphasis on programs implemented by constituency development funds.

### **1.4 Objectives of the study**

The following objectives were therefore, used to achieve the purpose of the study:

1. To determine the extent to which educational programmes influence poverty reduction in Kilifi County.
2. To establish the extent to which water and sanitation programmes influence poverty reduction in Kilifi County.
3. To identify the extent to which health programmes influence poverty reduction in Kilifi County.
4. To find out the extent to which economic empowerment programmes influence poverty reduction in Kilifi County.

### **1.5 Research Questions**

The study will be guided by the following questions:

- i.) How does Constituency Development Fund educational programmes influence poverty reduction in Kilifi County?
- ii.) To what extent does the Constituency Development Fund water and sanitation programmes contribute to poverty reduction in Kilifi County?
- iii.) What is the effect of Constituency Development Fund health programmes in reducing poverty in Kilifi County?



- iv.) What is the impact of Constituency Development Fund economic empowerment programmes in reducing poverty in Kilifi County?

### **1.6 Research Hypothesis**

The study was guided by the following alternative hypothesis:

1. H<sub>1</sub> Constituency Development Fund educational programmes have played significant influence in reducing poverty in Kilifi County.
2. H<sub>1</sub> Constituency Development Fund water and sanitation programmes have played a significant influence in reducing poverty in Kilifi County.
3. H<sub>1</sub> Constituency Development Fund health programmes have played significant influence in poverty reduction in Kilifi County.
4. H<sub>1</sub> Constituency Development Fund economic empowerment programmes have played significant influence in poverty reduction in Kilifi County.

### **1.7 Significance of the study**

With population ever on the rise, there is need to have identified organisations, institutions that will deal with the state of poverty in a country. The findings of the study will be relevant and useful to Kilifi County in identifying the gaps needed to be filled by the new NG-CDF and how these funds can better the lives of the community. It will also help County officials to understand and take action to ameliorate any inequalities in the County and improve human development in their own jurisdictions.

It will further provide information that can be useful for the County fiscal strategy paper. The study will also benefit the government by providing relevant information and knowledge on situation within counties, areas that need to be strengthened in reducing poverty, and benchmark progress. Lastly, these findings will be of paramount importance for future researchers and academicians as it will provide them with reference information for further studies.

### **1.8 Delimitation of the study**

This study was carried out in Kilifi south Constituency in Kilifi County. The constituency consists of five wards, Junju, Shimo la Tewa, Chasimba, Mtepeni and Mwarakaya, The study sought to investigate the influence of CDF in poverty reduction in the region, hence concentrated only on Projects implemented by CDF. The researcher neighbours the county and with the understanding of the social dynamics of these communities, it was easy to plan

effectively and approach the right people. The study was de-limited in using questionnaires and interviews.

### **1.9 Limitation of the study**

While conducting this study, it is important to acknowledge the limitations that were encountered. Kilifi south constituency is large, hence people are scattered geographically, and this lengthened the time duration for the research as well as posed financial constraint. However, this was overcome by planning on efficient utilisation of available resources. Additionally, language barriers was quite a challenge since the local people use their local dialect, however, in several instances a translator was used to overcome the problem.

The researcher faced difficulties in collecting and analysing the true opinions and impressions of the respondents through the use of questionnaire. However, this was overcome by treating the information given as confidential as possible and by not allowing the participants to use their names.

### **1.10 Basic assumptions of the study**

The study assumed that Constituency Development Fund has a significant educational, health, water and sanitation influence in poverty reduction in Kilifi County. It further postulated that the respondents who took part in the study would fill the questionnaires truthfully, and completely without any subjectivity. It further presumed that the sampled community was a fair representation of the rest of the Kilifi community and finally that the instruments which were used for the study would appropriately measure perceived levels of influence of Constituency development funds on poverty reduction. The assumptions were justified because the respondents were able to give reliable information towards meeting the objectives of the study.

### **Definitions of significant terms**

**Economic Empowerment** - Refers to activities that are aimed at improving people's livelihood by giving them alternative ways of accessing necessary goods and services. (Eyben, et al, 2008)

**Education** - Is an organised or non-organised process of imparting new Ideas or knowledge on people (UN, 2013; Agbarevo, 1993)

**Water and Sanitation programmes** - Refer to activities that are carried out to provide clean water to the people and ensures a hygienic clean Environment (Lalzar, 2007)

**Health Programmes** - Are interventions that improve the general health of people, as well as promoting behaviour (WHO, 2012)

**Poverty reduction** - Describes the promotion of economic growth that will permanently lift as many people as possible over and above the Poverty line (World Bank, 2016)

### **1.11 Organization of the study**

To present a clear understanding, this study has been organized in the following manner; Chapter one gives us the background of the study, statement of the problem, purpose of the study, and objectives of the study, research questions and research hypothesis. It further describes the significance of the study, delimitations and limitations of the study, basic assumptions of the study and finally the definition of significant terms. It finally concludes with a brief summary of study and introduces the next chapters.

Chapter two deals with review of literature based on discussions of the objectives of the study. A conceptual framework is used to show the variables of the study and their accompanying indicators. This section will also develop an understanding of the relationship between the conceptual framework and the influence of the Constituency Development Fund in poverty reduction. The chapter concludes with an understanding of the framework of the study based on existing literature, and the relationship between the adopted conceptual framework and the influence of Constituency Development Fund in poverty reduction.

Chapter three presents the research methodology which captures the design, target population, sample size and sampling procedure. It also captures the data collection methodology and procedure, research instrument validity. Furthermore, this section will highlight the reliability of instruments, data analysis and ethical considerations. It will finally conclude with a summary of an understanding of what has been discussed in the chapter.

Chapter four of the project contains an analysis of data presentation of the results in tables, mean, standard deviations, and coefficient correlation results. Chapter five of the study offers a summary and discussion of findings, conclusion and recommendations of the study

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter will give a summary of existing literature review in regard to the influence of Constituency Development Fund (CDF) projects in the country, and similar development programs around the world. It presents an understanding of the theoretical framework in relation to the influence of the CDF on poverty reduction. CDF as discussed below has been used in poverty reduction in education, water and sanitation, health and economic empowerment.

#### **2.2 The Influence of Educational Programs in Poverty Reduction**

This study will understand the role played by education under the CDF in reducing poverty through the following two categories: Providing educational bursaries to poor students, expanding schools by building more classrooms.

##### **2.2.1 Educational Bursaries for Poor Students**

Education is a process of socialization, individuals acquire norms, values and knowledge that enables one to live a productive life in the society (UN, 2013; Agbarevo, 1993). Hence, investing appropriately in people provides a well-grounded foundation for lasting development (World Bank report 2000). Most countries all over the world have recognised the concept of free primary education and have made it possible for their citizen to access it (World Bank report, 2001) However education for all (EFA) global monitoring report (2016), states that 263 million children, adolescents, and youth between the ages of 6 and 17, globally are currently out of school. .Consequently sustainable development goal (SDG) four emphasizes on education and serves as a plan to fight extreme poverty especially in developing nations (UN, 2015).

High rates of education access, retention and completion in the developed countries such as the UK and the USA have been pegged to an education subsidy system that caters for the poor (Lewin, 2003). Also, Many Latin American countries have made great progress toward reducing poverty in its many forms (Report, 2005)). This has been mainly through moving

closer to gender equality in education, and as such other countries can emulate and move towards the same direction (UNICEF, 2009).

In the past three decades, the Republic of Korea and Cuba have achieved high standards of education quality (EFA global monitoring report 2005). Cuba has reduced illiteracy from 40 percent to near zero in ten years (Ritzen, 1999). For Cuba, this was attributed to the understanding that education helps to achieve the objectives of its 1959 revolution (EFA global monitoring report 2005).

On the other hand, Korea associates its post-war economic growth to education, and has pursued the strategy of training human resource to boost economic expansion. The country managed to enrol 96 percent of its children in primary schools. In the following three decades there was rapid development of education that is translated to many educated youths and adults contributing to sustainable economic growth (EFA global monitoring report 2005)

This indicates that literacy has a significant return (Finnie & Meng, 2002), the fact that the ultimate basis for the wealth of nations is constituted by human resource capital (Todaro, 2007). Todaro highlights a logical understanding in his statement because a country which is unable to develop the skills and knowledge of the citizens, as well as utilise them effectively in the national economy might not be able to establish development. This argument can also be observed through examples from other countries such as Brazil's, and Mexico's programme (UNESCO, 2012 Oyeranti & Olayiwola, 2005).

Most countries in SSA have been slow to realize gains in universal primary education enrolment rates, and as such in the early 90s, the region saw a decline in the primary school gross enrolment (UNESCO, 1998; (Maikish & Gershberg, 2008). As a result, many governments initiated programs to encourage enrolment in primary education by abolishing school fees (Maikish & Gershberg, 2008). In addition, other governments supported the strategy of education decentralization which involved shifting of responsibility for decision pertaining to education, and to a smaller extent, placing finances into the hands of local educational authorities (Prew, et al, 2011).

Senegal and Ghana among others demonstrates how some SSA countries have implemented universal educational programmes which has the potential to increase the economic and social

development of these countries (United Nations, 2009). Senegal has strongly committed to basic education and has rapidly expanded access between 1990 and 2006. Its enrolment rose from 48.2 to 63.1 percent with gender parity index increasing from 0.75 to 0.90 percent. Nevertheless, transition to secondary school is lower compared to other sub-Saharan African countries (EFA global monitoring report 2005).

Although Senegal has not been able to benefit from economic growth, to fight illiteracy the government adopted a new approach of bringing relevant partners, stakeholders, actors together as well as decentralizing the education system (Niane, 2004). Progress was impressive between the years 1998 to 2001, with an approach known as *faire-faire* that has seen over a million adult and especially women enrolled in 2003 (Watch, 2000). In addition the approach has also contributed to the enrolment of almost half million boys and girls who missed out on regular school (Watch, 2000).

This indicates that education support programs help improve school enrolment and especially the most vulnerable in the community such as the girl child and the poor in the rural areas (UNESCO, 2004). Hence, fosters conditions for continued economic and social growth, assuring that poor people are able to participate fully in the growth (Ravallion, 2013). This requires people to have access to schooling, health care, labour market opportunities and financial resources when needed (Ravallion, 1997).

In the last two decades, sustained and inclusive growth has enabled Ghana to reduce the poverty rate by half, according to a new World Bank poverty assessment (IBRD, 2015). Ghana was thus rated by the World Bank as the second best developed country in the 21<sup>st</sup> century, which was mostly attributed to a more diversified economy and better educated skilled labour responsible for growth (World development report 2000/2001). According to the newly released “Poverty Reduction in Ghana: Progress and Challenges,” report (2015), sustained poverty reduction requires a commitment to reducing inequality and improving access to opportunities for all citizens.

Considering the extension of free primary education the enormous increase has made governments in SSA become concerned (Deininger, 2003, Okech & Somerset 2010). These scholars reckon that if secondary schools continue to charge fees, most of those who successfully enter and complete free primary education will be unable to join secondary

education. Mostly, these are the poor children whose parents are unable to afford the costs of secondary education. If the children are denied secondary education, their chances of escaping poverty are limited (UNICEF, 2015). In Kenya development of education has been a long standing objective of the government (Sessional Paper Number 1 of 2005 (MOE, 2005).

On the same ground, free primary education has been critical in attaining EFA as a key objective of realizing the UPE goal, by building human capacity (GoK, 2005a, Ngware, Ezeh, & Mudege, 2009). It is also the government's way of linking education and economic and social development (Ngware, Ezeh, & Mudege, 2009). Accordingly, the country has developed an education policy that focuses towards education for all, which aims at eliminating disparity in all levels of education. This is a step that conforms to the sustainable development goal (SDG) number four that emphasizes on obtaining quality education as a foundation to improving people's lives and sustainable development (UN, 2015)

The government of Kenya placed several interventions to provide education opportunities for the poor and vulnerable since independence (GoK, 2002). Among these interventions include free primary education, subsidized secondary education, education bursaries and Constituency Development Fund bursary (CDF). Subsidized secondary school fees and free primary education saw an increase in enrolment of 4.81 million students between the years 2003-2011, as well as the rise of public universities from 7 to 23 in the country (Ohba, 2009).

Constituency bursary fund (CBF) targets children from poor households, children from arid and semi-arid areas, children affected by HIV/AIDS and orphans (Republic of Kenya 1992, 1994, 1997). In the last 10 years of its operation, CDF funds have largely been used to fund projects in Education (GOK: CDF Allocation Summary, 2007; Bagaka, 2010). The aim of the Bursary Fund is to increase access to secondary schools education, certify students remain in secondary schools. Furthermore, it is aimed at supporting transition and completion, and reduce inequality in the running of secondary school education (GOK, 2005a).

The CDF bursary is meant to assist orphans, needy students especially those from poor households from arid and semi-arid areas, and those affected by HIV/AIDS (GoK, 2002). This supports the aim of the development plan of the years 1979-1983. This aim is emphasized on

improving educational opportunities so as to reach groups such as the pastoralists, small scale farmers, landless rural workers and the urban poor (RoK,1979).

Studies carried by Nga'lu and Bomet, 2014 on the role of CDF in provision of bursary in Kilome constituency record that many students have been able to enrol in secondary schools because of CDF bursary. Students were able to access new learning facilities such as classrooms, dormitories, laboratories and libraries courtesy of CDF fund. While yearly CDF allocations may not seem handsome, the impact both physically and socially at the community level has been phenomenal such as in building and equipping schools, and aiding the government's policy in providing free primary school Education.(Bogaka,2007) However, in Kilifi there is no documented evidence of bursaries provided and the impact of the funds in improving the lives of the people,

### **2.2.2 Influence of CDF in Classroom Construction**

According to education for all (EFA global monitoring report (2005) tens of millions of children drop out of school before grade five because schools are overcrowded, unsafe, poorly equipped, poorly managed and have inadequately trained teachers. Due to the inadequacy of infrastructure, equipment and facilities in the upcoming schools, provision of quality of education is compromised. Hence, since governments adopt education as an instrument per excellence for affecting national development, needed change such as Crash programmes in classroom construction, should be put in place (Ezenwa, 2000).

The government of Pakistan initiated Quetta urban fellowship programs with the aim of subsidizing education enrolment for the poor households and for the most vulnerable such as girls as well as support creation of schools in poor urban neighbourhoods. The program expanded the supply of wall, single - sex primary schools for girls by encouraging parental involvement in establishing the schools and by subsidizing the recruitment of female teachers for the local community (EFA global monitoring report, 2005). This resulted to the rise of enrolments by 33 percent in urban areas and 22 percent in rural areas, and likewise increased boy's enrolments (Kim et al, 1998).

Overall school infrastructure increases student learning outcomes (Engin Demir, 2009).This can be seen by the Nomadic Education Programme within the Nigerian Education Sector that



developed curricula for nomadic education. The programme trained nomadic teachers, and provided infrastructure for the nomadic schools. Additional programmes were then targeted towards girl's education, women and children in exceptionally difficult circumstances, and adult literacy (Oyeranti & Oyaliwola, 2005).

In Lesotho, Free Primary Education (FPE) Programme was introduced in January 2000 (Lerotholi, 2001). Its main objective was to provide the minimum and basic resources and facilities that would enable as many children as possible to complete the full primary education cycle (Avenstrup, Liang, Nellesmann, 2004). Subsequently, as enrolment increased, the government made commitments to provide schools with some basic educational materials such as textbooks, classrooms and equipment, midday meals for learners as well as teachers' salaries (Lerotholi, 2001). Lesotho used an original approach of purchasing tents as temporary classrooms, used military helicopters to transport the tents, and school equipment to remote areas, which contributed to increased enrolment by 14.6 percent over three years which is a remarkable achievement .(Avenstrup, Liang, Nellesmann, 2004).

Free education had a positive effect in Kenya, as such a sudden large influx of pupils resulted to overcrowded classrooms, double and triple shifts, acute shortages of teachers, textbooks, and materials (Avenstrup, Liang, Nellesmann, 2004). It also led to large numbers of over-age pupils who should have been taking adult education classes instead of sharing classes with 6- to 13-year-olds. In addition congestions in classes in public primary schools, resulted to a number of students learning under trees, others sat on stones outside, others under very poorly built structures (Shangai,2004).

This became problematic in that teachers were overwhelmed as student: teacher ratios were very high (Avenstrup, Liang, Nellesmann, 2004). Furthermore, the standards of teaching and rates of literacy and learner retention were falling (World Bank, 2013). According to Hayes (1993) teaching more than one group entails proper classroom organization and management Such deplorable conditions only compromised quality of education of Kenya for quantity besides, not having enough interaction between a teacher and the learner impacts negatively on the quality of education in public primary schools (World Bank, 2013).

Studies carried by Kimani, Nekesa, and Ndungu (2009) in the best practices of CDF, noted that the fund has played the role of expanding education infrastructure through construction of new schools countrywide, which enabled both boys and girls access at primary and secondary level. Parents have also been relieved from building classrooms, especially rural areas where the muddy walls were constantly being repaired, hence students now learn in better conditions.

Respondents also reported that they are relieved from the burden of constantly repairing mud walled classrooms as their children now learn in favourable environments. This increase in the number of schools and classrooms has led to increased enrolment rates and reduced crowding in schools. (GoK, 2007). The CDF bursary fund has also enabled needy children from poor backgrounds to acquire education, especially in secondary school. However even though education in schools has improved greatly, there is no documentation on how the lives of the communities have improved especially in Kilifi where the study is being carried out

### **2.3 The Influence of CDF Water and Sanitation Programmes in Poverty Reduction**

Water provision and management is measured as important for socio-economic growth and development as well as poverty eradication. In addition, it is a fundamental need for all living beings (Lalzar, 2007; Nnadozie, 2011). Lack of quality water in the right quantity impedes man's progression, hence providing a better water supply can meaningfully improve the quality of life.

Globally, important progress has been made to increase access to water and sanitation during the Millennium Development Goals (MDGs). Over 2 billion people have gained access to improved drinking water and almost 2 billion to sanitation, over the last two decades. MDG target for drinking water was certainly achieved five years ahead of calendar, however, 663 million people still lack access to improved drinking water, and questions remain about both the sustainability and safety of drinking water supplies (WHO/UNICEF, JMP, 2015).

Of great concern is the fact that some 2.4 billion people do not use improved sanitation facilities, and almost one billion people practice open defecation. Remarkably, many countries in Africa were unlikely to meet the MDG targets for either water or sanitation (WHO, UNICEF JMP, 2015). As a result, SDG goal number 6 is set to ensure that water and sanitation is available for everyone and managed in a sustainable manner (UN, 2015).

According to the UN water assessment programme, each person needs 20-50 litres of water to ensure provision of drinking, cooking and cleaning (Lalзад, 2007; Nnadozie, 2011). However, shortage of water is becoming a global concern with the increase of population, climate change and economic growth. Hence, any country's national water plan should importantly consider efficient use of water, development of new sources of water and water conservation methods (Lalзад, 2007; Nnadozie, 2011).

Studies carried out by the 2015 post water thematic report state that despite significant investments made in the water sector during recent decades by governments, non-governmental organizations, bilateral and multilateral agencies and private sector, access to safe water and adequate supplies of water and environmental sustainable sanitations remain grim. This further underscores the need for every nation to take the issues of water seriously and prioritise them (Lalзад, 2007). Additionally, nearly half of the rivers and lakes in the world have severe pollution, including the waterways and surrounding river basins. (Lalзад, 2007).

It is for this reason that the African ministers council on water (AMCOW) specially called for the production of a second round of country status overview (CSOs). This overview was to better understand what underpins progress in water supply and sanitation and what its member governments can do to hasten that progress across countries in sub-Saharan Africa. According to human development report 2006, the state of human development in any community is indicated by its state of sanitation.

In developing countries access to sanitation poses a serious problem (WHO, 1996). Studies across countries show that the method of excreta disposal is a strong determinant of child survival (UNICEF, 2013; WHO, 2013). According to WHO (1996) adequate excreta disposal facilities can efficiently prevent human, animal, and insect contact with excreta. Appropriate facilities vary from simple protected pit latrines to flush toilets with sewerage (WHO 1996). In Uganda, for example, pit latrines are reckoned as sanitary, and Demographic and Health Survey (DHS) shows 80 percent of households with access.

However, the level of access shrinks to 3 percent, if the latrines are not counted (UNICEF, 1997). In most developing countries one to two thirds of solid waste generated is not collected. As a result, the uncollected waste is dumped indiscriminately in the streets and drains contributing to flooding, breeding of insects and rodent vectors and spread of disease which may cause environmental pollution and a risk to public health.

Hence in developing countries Poor water, sanitation and hygiene are key causes of preventable illness and deaths throughout the developing world and are the leading causes of diarrhoeal deaths of children. (Zurbrugg 2003).

Governments apply all means at their disposal, but in the era of shrinking budgets the problem is likely to escalate unless alternate approaches can be developed. This because improved sanitation brings advantages for public health, livelihoods and dignity-advantages that extend beyond households to the entire community (UNDP, 2006) In Haiti water supply and sanitation initiatives were among the many infrastructural projects carried out by the US military (RoH, World Bank, 2013).

Haiti has sought international technical assistance and support from multilateral lending agencies such as IDB to improve water and sanitation. After the January earthquake, more than one million were internally displaced persons, provision of portable water and sanitary facilities proved to be an enormous challenge (WHO/UNICEF (JMP), 2012). However, DINEPA internal organizations and local agencies successfully organised a water tinkering operation to provide portable water. Investment of wash programs in Haiti since the earthquake and start of cholera epidemic 2000 has been significant.

There is good evidence that all water, sanitation and hygiene (WASH) investments can have significant health, economic and development benefits and provide excellent value for money (RoH, 2013). Hygiene promotion is the most cost-effective health intervention, a population in better health may accumulate physical capital more quickly. (Sachs & Malaney, 2002). The most obvious route is through savings, as higher life expectancy increases the expected length of retirement. (Alsan, Bloom, and Canning, 2006).

Africa has been damaged by diseases such as AIDS In both low and middle income countries, billions of people lack access to safe water, for example in the rural areas of SSA 250 million people lack safe and accessible water supply. Even more worrying is that within the sanitation coverage, 81 percent do not have sanitation facilities (WHO 1996). The economist Intelligent Unit (2001) notes that poor water, sanitation and hygiene are major causes of preventable illness, malaria, tuberculosis.

It is therefore prudent to work upon the improvement of health policies in developing countries, since better health has a positive impact on GDP per capital. It also acts as an index for economic growth and development by increasing output (Bloom, Canning, & Sevilla, (2004). To show commitment, continued partnerships between stakeholders, governments, developing partners, water practitioners, and donors have been witnessed with the aim dealing with the water problems (Takabe, 2010).

In the case of Rwanda the government with the support of Oxfam United Kingdom and Ireland, initiated Aid abroad project by bringing water to people. The civil war had left systems of water in very bad shape, with most PVC pipes broken down and the galvanised pipes were rotten (Simon, 2000). Tanks were leaking and all their taps and valves needed replacing. Many improvements have come with access to clean water, saving time each day in going to water points to get clean water (Simon, 2000).

Sixty spring theatres have been successfully capped and the water is being used for irrigation as well. Better access to clean water and sanitation creates remarkable opportunity for the poor people and is a good strategy for economic growth (Soussan, Noel, Harlin, & Schmidt, 2009; SIWI Report). The availability of water in Rwanda has led to improvements in health, sanitation and productivity. Clean water has given the survivors of genocide hope for better future as they try to reconstruct their country, and has also encouraged many Rwandan refugees to come home and stay. (RoR, 2006)

Likewise Rwanda's water supply and sanitation (WSS) sector has seen dramatic improvements in service, sustainability, and coverage, since beginning of 2000 sector reforms. Programs have been developed and prioritized within the Economic Development and Poverty Reduction Strategy, (EDPRS), where the government seeks to increase the rate of access to drinking water to 100 percent by 2020. (GoR, 2006). Accordingly the government is currently delegating all WSS service responsibilities to communities and districts with the exception of planning, regulation, hygiene promotion, monitoring, and oversight.

According to the Central Bureau of Statistics (CBS) [Kenya] (2013), Kenya is 80 percent dry land and the available water needs to be used carefully as the country's vision is to have 100 percent access to safe water and sanitation services by 2030. Water coverage stands at 53 percent in areas covered by Water Service Providers in Kenya, while Sewerage coverage stands

at 16 percent, which is contrary to the Vision 2030 targets of 100 percent coverage. This development target stands a significant challenge for the Government.

According to water service regulatory board (WASREB) (2010), water supply and sanitation in Kenya is characterised by low levels of access particularly in urban slums, rural, arid and semi-arid areas especially Turkana, Nyanza and eastern province are highly affected. Additionally, out of 55 water service providers in Kenya only 9 provide continuous water supply, and the regional water scarcity as well as erratic weather patterns that cause drought and water shortages, exacerbates the difficulty to improve water supply. Urban migration continue to worsen the situation as people crowd into cities and urban growth is unregulated

Through reforms, the Kenyan water sector passed the Water Service Provision Act that was gradually decentralised to 117 Water Service Providers (WSPs). In addition, the act also created a national regulatory board WASREB which is in charge of approving SPAs, tariff adjustments, and policies of water supply (WASREB, 2010). In addition the water act of 2002 promotes participation of various stakeholders in the water management.

According to (Bagaka, 2007) CDF funds have been used to fund water projects the water sector. Hence, the old ways of women fetching water from river streams has been transformed especially with sinking of many water boreholes which are now up and running. Likewise availability of water in rural areas has reduced the distance women walk as they look for or fetch water (Bagaka, 2007)

According to coast region and sanitation services improvement programme, Kilifi County experiences 5-6 months of continuous dry weather and in some instances years of continuous dry periods. In addition, most of rainwater is discharged to the Indian Ocean through the numerous intermittent streams within the area. Studies carried out by Kombe (2009) found that Kilifi County receives water supply mainly from Kilifi-Mariakani water supply and sewerage company (KIMAWASCO) which has been mandated by the coast water service board to provide water for not only Kilifi, but also Kaloleni, Ganze and Rabai districts.

However, this process has been problematic as it has failed to possibly meet the demand of both Kilifi County and the Mombasa municipality (UN, 2013). According to the report by national drought management authority in Kilifi WSP area, this could lead to acute shortages

especially during dry season .Other perennial sources of water include wells and boreholes which are done at a local level individually but their water is classified as ‘blackish’ since it is a little salty and hard compared to tap water, but less hard and saline compared to ocean water (Kombe.2009).

Kibebe and Mwirigi carried out a study on selected factors influencing effective implementation of constituency development fund (CDF) projects in Kimilili constituency in Bungoma County and found out that CDF supported various water project such as piped water, digging of boreholes, dam’s rehabilitation and erection of water tanks in schools. Although there are several documented evidence of water and sanitation programmes by the government of Kenya and other local and international NGOs in Kilifi, there is no empirical documented evidence of the impact of water and sanitation projects in the lives of the people of Kilifi

#### **2.4 The Influence of CDF Health Programmes in Poverty Reduction.**

Health is recognized to be a crucial component in human welfare, in social and sustained economic development. Consequently, Alma-Ata Declaration signatories noted that health contributes both to a better quality of life, to global peace and security (World Health Organization, 2010). Hence there is a developing movement, globally and especially in Africa to reduce financial barriers to health care generally with special emphasis on high priority services and vulnerable groups (WHO, 2010)

Studies carried across the world by WHO have shown that countries in sub-Saharan Africa, Asia and Latin America have been have realized the importance of a healthy manpower a factor that has led to countries investing in health projects (WHO, 2012). Developed nations as well devote a substantial amount of their resources in improving their healthcare as they consider health as vital in economic advancements. (Jack & Lewis, 2009) They have realised it is important to ensure availability and access to health services as a core function of health systems.

Health is associated with major dividends. Accordingly healthy children learn better, and health adults work better, hence People rate health as one of their highest priorities, (Reeves, 1998, Howitt, 2005). Consequently, improving accessibility, treatment and standard of services pivot on these essential possessions being accessible, conducting of services and management, as well as incentives encouraging suppliers and consumers (WHO, 2015). Health services comprise of entire facilities that deal with the identification and management of disease, or the

advertising, conservation and reinstatement of health (Tekabe, 2010). It is important to implement the services effectively, because impaired health exacerbates poverty and undermines development lowering growth (Fosu, 2012).

Health has become as significant as any other social and economic issues such as unemployment, low wages as well as a high cost of living (Bloom, Canning, & Sevilla, 2004). Consequently, the most basic human abilities that is leading a long life, being knowledgeable, and enjoying a better standard of living can be characterised by health, education, and income, well-thought-out as pillars of human development ((UNDP, 1990). However, poor health stands out as a disappointing growth performance of low and middle income countries, they experience bad health conditions (Howitt, 2005).

Developed nations such as Europe and the America experienced periodic epidemics of cholera, malaria, and other infectious diseases in the 19<sup>th</sup> century until viable interventions were discovered (Spence & Lewis, 2009). Declines in mortality rate from water and food-borne diseases was due to improved hygiene and better nutrition as well as major investments in public health. As well United States of America spends much more on health care projects than any other country in the world according to the centre for disease and control (CDC) Subsequently, preventing people's contact from sewage-contaminated water contained the cholera epidemic in London in 1854. Likewise, river Thames has helped move effluent out of London, and malaria in United Kingdom disappeared with the draining of swamps elsewhere. (Crossier, 2007).

It is worth noting that the health and nutrition status of the Sub-Saharan Africa populace living in the slums, rural and ASALs is very poor (WHO, 2012). Since billions of people lack access to safe water and sanitation in low and middle income countries, widespread of disease is prone, which could have a negative impact on the society as well as the economy of the country (WHO, 2012). According to Gondi (2010) majority of this people are deprived of proper medical and nutrition facilities and as such public health interventions are necessary across the developing world to deal with some similar challenges that confronted European cities in earlier times.

Nevertheless, the World health organization (2015) has reported that most countries in sub-Saharan Africa, Asia and Latin America have been mobilizing their national resources to



increase funding for the Medicare sector. This is a factor that has led to reduction of child mortality rates Ghana by 55 percent between 2005 - 2014. Nigeria introduced health sector programmes such as the Primary Health Care (PHC) Scheme, which aim at providing at least one health centre in every local government. The Guinea-worm Eradication Programme, initiated in 1988 with the support of donor agencies including UNICEF, assists health interventions to control diarrhoea diseases, eradicate guinea-worm, and bring about changes in knowledge, attitudes and practices relating to water use, excreta disposal and general hygiene (Oyeranti & Oyaliwola, 2005).

The programme was hampered by lack of equipment, needed drugs, and trained manpower due to inadequate funding (Oyeranti & Oyaliwola, 2005), however, the Guinea-worm Eradication Programme succeeded in reducing the number of reported guinea-worm cases from 650,000 in 1988 to 222,000 by the end of 1992. Other nutrition-related Programmes aim at improving food security, preventing micro-nutrient deficiencies in children and women, encouraging exclusive breast-feeding, deworming school children and promoting food quality and safety (Oyeranti & Oyaliwola, 2005).

In Zambia, Choma prison clinic which was initially designed for the special use of inmates is an example of a project where transparency and community participation were exercised in the CDF course (Challenge, 2012). The clinic started to provide services to local people as the community grew, however, the services were poor and this led to communities to discuss on expanding them (Challenge, 2012). Nevertheless, the project was supported by the Ministry of Health through the procurement of building materials and additional of staff, and also the complete clinic provided additional services such as antenatal screening for eight communities,

Since independence, Kenya has worked to improve the health of its approximately 40 million people of which more than half live in slums, rural and ASALs areas, where majority are deprived of even minimal health and nutrition facilities (Gondi, 2010). According to World Bank (2001) health and nutrition is one very important indicator of poverty measurement. Ajakaiye et al (2000) argues that if health processes aimed at sustaining the lives of people should adhered to, then infrastructural facilities like theatre rooms, maternity wards, electricity, clean piped water and many more should be put in place. As implementation of various health programs in a country is the main function of health centres. (Nakamura, 2010),

On the contrary, Kenyan public health facilities have long suffered from insufficient infrastructure and equipment (KNBS and ICF Macro, 2013). According to the survey data of Kenya bureau of statistics only 36 percent of public health facilities especially those offering delivery services had all the basic room infrastructure and equipment needed, where else rural areas were ill-equipped especially to handle deliveries. A report published by the Kenya Bureau of statistics (KBS) (2013) stated that the population increase has put pressure on all available facilities, thus, the health system needs more hospital wards to accommodate the increasing population.

In light of this, the country faces challenges such as extending health services to geographically dispersed populations that are most impoverished. Others include providing sufficient finances to maintain and extend health infrastructure at the national, provincial and district levels, and ensuring availability of health care providers where most needed (KBS, 2009). CDF funds have been used to fund health projects during the last five years of its operation. Several hospitals, clinics, dispensaries and maternity wings within existing health facilities, have been built, in the record of time. This has helped decongest larger district level hospitals (GOK –Ministry of Health [MOH], 2007; Bagaka, 2009).

Studies on best practices of CDF carried by Kimani, Nekesa, Ndungu, 2009 indicate that CDF has improved accessibility of health care services to majority of the Kenyans particularly in the rural areas, and women giving birth at home has reduced as health services have been brought closer to the people. It was also noted that CDF has significantly contributed to the increase of Health Facilities from 4,557 in 2003 to 4,912 in 2005. However the impact of health facilities on poverty reduction more so in Kilifi county has not been documented and hence this is what the research seeks to find out.

## **2.5 Influence of CDF Economic Empowerment Programmes on Poverty Reduction**

According to United Nation SDG's summit, global unemployment increased from 170 million in 2007 to nearly 202 million in 2012, of which about 75 million are young women and men. Currently, 470 million jobs are needed globally for new entrants to the labour market between 2016 and 2030. While roughly half the world's population still remain in extreme poverty, having a job doesn't guarantee the ability to escape from poverty in many places and this slow and uneven progress dictates us to rethink and device our economic and social policies aimed at eradicating poverty (UN, SDG, summit 2015).

People are locked in material poverty when they lack job opportunities, assets and inaccessible markets hence, making markets work better for poor people, promoting opportunities by stimulating economic growth, and building up their assets is crucial to reducing poverty (world development report, 2001). According to UN Sustainable development goals on education the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship, should substantially increase by 2030. Hence, for sustainable economic growth, societies are required to create conditions that will allow people have jobs that will stimulate the economy without harming the environment.

Empowerment is about the ability of planning and making life choices, and making decisions that affect a person's life curve. People are empowered when they take control of their own lives. (Eyben, et al, 2008) Since empowerment is both a critical driver and an important measure of poverty reduction, it is essential to develop sound policies and investments needed to expand the economic opportunities of the poor, in order to promote pro-poor growth and address the multiple dimensions of poverty (World Bank, 2012). For instance, empowerment programs such as Training for Rural Economic Empowerment (TREE) have empowered several countries such as Asia and Africa (ILO, 2009).

TREE is a community-based programme introduced by the International Labour Organization (ILO), that promotes income generating and employment opportunities for needy women and men by providing them with skills and knowledge they can use in their communities (ILO, 2009). Its approach involves working together with local partner institutions, through planning, identifying economic opportunities carefully as well as training needs assessment in the community, delivering relevant skills training, and post-training support to assist trainees' access to wage or self-employment. In Bangladesh, TREE encouraged women to go into trades such as repairing appliances and computers and training in gender sensitization issues, families as well as a combination of technical and business (ILO, 2009).

Rwandan government also initiated programs that support venerable families through the creation of an improved social support system that provides training on food production and income generation from selling surplus produce (RoR, 2012). With the activities of farming using high yielding of pigs, farming organic produce and support self-help groups focused on

savings. The program aimed to reduce persistent household insufficiency and inadequate disposable incomes (RoR, 2012).

Economic empowerment is thought to allow poor people to think beyond immediate daily survival and to exercise greater control over both their resources and life choices (Eyben, et al, 2008). For example, it enables households to make their own decisions around making investments in health and education, and taking risks in order to increase their income. This can be seen in the progress made by Sierra Leone government. Sierra Leone has made significant progress since the end of the civil war in 2002, through improving development indicators amongst rising rates of economic growth.

Subsequently the government gives high significance to the restoration of agriculture and other economic activities in rural areas. The Government's Poverty Reduction Strategy, 2005-2007 provides a broad framework for reducing poverty by achieving economic growth, effective social safety nets for poor and most vulnerable, increasing food security and job opportunities by creating opportunities for income generating activities (MDG Progress report, 2010). Those strategies have expanded the rice cultivation area, increased the population of livestock in the country as well as restructuring delivery service (MDG Progress report 2010).

The government of Nigeria as well introduced National Directorate of Employment (NDE) which is a skill formation and credit-granting scheme with consequences on accelerating entrepreneurship development that emphasizes self-employment in preference to wage employment (Olayiwola & Oyeranti 2005). The directorate implements other programs such as Vocational Skills Development Programme (VSDP), Small Scale Enterprises and Rural Employment Promotion Program among others.

The Vocational Skills Development Programme is a skill acquisition programme, which emphasizes on the job training trades where learners are attached to craftsmen companies for a short period. It also involves the use of mobile workshop to take vocational training to the rural areas. Furthermore, interested youths are trained to convert discarded materials to useful and valuable products such as jewellery, flower vase, key holders, as well as trained and benefited able-bodied and disabled bodies numbering 392,275, hence, improving their lives (Olayiwola & Oyeranti 2005).

On the other hand, unemployment is a problem in Kenya where the average unemployment is at 23 percent, and is even higher for youth that drop out of school and for women, averaging 25 percent both cases. Subsequently thousands of young Kenyans graduate from the country's high schools and universities but job opportunities have been on the decrease (Chune, 2003). Decentralisation and Local Government reform programs which are part of economic recovery strategy (ERS) aim at bringing Government closer to the people, improving economic governance, public service delivery, economic efficiency, accountability and transparency (Mitulla 2005).

As such CDF a decentralised program is taking role in empowerment of both economically and politically in poverty reduction at the grassroots. Likewise CDF operation structure allows local people to make decisions that reflect the tastes and preferences to maximise their welfare (Bagaka, 2010). Studies carried on the effects of devolved funding on socio-economic welfare in Kimili by Simiyu, Omete and Mweru noted that CDF has funded many programs in attempt to enhance food security. Such projects include an on-going tomato processing plant 2 milk coolers, cold storage, 10 horticulture green houses and rehabilitation and recharging of 59 cattle dips.

However it was noted that the beneficiaries of the projects felt that projects have not been responsive to the needs of the locals in a bigger scale because the locals do not actively participate in them. Nevertheless, employment has been created to the locals though in a smaller scale particularly through employing them within the CDF local offices, supplying materials and services to their CDF projects (mainly manual jobs which are temporary) and providing allowances for various CDFC members (Simiyu, Mweru, Omete, 2014).

It was also noted that two new polytechnics (Wabukhonyi and Mukiro youth polytechnics) were already completed with enrolment of over 50 students respectively, and student enrolled in courses such as carpentry, joinery, garment making and electrical installation. The overall effects of these projects being access to education by majority of students, improved quality of learning, acquisition of technical skills and improved chances of future employability. In other areas of the country CDF provide tailoring, salon training and driving classes, more so in Kilifi but there is no documentation of the evidence.

## **2.6 Theoretical Framework**

The theoretical framework is the structure that supports a theory of a research study, hence it introduces and describes the theory that explains why the research problem under study exists.

### **2.6.1 The Theory of Social Inclusion in Poverty Reduction**

While traditional economics has concentrated on particular factors that determine growth and development such as productivity and factor endowments, there is growing recognition that the elements for a proper functioning economy (i.e. experiencing high levels of growth and well-being of the people) are possibly increasingly elusive (Oxoby, 2009). Thus, researchers have looked towards issues such as social inclusion in understanding development (Oxoby, 2009). While not necessary the opposite of exclusion, social inclusion is one of the approaches that is predominantly being perceived as essential in developing successful growth strategies, reducing poverty, and increasing the well-being of people in an economy (Oxoby, 2009).

Social inclusion is a disputed term within the academic and policy literature with a diversity of definitions (Hampson et al., 2010). Social inclusion, referred to as social integration or social cohesion is defined as a process in which individuals socially, excluded and at risk of poverty increase the opportunities and resources necessary to participate fully in societal activities (Frazer and Marlier, 2013; Oxoby, 2009). However, it has been understood as applying to many degrees of inclusion such as access which is the narrowest interpretation of a neoliberal notion of social inclusion; a broader interpretation of the social justice idea within social inclusion such as participation or engagement; and the widest interpretation which involves the human potential scale of social inclusion such as success through empowerment (Hampson et al., 2010).

The narrowest interpretation of the neoliberal notion of social inclusion is centred on investing in human capital and improving the skills shortages for the key purpose of economic growth based on a nationalist agenda of building the economy of the country and performing well in the global market (Hampson et al., 2010). From the social justice perspective of participation, social inclusion is about human rights, equal opportunities, human dignity and fairness for all which is not as much linked to economic interests, but rather enabling human beings to fully participate in the society and enhance human dignity (Hampson et al., 2010). Lastly, the human potential ideology, social inclusion emphasizes beyond economic equity/access and social

justice notion of equal rights for all, to increase the potential of individuals and hence, promoting comprehensive cultural transformation (Hampson et al., 2010).

Therefore, this study will adopt an integration of the three perspectives of social inclusion such as access, participation and empowerment (human potential) to form a more comprehensive and rich definition and understanding (Hampson et al., 2010). Likewise, the concept of social inclusion, has been recognised as a term that signifies a vision for “a society for all”, where individuals each with rights and responsibilities, have an active role to play (UN, 1995). It describes an approach which aims to bring about reforms in institutions and change of policy to eliminate inequalities in access to assets, opportunity and capabilities (Dugarova, 2015).

The concept can be recognised in the work of a German sociologist, Max Weber in the 19<sup>th</sup> century (Hampson et al., 2010; Ahonen, 2001). Its modern use emerged in France as a result of the significance of society and social cohesion because of the people who were being excluded from social insurance system (Hampson et al., 2010; Hayes, Gray and Edwards, 2008). It then spread across Europe throughout the 1980s and 90s concluding in the Social Exclusion Unit that was established by Tony Blair in 1997 (Hampson et al., 2010).

Nevertheless, the concept is still being adopted and used within development agendas such as within international and local organizations and institutions, research among others to addressing poverty reduction (Porter and Craig, 2004; Hampson et al., 2010). Therefore, social inclusion is a dimension of social change process which responds to pressure created through empowerment and often prompted from positions of power within the institutional framework it aims at building institutional capacity enabling the institutions to effectively and equitably respond to the demands of all individuals, regardless of social identity (Dugarova, 2015).

Social inclusion enables people to also get involved in a network of social relations, and as such policies should ensure that patterns of human relations in a society promote fair opportunities and guarantee equitable outcomes for all. As a goal social inclusion entails respect for human rights, cultural diversity and democratic governance and the upholding of principles of equality and equity (Dugarova, 2015). As a process it, allows all groups to take part through enabling citizens' participate in decision-making activities that will affect their lives, especially marginalized groups (Dugarova, 2015). As an outcome, it ensures the reduction of inequalities, by eliminating any forms of exclusion and discrimination, and as such

achieve social justice and cohesion (Dugarova, 2015), which as a whole encompass the definition and understanding of social inclusion in this study.

### **2.6.2 Key Elements of Social Inclusion in Poverty Reduction**

While social inclusion has been used to address issues of poverty, it is important to understand that it may be challenging to implement it. Malfunctions may occur especially when policies which conflict with the ideal policies of the people, are imposed on them, and may then result in the alienation and obstruction of policy. Consequently, this may promote exclusion and cognitive adaptations (crime, drug abuse etc.) which weaken the welfare of the people (Oxoby, 2009).

Furthermore, social and economic policies may foster inclusion or exclusion depending on the manner in which people interpret the policies and their environment (Oxoby, 2009). This signifies that it may be problematic in developing policies that transition people from an exclusive state to an inclusive one because of the difficulty in undoing the psychological effects of being in an excluded state (Oxoby, 2009). Also, the legal environment of a society may also include or exclude depending on how people perceive their interests by the court system, therefore, while obligations to end discrimination and poverty may be significant for an inclusive economy, these are not reliable means compared to more non-discriminatory and inclusive policies (Oxoby, 2009).

Therefore, there is need to practice effective policymaking that gives careful attention to the earlier mentioned challenges and trade-offs to implementing various policies (Oxoby, 2009). Reducing social distance and increasing trust are significant for economic growth and thus, there is need for effective inclusive institutions and context-based growth strategies that are tailored to the local needs and constraints (Rodrik, 2003; Porter & Craig, 2004). This process then results to a more cohesive economy that develops greater trust, economic growth and well-being (Oxoby, 2009).

Additionally, the Council of Europe (2001) has identified policy areas such as access to employment, housing, social protection, health and education among others that have been used in poverty reduction and increase the social welfare of people. According to the council, these recommended policy areas are dynamic through focusing on the opportunities and choices of people in the long term (Council of Europe, 2001). Thus, these policy areas within



social inclusion may hopefully address the ‘culture of poverty’ and “underclass” (Oxoby, 2009).

### **2.6.3 Social Inclusion and the Role of the Constituency Development Fund**

Social inclusion can be observed through the role that Constituency Development Funds (CDF) plays in enabling and ensuring that all individuals irrespective of their religion, ethnicity and gender are included in development (GoK, 2006). It allows access of services such as education, health, water and sanitation and skills development for economic empowerment among others (Chweya, 2006). In the process CDF is able to address processes that characterize social and economic exclusion such as lack of access to income, social networks, employment, quality health treatment and education among others (Oxoby, 2009).

Additionally, CDF has been tailored to address and give priority to the Kilifi constituency needs which is a representation of an inclusive and context-based growth strategy (Rodrik, 2003; Porter & Craig, 2004). While CDFs may undermine by inefficiency issues such as accountability and government systems, lower levels of participation and the ineffective implementation of programmes, it has still been established as desirable because it presents an opportunity to address poverty issues at the context level (Kimenyi, 2005; Rodrik, 2003). For this reason, several measures have been taken by various organizations in Kenya such as the Collaborative Centre for Gender and Development, Kikuyus for Change, and the Social and Public Accountability Network (SPAN) and the Muslims for Human Rights (MUHURI) among others to improve CDF (Herbert, 2013; Tshangana, 2010).

Improving the implementation of CDF will therefore, enable the effective development of pro-poor growth within the society and thus, decrease the social distance and increase more trust shared identity among people and inclusion (Gdadstein and Justman, 2002). Additionally, CDF may be a tool to promote the recommended policy areas such as education, health, employment and social protection that primarily focus on analysing social exclusion. These dynamic recommendations significantly coincide with the main objectives of the study that focus on poverty reduction and increasing the social welfare of the people.

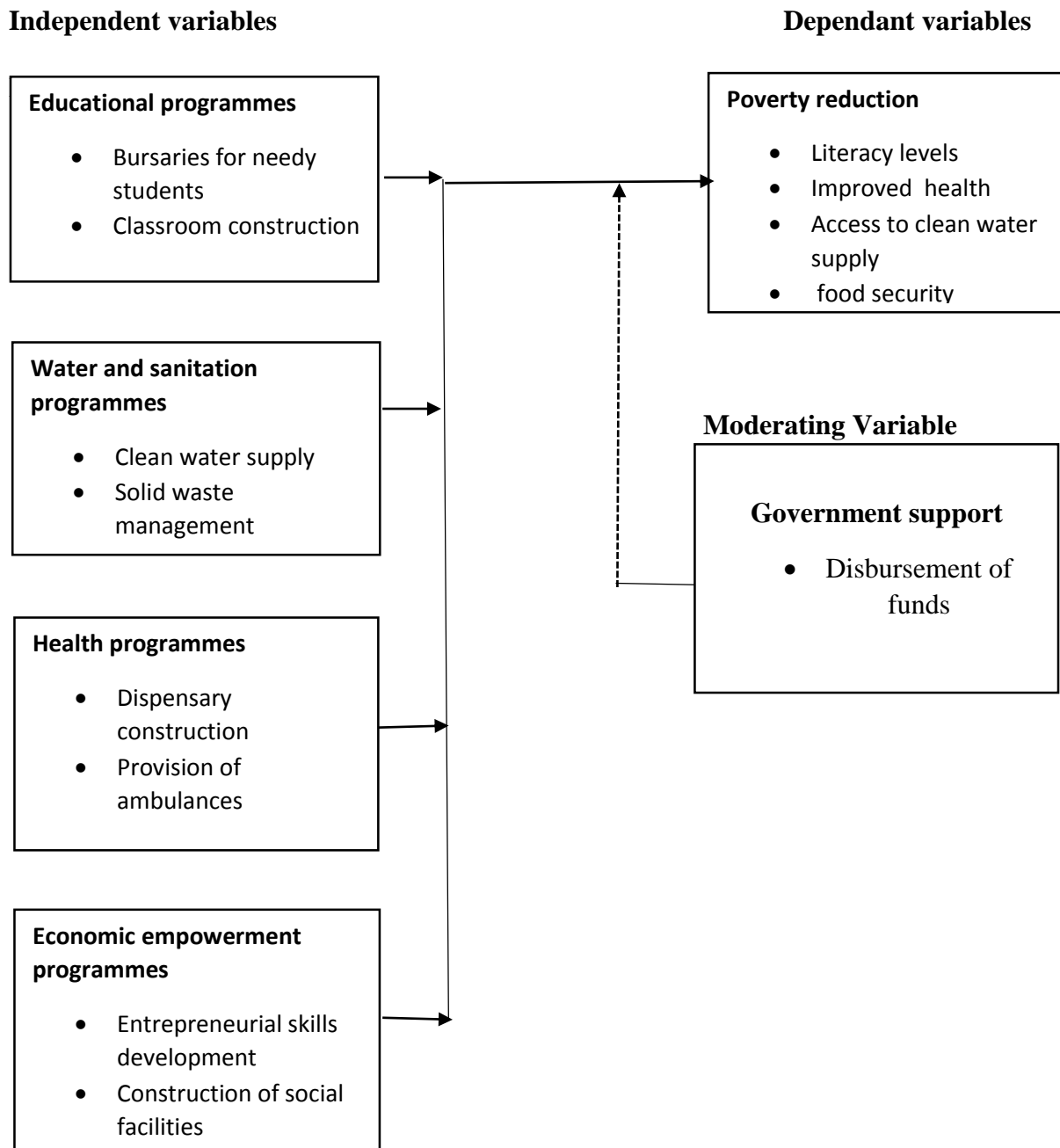
Therefore, social inclusion remains relevant within the role of CDF in poverty reduction based on the key elements that promote an inclusive economy through effective and high quality institutions, policies and context-based growth strategies that are tailored to the needs

of the local people. Also, social inclusion is significant in building social cohesion, shared identities, and trust which are very important in reducing the social distance, and developing a cohesive economy and economic growth. Thus, this desirable process can be understood and reflected within the role of CDF in its poverty reduction programmes.

## 2.7 Conceptual Framework

This study developed the following conceptual framework (figure 2.1) that illustrated how the dependent variables related to the independent variables. The independent variables included CDF programmes such educational, health, water and sanitation and economic empowerment. On the other hand, the dependent variables are poverty reduction indicators like, literacy levels, improvement of health access to water and sanitation and food security.

**Figure 1: Conceptual framework**



## **2.8 Summary of Literature Review**

According to Olinto and Uematsu (2013) extreme poverty is a global concern, however different nations use different ways to reduce poverty. In Kenya CDF as a decentralised fund aims at implementing development projects that will enable improvement of community's lives. Considering the role of CDF the objectives such as education, health, water and sanitation and economic empowerment that have been discussed will be used to analyse how CDF can be used in poverty reduction. Therefore social inclusion has been adopted as a relevant theoretical framework in understanding and promoting the role of CDF in poverty reduction.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

Methodology is the organisation of actions that shape the choices and application of particular methods and links them to desired outcomes (Kothari, 2008). This chapter discusses the research methodology, procedures and modalities that were adopted by the study. It describes the research design that was used, the target population, sampling procedures, data collection instruments and procedures data analysis techniques and ethical issues for the study.

#### 3.2 Research Design

According to Kothari (2008) a descriptive survey involves procedures of induction, analysis, classification, enumeration and measurement. It gathers data at particular point in time with the aim of describing the nature of existing conditions. This researcher employed a descriptive survey research design, because of its ability to collect a large amount of data quickly and at minimal costs. The information was analysed using qualitative and quantitative approaches, and data was interpreted using frequency distribution table and percentages.

#### 3.3 Target Population

Mugenda & Mugenda (2003) defines population as an entire group of individuals, events or objects having common observable characteristics. The study targeted 8 CDFC members, 1 Fund Manager and 5 chief in Kilifi south Constituency. Moreover, also considered households of the five (Junju, Mwarakaya, Shimo la Tewa, Chasimba and Mtepeni) Wards of Kilifi Constituency who benefited from CDF projects. According to the IEBC voter register list of Kilifi south Constituency the total number was 53,093 households that were distributed across the Wards as follows: Junju 8,797, Mwarakaya 7,106, Shimo la Tewa 18,461, Chasimba 8,204, and Mtepeni 10,525.

In total, this study targeted 1 Fund manager, 8 CDFC, 5 Chiefs and beneficiaries as illustrated in Table 3.1

**Table 3.1: Target Population**

<b>Target</b>	<b>Population</b>
Fund manager	1
CDF Committee members	8
Administration Chiefs	5
Beneficiaries	53,093
<b>Total</b>	<b>53,107</b>

### **3.4 Sampling procedure and sample size**

A sampling frame is the actual set of units from which a sample is drawn and it contains properties that can identify every single element to be included in the sample (Martyn, 2008). This study employed three sampling techniques: stratified, simple and purposive. Stratified sampling technique was used to obtain distinct groups of the target population from which simple and purposive sampling techniques was applied. Therefore, the researcher stratified the respondents into two distinct groups:

Programme implementers (Programme Committee members and the Fund manager) and the chiefs and programme recipients (beneficiaries). Purposive sampling will be applied on the CDF committee members, fund manager, and the chiefs. Purposive sampling is deemed appropriate for selecting officials because it entails identifying individuals who have the required information (Payne & Payne, 2004). As for the programme beneficiaries group, simple random sampling technique was used. The researcher used Kathuri and Pals (1993) random sampling Table which states that a sample size selected for a population of over 10,000 yields a sample size of 384. Refer to appendix D

**Table 3. 2: Sample Size**

<b>Target</b>	<b>Population</b>	<b>sampling tech.</b>	<b>Sample size</b>	<b>%</b>
Fund manager	1	Purposive	1	
CDFC members	8	Purposive	2	
Chiefs	5	Purposive	5	
Beneficiaries	53093	Simple random	384	
Junju	8797		64	16.625
Mwarakaya	7106		51	13.384
Shimo la Tewa	18461		134	34.771
Chasimba	8204		59	15.452
Mtepeni	10525		76	19.824
<b>Total</b>	<b>53107</b>		<b>392</b>	

$$\text{Junju} = (8797/53093)384 \quad (63.625/384)100 = 16.569\%$$

$$= 63.625 = 64$$

$$\text{Mwarakaya} = (7106/53093)384 \quad (51.395/384)100 = 13.384\%$$

$$= 51.395 = 51$$

$$\text{Shimo la Tewa} = (18461/53093)384 \quad (133.52/384)100 = 34.771\%$$

$$= 133.52 = 134$$

$$\text{Chasimba} = (8204/53093)384 \quad (59.336/384)100 = 15.452\%$$

$$= 59.336 = 59$$

$$\text{Mtepeni} = (10525/53093)384 \quad (76.123/384)100 = 19.824\%$$

$$= 76.123 = 76$$

### **3.5 Data Collection Methods**

The research employed a self-administered questionnaire which was used to obtain information from 384 respondents and the Five chiefs. The questionnaire (Appendix 2) was preferred because most participants taking part in the study were capable of responding to the items personally. The structured questionnaire employed closed ended questions and allowed for quantification of data to be collected. The interview schedule was also administered to the fund manager, the two CDF committee members

### **3.6 Data Collection Procedure**

Data collection procedure simply refers to the steps that were used in the study while collecting the data from the respondents. It is a step by step process that guided the study while the field work was being undertaken (Kothari, 2008). A letter detailing why the study would be conducted was obtained from the University. This enabled the respondents agree to participate in the study. Then questionnaires were administered on the sampled households based on the IEBC voter register list. The questionnaires were left with the respondents who wished to answer the questions later and were collected after one day. Interviews on the other hand were conducted as per the dates agreed on by the CDF Committee members and the Fund Manager, for a period three days.

### **3.7 Validity and Reliability of Research Instruments**

A research instrument is valid if it actually measures what it is supposed to measure and when the data collected through it accurately represents the respondent's opinions (Amin, 2005). Reliability is the measure of a degree to which a research instrument yields constant results or data after repeated trial (Orodho, 2004).

#### **3.7.1 Validity of the Instrument**

Ascertaining validity of the research instruments was done by conducting a pilot study. This ensured that instructions were clear and all possible responses to a question captured. Content validity of a measuring instrument is the extent to which it provides adequate coverage of the investigative questions guiding the study (Mugenda, Mugenda, 2003)

#### **3.7.2 Reliability of the Instruments**

The reliability was established by the use of the test re-test method. The study employed the Cronbach's alpha coefficient to measure the internal consistency of the questionnaire. The



general rule states that for a value  $> 0.7$  the research instrument is reliable enough for each of the data sets.

### **3.8 Data Analysis and Presentation**

Data analysis refers to computation of certain measures along with searching patterns of relationships that exist among data groups (Kothari, 2004). Data analysis was both qualitative and quantitative in nature. Quantitative data in the structured questionnaires was analysed by simple descriptive survey design, this included percentages and tables using the statistical package for social sciences (SPSS) version 22. To test hypothesis Pearson Coefficient Correlation was used to measure the strength of the relationship between the independent and dependent variable. A qualitative data checklist was developed and become a principle guide in qualitative data analysis.

### **3.9 Ethical Issues**

Before the study was done, permission was sought from the Ministry of Planning and National Development in constituency development fund offices. This was facilitated through a letter of introduction from the University of Nairobi outlining why the study was being carried out. The letter confirmed that the study was solely meant for academic purposes, that identity of the respondents would not be revealed in any manner, and data collected would not be revealed to any unauthorized person, rest it would lead to breach of confidence. The researcher provided information on the nature and purpose of the study, explained to the respondents as a way of providing sufficient information before they decided to participate. Errors due to omission or commission during compiling the report of the study were accepted.

### 3.10 Operational Definition of Variables

**Table 3.3: Operationalization table**

<b>Objective</b>	<b>Variable</b>	<b>Indicators</b>	<b>Measurement Scale</b>	<b>Types of Analysis</b>
To determine the extent to which educational programmes influence poverty reduction in Kilifi south constituency	Educational programme	Bursaries for needy children Classroom construction	Nominal Ordinal	SPSS
To establish the extent to which water and sanitation programmes influence poverty reduction in Kilifi constituency	Water and sanitation programme	Clean water supply Waste management	Ordinal	SPSS
To identify the influence of health programmes in poverty reduction in Kilifi constituency	Health programme	Dispensary construction Provision of ambulances for emergency services	Ordinal	SPSS
To find out the extent to which economic empowerment programmes influence poverty reduction in Kilifi south constituency	Economic empowerment programmes	Entrepreneurship skills development Construction of social facilities	Ordinal	SPSS

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

The chapter Presents analysis and findings of the study as set out in the research methodology. The data collected from the field was analysed by simple descriptive analysis using statistical package for social sciences

#### 4.2 Response Rate

Questionnaires were the main instrument of data collection used and the response was as indicated on table 4.1 below

**Table 4.1: Response Rate of Respondents**

Category	Number of cases	Percentage
Questionnaires returned	239	62
Questionnaires not returned	145	38
<b>Total questionnaires</b>	<b>384</b>	<b>100</b>

Table 4.1 shows that a total of 384 questionnaires were issued to the respondents. 239 questionnaires were returned back to the researcher giving a response rate of 62%. The other 145 questionnaires were not submitted resulting in a non-response rate of 38%. The response rate was above the conventional 55.6 (Baruch, 1999), and therefore the sample was considered a representative sample of the Population.

#### 4.3 Demographic Characteristics of Respondents

This section sought to find the demographic characteristics of respondents specifically gender, age, level of education, and work experience.

##### 4.3.1 Gender of Respondents

The study found out the sex composition of respondents as shown below

**Table 4.2: Gender of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Male</b>	72	30.1
<b>Female</b>	152	63.6
<b>Non response</b>	15	6.3
<b>Total</b>	<b>239</b>	<b>100</b>

Table 4.2 shows that the sample comprised of 152 females respondents (63.6%) and 72 males (30.1%). A total of 15 respondents (6.3%) did not specify their gender.

#### **4.3.2 Age Distribution of Respondents**

The study sought to find out the age brackets of the respondents in the study and results as shown in the table below

**Table 4.3: Respondents Age**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
<b>&lt;20</b>	3	1.3
<b>20-29</b>	36	15.1
<b>30-39</b>	74	31.0
<b>40-49</b>	83	34.7
<b>&gt;=50</b>	28	11.7
<b>Non response</b>	15	6.3
<b>Total</b>	<b>239</b>	<b>100</b>

Table 4.3 shows most of the respondents were in the age bracket of 40-49. This represents 34.7 of the total respondents. All the age groups were well represented.

#### **4.3.3 Educational Level of Respondents**

The study sought to establish the level of education of the respondents and the results indicated on the table below

**Table 4.4: Respondents Education Level**

<b>Educational level</b>	<b>frequency</b>	<b>percentage</b>
<b>No Basic Education</b>	193	80.8
<b>KCSE</b>	10	4.2
<b>Diploma</b>	7	2.9
<b>Degree</b>	1	0.4
<b>Non response</b>	28	11.7
<b>Total</b>	<b>239</b>	<b>100</b>

Table 4.4 shows that 193 (80.8%) of all the respondents lacked basic education. Very few respondents had post-secondary education, a paltry 3.4%.

#### **4.3.4 Working Experience of Respondents**

The working experience of respondents was shown in Table 4.5 below

**Table 4.5: Working Experience of Respondents**

<b>Working experience</b>	<b>Frequency</b>	<b>Percent</b>
<b>&lt;2</b>	6	2.5
<b>2-5</b>	80	33.5
<b>6-10</b>	8	3.5
<b>11-20</b>	6	2.5
<b>21-30</b>	6	2.5
<b>&gt;30</b>	35	14.6
<b>Unemployed</b>	98	41.0
<b>Total</b>	<b>239</b>	<b>100</b>

Table 4.5 shows that 41% of all the respondents were jobless. Majority of those who claim to be in employment are about 33.5% and have been employed for a period of between 2-5 years.

#### **4.4 Independent Variables**

The respondents were asked to indicate the extent to which they agreed or disagreed with specific statements on each aspect of lean management. The data obtained was analysed using mean scores and standard deviations. A mean score of less than 1.5 implies that the respondents strongly disagree with the statement, 1.5 to 2.5 implies respondents disagree while 2.5 to 3.5 not sure. A mean score of 3.5 to 4.5 implies respondents agree while a score of more than 4.5

implies strongly agree. A standard deviation of less than 1 means that there were no significant variations in responses while greater than 1 implies that there were significant variations in the responses.

#### **4.5 Findings on the Item of Influence of Education in Poverty Reduction in Kilifi South Constituency**

On a Likert scale of degree of measure of 1-5 where 1=strongly disagree, 2=disagree, 3=neutral, 4= agree, 5=strongly agree. The research sought to find out the rating of the influence of education played by CDF in relation to poverty reduction in Kilifi South Constituency and the results are shown below

**Table 4.6: Responses in Relation to Education Programmes**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Before inception of CDF there was low enrolment of children from poor house holds	1	11	14	204	9
CDF has been in the front supporting the education of needy children through bursary	7	23	92	109	8
Before inception of CDF there was high dropout and low completion rate among children from poor household	6	5	100	121	7
before inception of CDF the classrooms were crowded	5	5	8	198	21
CDF has supported building of classrooms	6	10	3	209	11
Many children from poor household have graduated in schools supported by CDF	24	34	123	55	3

Table 4.6 shows that 204 respondents agreed, 9 strongly agreed, 14 were not sure while 11 strongly disagreed that before inception of CDF there was low enrolment of children from poor households. In relation to CDF providing bursary for the needy children, 109 agreed, 92 were not sure, while 23

disagreed. In the case of high dropout and completion rate among children from poor household 121 agreed, 100 were not sure, 5 disagreed, 6 strongly disagreed while 7 strongly agreed.

In the case of classrooms being crowded before CDF inception 198 agreed, 21 strongly agreed, 8 were no sure and 5 disagreed. On the issue of classroom construction, 209 agreed, 11 strongly agreed, 10 disagreed, 6 strongly agreed and 3 were not sure. Lastly on the issue of many children from poor household graduating in schools supported by CDF, 123 were not sure, 55 agreed, 34 disagreed and 24 strongly disagreed

**Table 4.7: Mean and Std Deviation on Education Programmes**

Statement	N	Mean	Std. Deviation
Before inception of CDF there was low enrolment of children from poor household	239	3.87	.551
CDF has been on the fore front supporting the education of needy children through bursaries	239	3.37	.819
Before inception of CDF there was high dropout and low completion rate among children from poor household	239	3.49	.709
before inception of CDF the classrooms were crowded	239	4.12	.677
CDF has supported building of classrooms	239	3.87	.662
Many children from poor household have graduated in schools supported by CDF	239	2.91	.906

Table 4.7. On average, when the trend of responses was computed using the mean and the standard deviation, respondents agreed that before inception of CDF the classrooms were crowded and CDF has supported building of classrooms. However they were not sure about children from poor families graduating. There was no significant variation in the responses.

#### 4.6 Results on the Influence of Water and Sanitation Programmes in Poverty Reduction in Kilifi South Constituency

The respondents were asked a number of questions on water and sanitation and findings are indicated below

**Table 4.8: Water and Sanitation Programmes**

Statement	1	2	3	4	5
Before inception of CDF there was frequent outbreak of water borne diseases in the region	9	47	153	20	10
Before inception of CDF people experience the shortage of water and travel long distance for the commodity	6	11	142	70	10
Public latrine construction has been done by CDF hence preventing the disease outbreak	120	64	49	4	2
CDF has provided clean water supply to the deserving people in the area	56	72	58	41	11
Water tanks provision has been the core agenda of CDF in water harvesting	54	110	34	38	2
Sinking of water boreholes has been a key activity of CDF	56	102	28	49	3
Do you think that CDF is doing enough in ensuring that water and sanitation services reach the poor people in the region	47	139	28	19	5
CDF water and sanitation activities have improved the economic wellbeing of local residence	43	133	42	12	8



Table 4.8 shows that 153 respondents were not sure on the issue of outbreak of water borne diseases in the region, 47 disagreed, 20 agreed and 10 strongly agreed while 9 strongly disagreed. On the issue of the respondents experiencing shortage of water before CDF inception, 142 were neutral, 70 agreed, 11 disagreed while 6 strongly disagreed. 10 strongly agreed. On the issue of latrine construction 49 were not sure, 64 disagreed, and 120 strongly disagreed. On the issue of CDF providing clean water to the deserving, 58 were not sure, 72 disagreed, 56 strongly disagreed, 41 agreed and 11 strongly agreed.

On issue of provision of water tanks by CDF ,110 disagreed 54 strongly disagreed, 34 were neutral, 38 agreed .On the issue of sinking boreholes, 49 agreed, 28 neutral,102 disagreed and 56 strongly disagreed. In the case of CDF ensuring that water and sanitation services reach the poor people, 139 disagreed, 47 strongly disagreed, and 28 were not sure, 19 agreed. In the case of water and sanitation activities improving the economic wellbeing of local residence, 133 strongly disagreed, 42 were neutral, 12 agreed and 8 strongly agreed.

**Table 4.9: Mean and Std Deviation on Water and Sanitation Programmes**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
Before inception of CDF there was frequent outbreak of water borne diseases in the region	239	2.90	.768
Before inception of CDF people experience the shortage of water and travel long distance for the commodity	239	3.28	.728
Public latrine construction has been done by CDF hence preventing the disease outbreak	239	1.76	.892
CDF providing clean water supply to the deserving people in the area	239	2.49	.161
Water tanks provision has been core agenda of CDF in water harvesting	239	2.26	.010
Sinking of water boreholes has been a key activity of CDF	239	2.33	.088
Do you think that CDF is doing enough in ensuring that water and sanitation services reach the poor people in the region	239	2.14	.898
CDF water and sanitation activities have improved the economic wellbeing of local residence	239	2.20	.909

Table 4.9 shows that on average, the respondents disagreed on the issues under water and sanitation apart from two (Before inception of CDF there was frequent outbreak of water borne diseases in the region and Before inception of CDF people experience the shortage of water and travelled long distance for the commodity ) where they were not sure.

#### 4.7 Item on the Influence of Health Programs in Poverty Reduction in Kilifi South Constituency

Respondents were asked questions on CDF health programmes influencing poverty reduction and findings are indicated below

**Table 4.10: Item on Health Programmes**

Statement	1	2	3	4	5
There were few medical facilities that existed in the region before the inception of CDF	7	40	121	63	7
There was high mortality rate in the region before inception of CDF health programmes	6	68	142	13	9
Before inception of CDF , accessing health emergency services was a big challenge	13	41	127	47	9
CDF has constructed dispensaries, clinics maternity wards in the region bringing health services close to the people	25	64	25	116	8
CDF provides the ambulances for emergency services in the area	128	84	12	5	8
Peoples' health have improved since the inception of CDF	25	78	75	58	0

Table 4.10 From the study 121 respondents were not sure of the idea that few medical facilities existed in the region before CDF inception, 63 agreed, 7 strongly agreed 40 disagreed and 7 strongly disagreed. On the issue of high mortality rate, 142 were not sure, 13 agreed, 9 strongly agreed, 68 disagreed and 6 strongly disagreed. On the issue of accessing health emergency services 127 were not sure, 47 agreed, 9 strongly agreed, 47 disagreed and 13 strongly disagreed.

On the issue of constructing dispensaries, 116 agreed, 8 strongly agreed, 25 were neutral, 64 disagreed, while 25 strongly disagreed. On the issue of ambulance provision, 128 strongly

disagreed, 84 disagreed and 12 were not sure while 5 agreed and 8 strongly agreed. Lastly on the issue of peoples health being improved, 78 disagreed, 25 strongly disagreed, 75neutral and 58 agreed.

**Table 4.11: Mean and Std Deviation on Health programmes**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
There were few medical facilities that existed in the region before the inception of CDF	239	3.10	.813
There was high mortality rate in the region before inception of CDF health programmes	239	2.79	.743
Before inception of CDF , accessing health emergency services was a big challenge	239	2.99	.864
CDF has constructed dispensaries, clinics maternity wards in the region bringing health services close to the people	239	3.24	2.889
CDF provides the ambulances for emergency services in the area	239	1.65	.929
Peoples' health have improved since the inception of CDF	239	2.70	.957

Table 4.11 shows that on average respondents were not sure of the development initiated under health programs by CDF. However, majority disagreed that CDF provides the ambulances for emergency services in the area.

#### 4.8 Item on Influence of CDF Economic Empowerment Programmes In Poverty Reduction in Kilifi South Constituency

Respondents when asked on economic empowerment programmes responded as indicated on the table below

**Table 4.12: Item on Economic Empowerment Programmes**

<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
CDF economic empowerment has activities have enhanced opportunities for training and skills development	43	107	22	60	3
Many people were jobless before CDF was incepted	76	91	54	7	7
CDF has accelerated employment through offering entrepreneurial skills such as driving school, tailoring, welding and fabricating, forklifting and salon training	50	57	26	99	3
The construction of social halls by CDF has expanded opportunities for income generation	60	105	29	37	4
Through economic empowerment by CDF food security has improved	57	129	33	13	3
Has CDF done a lot in economic empowering the local population to improve their lives than before	49	159	19	5	2

Table 4.12. Shows that on the issue of economic empowerment enhancing opportunities for training and development skills, 107 disagreed, 43 strongly disagreed, 22 were not sure, 60 agreed while 3 strongly agreed. On the issue of people being jobless before CDF inception, 54 were not sure, 91 disagreed, 76 strongly disagreed, 7 agreed and 7 strongly agreed. In the case of CDF accelerating employment through trainings such as driving, 57 disagreed, 50 strongly disagreed, 26 were not sure, 99 agreed and 3 strongly agreed.

On the issue of construction of social halls 29 were no sure, 105 disagreed, 60 strongly disagreed, 37 agreed, and 4 strongly agreed. On the issue of food security being improved, 57 strongly disagreed, 129 disagreed, 3 were not sure, 13 agreed, and 3 strongly agreed. Lastly on the issue of CDF doing a lot in improving people’s lives, 49 strongly disagreed, 159 disagreed, 19 were not sure, 5 agreed and 2 strongly agreed.

**Table 4.13: Mean and Std Deviation on Economic Empowerment Programmes**

<b>Statement</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
CDF economic empowerment has activities have enhanced opportunities for training and skills development	239	2.39	2.275
Many people were jobless before CDF was incepted	239	2.06	.970
CDF has accelerated employment through offering entrepreneurial skills such as driving school, tailoring, welding and fabricating, forklifting and salon training	239	2.78	1.234
The construction of social halls by CDF has expanded opportunities for income generation	239	2.23	1.054
Through economic empowerment by CDF food security has improved	239	2.05	.849
Has CDF done a lot in economic empowering the local population to improve their lives than before	239	1.94	.672

Table 4.13 shows that on average Majority of the respondents disagreed that CDF has brought economic empowerment to the respondents.

#### **4.9 Hypothesis tests: P-Values and Statistical significance**

To help achieve the objectives of the research, correlation analysis was used. Correlation analysis helps in determining the strength of the relationship between or among variables. The null hypothesis is always stated that there exists no significant relationship between variables

against the alternative that there is significant relationship between variables. Mathematically this is stated as

$$H_0; \rho_{xy} = 0$$

against Where  $\rho$  is the Pearson correlation coefficient.

$$H_1; \rho_{xy} \neq 0$$

$H_0$  is always rejected wherever the p-value is less than the specified level of significance which in this case is 0.05. In this research, Pearson correlation analysis was used to measure the strength of the relationship between the overall CDF impact on education, water and sanitation, health and economic empowerment. The results are provided in Table 4.14

**Table 4.14: Pearson Correlation analysis**

		Educatio n	Water& sanitation	Health	Economic Empowerme nt	Poverty reduction Impact
Education	Pearson Correlation	1	.056	.054	.362**	.500**
	Sig. (2-tailed)		.387	.409	.000	.000
	N	239	239	239	239	239
Water- sanitation	Pearson Correlation	.056	1	.352**	.295**	.117
	Sig. (2-tailed)	.387		.000	.000	.091
	N	239	239	239	239	239
Health	Pearson Correlation	.054	.352**	1	.156*	.048
	Sig. (2-tailed)	.409	.000		.017	.469
	N	239	239	239	239	239
Economic- empowerment	Pearson Correlation	.362**	.295**	.156*	1	.144
	Sig. (2-tailed)	.000	.000	.017		.087
	N	239	239	239	239	239
Poverty reduction Impact	Pearson Correlation	.500**	.117	.048	.144	1
	Sig. (2-tailed)	.000	.091	.469	.087	
	N	239	239	239	239	239

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Using results of table 4.14:

1. Since the P-value .000 is less than 0.05 level of significance, then we reject the null hypothesis ( $H_0$ ) and accept the alternative Hypothesis ( $H_1$ ), hence conclude that Constituency Development Fund educational programmes have played significant Influence in reducing poverty in Kilifi County.



2. Since P-value .091 is greater than 0.05 level of significance, then we accept the null hypothesis ( $H_0$ ), and reject the alternative hypothesis ( $H_1$ ) hence conclude that Constituency Development Fund water and sanitation programmes have not played significant influence in reducing poverty in Kilifi County.
3. Since P-value .469 is greater than 0.05 level of significance then we accept the null hypothesis ( $H_0$ ), and reject the alternative hypothesis ( $H_1$ ) hence conclude that Constituency Development Fund programmes have not played significant influence in reducing poverty in Kilifi County.
3. Since the P- value .087 is greater than 0.05 level of significance, then we accept the null Hypothesis ( $H_0$ ), hence reject the alternative hypothesis ( $H_1$ ) and conclude that Constituency Development Fund poverty economic empowerment programmes have not Played significant influence in reducing in Kilifi County

#### **4.10 Qualitative Analysis of Key Informants**

Discussions with the key informants revealed that CDF has been at the fore front of reducing poverty through initiation of Development Programmes. The key informants' included the fund manager and two CDF committee members in Kilifi South Constituency

In relation to the first objective, the CDF manager and the two committee members were in agreement of CDF providing educational programmes which include provision of bursary to children from poor households, constructing of schools, expansion and renovation of classrooms. Examples of programmes initiated are Vipingo, Mtomodono, Mtepeni, Mwarakaya secondary school among others.

However they argued that there too many people that required the bursary and as such only 2,200 benefited per year. They also agreed on provision of water and sanitation programmes which entailed provision of water tanks, piped water and sinking of boreholes. Areas where they have provide water are Kwa nyambura, mtomodoni, mtepeni, chasimba. However they argued that on provision of piped water, it was done up to a few kilometres where members were supposed to reconnect from the main pipe at their expense

Concerning the third objective the key informants agreed that CDF has built dispensaries, but mostly extending maternity wings from the main national government hospitals as well as paediatric wards and staff houses. However they agreed that CDF had not provided an

ambulance in the region since the County government had provided one. They also agreed that the medical facilities were too few as compared to the population using them. Examples of hospitals constructed were Mtwapa health Centre, and paediatric ward that is not yet complete for use, Chasimba, and Mtepeni. They argued that the new changes of CDF act have interfered with the completion of the hospitals.

In relation to the fourth objective in economic empowerment they agreed that CDF was on the fore front providing entrepreneurial skills such as driving to the youths. However they said the funds were not enough to train as many people as required. They also agreed that trained members were supposed to acquire licenses at their own expense. Regarding construction of social halls, they agreed that so far they had built one in Majengo, and another one in Vipingo. Since the funds were prioritized for variety of activities, 300 youths have been trained since the initiation began, of which the number is too small as compared to the population size.

Overall they pointed out that many people's lives have been improved, especially in education where more students from poor families can enrol, parents have also been eased the burdens of contributing for school buildings. People no longer walk long distances in search of water, hence can use more time in other economic activities, and people can access medical facilities. Apart from the first objective where there is an agreement, objective two three and four contradicts with what the respondents felt.

## CHAPTER FIVE

### SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendation of the research. The study also contains suggestions of related studies that may be carried out in the future

#### 5.2 Summary of the Findings

The purpose of this study was to determine the influence of CDF Programmes in poverty reduction in Kilifi County with emphasis of programmes implemented in Kilifi South Constituency. From the analysis and review of research data and additional data gathered from the questionnaire and interviews, a number of issues became apparent.

In relation to the first objective that sought to examine the extent to which educational programmes have influenced poverty reduction in the constituency, from the responses gotten in the study Majority (204) respondents agreed, 9 strongly agreed, 14 were not sure while 11 strongly disagreed that before inception of CDF there was low enrolment of children from poor households. In relation to CDF providing bursary for the needy children, Majority (109) agreed, 92 were not sure, 23 disagreed, 7 strongly disagreed while 8 strongly agreed.

In the case of high dropout and completion rate among children from poor household (121) agreed, 100 were not sure, 5 disagreed, 6 strongly disagreed while 7 strongly agreed. In the case of classrooms being crowded before CDF inception, majority (198) agreed, 21 strongly agreed, 8 were no sure and 5 disagreed. On the issue of classroom construction, majority (209) agreed, 11 strongly agreed, 10 disagreed, 6 strongly disagreed and 3 were not sure. Lastly on the issue of many children from poor household graduating in schools supported by CDF, majority (123) were not sure, 55 agreed, 34 disagreed and 24 strongly disagreed. In hypothesis testing the P-value .000 was found to be less than 0.05 level of significance, hence null hypothesis ( $H_0$ ) was rejected and alternative Hypothesis ( $H_1$ ) accepted.

As per the second objective which sought to establish the extent to which CDF water and sanitation programmes influence poverty reduction, from the responses gotten majority (153) were not sure on the issue of outbreak of water borne, diseases in the region, 47 disagreed, 20

agreed and 10 strongly agreed while 9 strongly disagreed. On the issue of the respondents experiencing shortage of water before CDF inception, majority (142) were neutral, 70 agreed, 11 disagreed while 6 strongly disagreed. 10 strongly agreed. On the issue of latrine construction 49 were not sure, 64 disagreed, and majority (120) strongly disagreed. On the issue of CDF providing clean water to the deserving, 58 were not sure, 72 disagreed, 56 strongly disagreed, 41 agreed and 11 strongly agreed.

On issue of provision of water tanks by CDF , majority (110) disagreed 54 strongly disagreed, 34 were neutral, 38 agreed .On the issue of sinking boreholes, 49 agreed, 28 neutral,102 disagreed and 56 strongly disagreed. In the case of CDF ensuring that water and sanitation services reach the poor people, majority (139) disagreed, 47 strongly disagreed, 28 were not sure and 19 agreed. In the case of water and sanitation activities improving the economic wellbeing of local residence, 133 strongly disagreed, 42 were neutral, 12 agreed and 8 strongly agreed. In hypothesis testing the P-value .091 was found to be greater than 0.05 level of significance, hence null hypothesis was ( $H_0$  ) accepted and alternative Hypothesis ( $H_1$  ) rejected

As per the third objective which sought to identify the extent to which health programmes influence poverty reduction in the constituency, majority (121) respondents were not sure of the idea that few medical facilities existed in the region before CDF inception, 63 agreed, 7 strongly agreed 40 disagreed and 7 strongly disagreed. On the issue of high mortality rate, 142 were not sure, 13 agreed, 9 strongly agreed, 68 disagreed and 6 strongly disagreed. On the issue of accessing health emergency services 127 were not sure, 47 agreed, 9 strongly agreed, 47 disagreed and 13 strongly disagreed.

On the issue of constructing dispensaries, 116 agreed, 8 strongly agreed, 25 were neutral, 64 disagreed, while 25 strongly disagreed. On the issue of ambulance provision, majority (128) strongly disagreed, 84 disagreed and 12 were not sure while 5 agreed and 8 strongly agreed. Lastly on the issue of people's health being improved, 78 disagreed, 25 strongly disagreed, 75 neutral and 58 agreed. In hypothesis testing the P-value .469 was found to be greater than 0.05 level of significance, hence null hypothesis ( $H_0$  ) was accepted and alternative Hypothesis ( $H_1$ ) rejected.

As per the fourth objective that sought to find out the extent to which economic empowerment programmes influence poverty reduction in Kilifi constituency, from the study, on the issue of economic empowerment enhancing opportunities for training and development skills, majority (107) disagreed, 43 strongly disagreed, 22 were not sure, 60 agreed while 3 strongly agreed. On the issue of people being jobless before CDF inception, 54 were not sure, 91 disagreed, 76 strongly disagreed, 7 agreed and 7 strongly agreed. In the case of CDF accelerating employment through trainings such as driving, 57 disagreed, 50 strongly disagreed, 26 were not sure, majority (99) agreed and 3 strongly agreed.

On the issue of construction of social halls 29 were not sure, majority (105) disagreed, 60 strongly disagreed, 37 agreed, and 4 strongly agreed. On the issue of food security being improved, 57 strongly disagreed, (129) disagreed, 3 were not sure, 13 agreed, and 3 strongly agreed. Lastly on the issue of CDF doing a lot in improving people's lives, 49 strongly disagreed, majority (159) disagreed, 19 were not sure, 5 agreed and 2 strongly agreed. In hypothesis testing the P-value .087 was found to be greater than 0.05 level of significance, hence null hypothesis ( $H_0$ ) was accepted and alternative Hypothesis ( $H_1$ ) rejected.

### **5.3 Discussion of Findings**

From the preliminaries of the study, results show that there is very little significant relationship between the influence of CDF programmes in Kilifi South Constituency and poverty reduction among the beneficiaries.

As per the first objective that sought to examine the extent to which educational programmes influence poverty reduction. From the findings in relation to low enrolment of poor children before CDF inception, Majority (204) respondents agreed, while 11 strongly disagreed. In relation to CDF providing bursary for the needy children, majority (109) agreed, 92 were not sure, while 23 disagreed. This agrees with the literature review on the intentions of GoK (2002) that CDF bursary is meant to assist poor households, orphans and those affected by HIV/AIDS. This supports the aim of development plan of years 1979-1983, which emphasizes on improving educational opportunities so as to reach groups such as pastoralists, small scale farmers, landless rural workers and urban poor.

According to Oxoby, (2009) social inclusion is perceived as essential in developing successful growth strategies, reducing poverty and increasing the wellbeing of people in the economy.

However at times bursary was not necessarily given to the poor, rather to relatives or close friends for political advancement, hence the neediest were denied opportunities. In the case of high dropout and completion rate among children from poor household majority (121) agreed, 100 were not sure, 5 disagreed, 6 strongly disagreed while 7 strongly agreed. In the case of classrooms being crowded before CDF inception 198 agreed, 21 strongly agreed, 8 were no sure and 5 disagreed. On the issue of classroom construction, 209 agreed, 11 strongly agreed, 10 disagreed, 6 strongly agreed and 3 were not sure that CDF has constructed and renovated classrooms.

This agrees with UNESCO (2004) that education support programmes help improve school enrolment especially to poor in rural areas. Ravallion, (2013) adds that this fosters conditions for continued economic and social growth, assuring that poor people are able to participate fully in growth. Lastly on the issue of many children from poor household graduating in schools supported by CDF, 123 were not sure, 34 disagreed, 55 agreed and 24 strongly agreed. This means that only few benefit from the fund, hence eradicating may be very slow because according to Todaro, (2007) the ultimate basis of wealth of nations is constituted by human resource capital.

As for the second objective which sought to establish the extent to which CDF water and sanitation programmes influence poverty reduction, from the responses gotten majority (153) were not sure on the issue of outbreak of water borne, diseases in the region, 47 disagreed, 20 agreed and 10 strongly agreed while 9 strongly disagreed. On the issue of the respondents experiencing shortage of water before CDF inception, majority (142) were neutral, 70 agreed, 11 disagreed while 6 strongly disagreed. 10 strongly agreed. This means that respondents receive very little water which is not from CDF, but mostly from some NGO's and the national government.

According to Lalzard (2007) water is a fundamental need for all living beings, hence lack of quality water in the right quantity impedes man's progression and improvement of quality life. On the issue of latrine construction 49 were not sure, 64 disagreed, and 120 strongly disagreed. On the issue of CDF providing clean water to the deserving, 58 were not sure, 72 disagreed, 56 strongly disagreed, 41 agreed and 11strongly agreed. This means they have to travel long distances looking for water, where the water is very salty, hence they are not able to engage in other productive activities.

Nnadozie, (2011) states that water provision is important for social economic growth and development as well as poverty eradication. On issue of provision of water tanks by CDF, majority (110) disagreed 54 strongly disagreed, 34 were neutral, 38 agreed. On the issue of sinking boreholes, 49 agreed, 28 neutral, majority (102) disagreed and 56 strongly disagreed. In the case of CDF ensuring that water and sanitation services reach the poor people, 139 disagreed, 47 strongly disagreed, 28 were not sure, 19 agreed. This means that the water is not treated and can endanger their health. According to WHO, (2008) most diseases and a little over one third deaths in developing countries are linked to unsafe drinking water and poor sanitation.

In the case of water and sanitation activities improving the economic wellbeing of local residence, majority (133) strongly disagreed, 42 were neutral, 12 agreed and 8 strongly agreed. This means that people's dignity is undermined when they do not receive their basic rights, hence, contradicts Hompson et al., (2010) that social inclusion is about human rights, equal opportunities, human dignity and fairness for all that enables human beings to fully participate in the society and enhance human dignity.

As per the third objective which sought to identify the extent to which health programmes influence poverty reduction in the constituency, majority (121) respondents were not sure of the idea that few medical facilities existed in the region before CDF inception, 63 agreed, 7 strongly agreed 40 disagreed and 7 strongly disagreed. On the issue of high mortality rate before CDF inception, majority (142) were not sure, 13 agreed, 9 strongly agreed, 68 disagreed and 6 strongly disagreed. On the issue of accessing health emergency services majority (127) were not sure, 47 agreed, 9 strongly agreed, 47 disagreed and 13 strongly disagreed. This means that there has not been any noticeable difference before CDF inception and after, hence CDF is not performing as it is purported to do where people experience poor health.

Howitt (2005), argues that poor health stands out as a disappointing growth performance of low and middle income countries, they experience bad health conditions. On the issue of constructing dispensaries, majority (116) agreed, 8 strongly agreed, 25 were neutral, 64 disagreed, while 25 strongly disagreed. This means that CDF had mostly added an extension wing of either a paediatric ward or a maternity wing from the existing few national government

hospitals of which some have not been put to use. Gondi (2010), points out that majority of this people are deprived of proper medical and nutrition facilities in most Developing countries.

On the issue of ambulance provision, Majority (128) strongly disagreed, 84 disagreed and 12 were not sure while 5 agreed and 8 strongly agreed. Lastly on the issue of peoples health being improved, 78 disagreed, 25 strongly disagreed, 75 neutral and 58 agreed. This means CDF has slackened and does not prioritize important issues that concerns the health of the people. This is exactly what WHO (2012) states that health and nutrition status of the sub-Saharan Africa populace living in the slums, ASAL is very poor.

As per the forth objective that sought to find out the extent to which economic empowerment programmes influence poverty reduction in Kilifi constituency, on the issue of economic empowerment enhancing opportunities for training and development skills, majority (107) disagreed, 43 strongly disagreed, 22 were not sure, 60 agreed while 3 strongly agreed. Those who disagreed complained that the trainings had not been done in the last three years. On the issue of people being jobless before CDF inception, 54 were not sure, majority (161) either disagreed, or strongly disagreed, 7 agreed and 7 strongly agreed. This means that people have jobless before and after CDF inception and thus are entangled with the cycle of poverty. This contradicts with Ebyen et al, (2008) that empowerment is both a critical driver and an important measure of poverty reduction.

In the case of CDF accelerating employment through trainings such as driving, 57 disagreed, 50 strongly disagreed, 26 were not sure, 99 agreed and 3 strongly agreed. This means the training's provided only benefited a few of them. This people had not yet acquired licenses as they were required to pay for them from their pockets. According to UN sustainable development goals, societies are required to create conditions that will allow people have jobs that will stimulate the economy without harming the environment

According to Dugarova, (2015) social inclusion as a process allows all groups to take part through enabling citizens participate in decision-making activities that will affect their lives, especially marginalised groups. On the issue of construction of social halls 29 were no sure, majority (105) disagreed, 60 strongly disagreed, 37 agreed, and 4 strongly agreed. On the issue of food security being improved, majority (186) either disagreed or strongly disagreed, while 16 either agreed, or strongly agreed. This means people are undernourished and suffer from food insecurity, hence contradicts with Simiyu, Omete and Mweru where they noted that CDF had funded many programs in an attempt to enhance food security in Kimilili constituency.



Lastly on the issue of CDF doing a lot in improving people's lives, 49 strongly disagreed, 159 disagreed, 19 were not sure, 5 agreed and 2 strongly agreed CDF had brought economic empowerment in the region. According to world development report (2001) people are locked in material poverty when they lack job opportunities, assets, and inaccessible market, hence making markets work for the poor people, promoting opportunities by stimulating growth and building up their assets is critical in reducing poverty. Eyben et al, (2008) also adds that people are empowered when they take control of their own lives.

#### **5.4 Conclusion**

Based on the literature reviewed, the responses from the field and the data analysed, the researcher concludes that, there is a relation between CDF educational programmes in Kilifi south constituency and poverty reduction, However, the study indicated that there is no association between the rest of CDF programmes and poverty reduction for the second, third and fourth objective. CDF programmes such as water and sanitation, health and economic empowerment scored a very little relation in a correlation scale. Therefore most of the CDF programmes appear to have no significant influence in poverty reduction in Kilifi South Constituency.

#### **5.5 Recommendations**

Based on the findings of the study, the researcher recommends that CDF improves on economic empowerment skills and education programmes. More bursaries should be provided to the needy students only, especially now that water and health programmes have been devolved under the new CDF act of 2016

There should be a mechanism of transparent monitoring and evaluating the programmes run by the CDF in the sub-county and this should integrate the economic development index.

The CDF should set clear targets and time frame which will enable them measure the progress of the programmes, this will help them know whether the programmes are improving the lives of people, if not then action can be taken

#### **5.6 Suggestions for Further Research**

CDF has now been changed to NG-CDF, hence a future research can be done to re-evaluate its influence of poverty in poverty reduction in the same area. More researchers can criticize the study to come up with new ideas.

There is need to carry out a multi-disciplinary detailed similar study in the other 6 other constituencies in Kilifi County. This will provide greater insight to guide in poverty reduction in constituency, County, and national government levels. This study was delimited to Kilifi South Constituency in Kilifi County.

A study can be carried to examine various strategies that can be adopted by government in making sure that Projects are implemented by CDF as required

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## APPENDICES

### **Appendix A: Letter of Transmittal**

Anne Kigotho

P.O Box 42240-80100

Mombasa

Tel: 0721768253

Email: [kigothoa@yahoo.com](mailto:kigothoa@yahoo.com)

Dear participant,

My name is Anne Kigotho and I am a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Mombasa Campus. To fulfil the completion of this course, I am carrying out a study on the influence of constituency development fund on poverty reduction in Kilifi south constituency in Kilifi County, Kenya. Since the matter affects the whole community I am inviting you to participate in this research study by completing the attached questionnaire.

If you choose to participate in the research please answer all questions as honestly as possible. Participation is strictly voluntarily and you may decline to participate at any time. In order to ensure that all the information will remain confidential, you do not have to include your name. The data collected will be for academic purposes only.

Thank you.

Yours faithfully,

Anne Kigotho.

## Appendix B: Questionnaire for Community Members

### Instructions

- In questions where you are given options for responses please mark in the box provided using a tick (  $\sqrt{\quad}$  ) or a cross ( X )
- In the questions where you are asked to explain, please write down your reasons.
- **Answer all questions.**

### Questionnaire: Part A

1. The name of this village? .....

2. Your Gender

a) Male ( ) Female ( )

3. Your age (in years)

a) Below 20 ( ) 20-29 ( ) 30-39 ( ) 40-49 ( ) 50 plus ( )

4. Level of education

a) K.S.C.E ( ) Diploma ( ) Bachelor's Degree ( ) Master's Degree ( ) others ( )

5. Working experience

a) Below 2 years ( ) 2-5 years ( ) 6-10 years ( ) 11-20 years ( ) 21-30 years ( )

31 years and above ( )

**Section B: General Questionnaire for Beneficiaries.**

**Items on Education programme**

**6. Below are numbers of activities carried out by CDF in Kilifi Constituency to help reduce the poverty levels in the county, indicate your position using a scale of?**

**Strongly disagree =1, Disagree= 2, Neutral =3, Agree = 4, Strongly Agree =5**

Factor	1	2	3	4	5
Before inception of CDF, there was low enrolment of children from poor households					
CDF has been on the fore front supporting the education of needy children through bursaries					
Before inception of CDF, there was high dropout and low completion rates among children from poor households.					
Before inception of CDF, classrooms were crowded					
CDF has supported building of school infrastructure (classrooms, etc.).					
Many children from poor households have graduated in schools supported by CDF					

**Section B: Influence of Water and Sanitation programmes on poverty reduction**

**7. On the scale of 1 to 5, rate the extent of agreement or disagreement with the following factors:**

**Strongly Disagree = 1, Disagree =2, Neutral =3, Agree =4, Strongly Agree =5**

<b>Factor</b>	1	2	3	4	5
Before inception of CDF there was frequent outbreak of water borne diseases in the region.					
Before inception of CDF people experienced shortage of water and travelled long distances for the commodity					
Public latrine Construction has been done by CDF hence preventing disease outbreak					
CDF has provided Clean Water Supply to the deserving people in the area					
Water Tanks Provision has been a core agenda of CDF in water harvesting					
Sinking of boreholes has been a key activity of the CDF					
Do you think that CDF is doing enough in ensuring that water and sanitation services reach the poor people in the region?					
CDF water and sanitation activities have improved the economic wellbeing of local residents					

**Section C: Item of Health Programmes**

**8. On the scale of 1 to 5, rate the extent of agreement or disagreement with the following factors regarding CDF health programmes:**

**Strongly Disagree =1, Disagree = 2, Neutral =3, Agree =4, Strongly Agree = 5**

Factor	1	2	3	4	5
There were few medical facilities that existed before the inception of CDF in the region					
There was high mortality rate in the region before inception of CDF health programmes					
Before the inception of CDF, accessing health emergency services was a big challenge					
CDF has constructed dispensaries, clinics and maternity wards in the region, bringing services nearer the community					
CDF provides ambulances for emergency services in the area					
Peoples health has improved since inception of CDF					

**9. Item on economic empowerment**

**On the scale of 1 to 5, rate the extent of agreement or disagreement with the following factors regarding CDF economic empowerment programmes**

**Use a scale of 1 – 5 whereby:**

**Strongly Disagree = 1, Disagree = 2, Neutral = 3, Agree =4, Strongly Agree = 5**

<b>Factor</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
CDF economic empowerment activities have enhanced opportunities for training and skills development.					
Many people were jobless before CDF was incepted					
CDF has accelerated employment through offering entrepreneurial skills such as driving school, tailoring, welding and fabricating, forklifting and salon training					
The construction of social halls by CDF has expanded opportunities for income generation					
Through economic empowerment by CDF, food security has improved					
Has CDF done a lot in economically empowering the local population to improve their lives than before					

## **Appendix C: Interview Guide for Key Informants**

1. Kindly state the activities undertaken by CDF in the following sectors

a) Educational programmes

b) Water and sanitation Programmes

c) Health programmes

d) Economic empowerment programs

g) Other (please specify)

2 .Describe how the above programmes ticked have reduced persistent extreme poverty

3. Kindly list the CDF programme activities in order of priority

4. Kindly give the reasons for the first two and the last two activities in the list of priorities above



## Appendix D

### Table of Randomly Chosen Sample

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	(36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	241	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	960	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

N = population; S = sample size

Adapted from. Kathuri, N. J & Pals, D. A (1993)

