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**THE PRESIDENCY
MINISTRY OF DEVOLUTION AND PLANNING**

PARTICIPATORY POVERTY ASSESSMENT V

EMBU COUNTY SITE REPORT

NDUNE CLUSTER

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KFNYA 
VISION 2030
Towards a Globally Competitive and Prosperous Kenya

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FOREWORD

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

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

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

From the community perspective poverty level has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note that many at the clusters visited did not understand how the pro-poor initiatives operate. The study further established that Cross-cutting issues such as HIV/AIDS, drug and substance abuse, gender disparity on property ownership, environmental degradation, poor governance on devolved funds and pro-poor initiatives were on the rise.

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

Ann Waiguru, OGW
Cabinet Secretary
Ministry of Devolution and Planning

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The Embu County Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of COK, 2010 and the formation of County Governments after the general elections of 2013.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Stephen Wainaina, the Economic Planning Secretary and Moses Ogola, the Director Social & Governance Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

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ENGINEER PETER O. MANGITI

**PRINCIPAL SECRETARY-PLANNING
MINISTRY OF DEVOLUTION AND PLANNING**

EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty on their own perspectives.

Between November 2012 and February 2014, the National Government conducted PPA-V whose overall objective is to contribute to Kenya's poverty reduction strategy by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the community perspectives on poverty dynamic diagnostics; and the provision and impact of selected wellbeing services including agriculture, education, health, social protection and devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

This report presents the findings of the PPA-V survey in Ndune cluster of Embu County which was conducted in November/December 2012. Information from the cluster was provided by the community through Focused Group Discussions (FGDs) and household questionnaires and was complemented by the information from the Key Informants (KI) who were mainly technical experts in the subject area of the survey.

Embu County covers an area of 2,818 Km² and the population was estimated to be 543,221 persons with an estimated annual growth rate of 1.7 per cent. It was projected to rise to 571,645 and 591,412 by 2015 and 2017 respectively (Kenya National Housing and Population Census 2009).

Ndune cluster is a rural community located in Mbeere south sub-county. Poverty is prevalent across the county but the degree and causes vary. The average number of households living below poverty line in the rural areas is 64 per cent of the total county population. Some of the causes of poverty include retrogressive cultural practices, food insecurity, unemployment, low literacy levels, poor health and inherited poverty.

Generally, there are no close health facilities in Ndune village. The nearest dispensaries are located in the neighbouring Maximia and Mbondoni sub-locations. Education services are generally accessible and affordable. However the education facilities are in poor state and the schools are also understaffed.

The community is not aware of the agricultural services. Seeds are given to selected few and there is no defined criterion of getting the beneficiaries. The community sells most of their harvests in the local market to brokers at an exploitative price whereby the situation is made worse by lack of storage facilities

Productivity is low and this is attributed the fact that the community feels that they are unskilled.

The main services of water in the community are borehole and earth dam. Some community members are forced to go for water in the neighbouring location (Mbondoni), which is 3-4km away since water sources such as boreholes and dams are not sustainable.

There is awareness of the existence of several pro-poor initiatives and devolved funds in this community including Cash Transfers, YEDF, WEF and CDF. However, procedures for accessing these funds and general attitude towards loans affect the uptake of these funds.

On crosscutting issues the community reported that HIV/AIDs had really affected them as it had left many homes without the bread winners. A lot of resources and time is also spent in taking care of the persons infected with HIV/AIDs.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ARVs	Anti Retro Viral
CDF	Constituencies Development Fund
CT	Cash Transfer
DAO	District Agricultural Officer
DDO	District Development Officer
DLPO	District Livestock Production Officer
DO	District Officer
DSO	District Statistics Officer
DVO	District Veterinary Officer
DWO	District Water Officer
ECDE	Early Childhood Development Education
FGDs	Focus Group Discussions
FPE	Free Primary Education
HIV	Human Immunodeficiency Virus
ITNs	Insecticide Treated Nets
KI	Key Informant
KKV	KazikwaVijana
KNBS	Kenya National Bureau of Statistics
NASSEP	National Sample Survey and Evaluation Programme
NGO	Non-Governmental Organization
OVCs	Orphans and Vulnerable Children
PPA	Poverty Participatory Assessment

PTA	Parents Teachers Association
PWDs	People with Disabilities
RAs	Research Assistants
SDSE	Subsidized Day Secondary Education
TBS	Traditional Birth attendants
T.V	Television
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
WEF	Women Enterprise Fund
YEDF	Youth Enterprise Development fund

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities give their own definition and understanding of poverty based on their own discourse. Hence PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is therefore need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty. Participatory approaches add value in policy formulation and planning by enriching understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and 'voice' of the poor while also acting as a learning process for the non-poor and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate.

The PPA V study was necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address.

Further, whereas substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exists large disparities in incomes and access to education, health and to basic needs, including; clean water, adequate housing and sanitation.

In addition, there exist other remarkable intra and inter-regional and gender disparities in quality, accessibility, affordability and availability of services. These disparities become more pronounced among vulnerable groups such as people with disability, youth, people living with HIV and AIDS, orphans and the elderly.

1.2 History of Participatory Poverty Assessment (PPAs) in Kenya

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

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

The third PPA was carried out in 2001 and covered 10 districts with the objective of enriching the quantitative information collected country-wide for the preparation of the Poverty Reduction Strategy Paper (PRSP).

The fourth PPA was conducted in 2005/06 alongside quantitative Kenya Integrated Household Budget Survey (KIHBS). The two were meant to complement each other and focused on three main policy areas; poverty diagnosis and dynamics; pro-poor policies regarding service delivery

and wellbeing; and voices of the poor among the communities which included analysis of the impact of the various policies on the poor.

Since the fourth PPA, the government has initiated a number of programmes aimed at alleviating poverty, inequality and ameliorating the suffering of the vulnerable sections of the Kenyan citizens.

The Fifth Participatory Poverty Assessment mainly focused on the impact of the various pro-poor policies, strategies, programs and projects aimed at reducing poverty and improving welfare.

1.3 PPA V Objectives

The overall objective of the study was to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In this context, the fifth Participatory Poverty Study (PPAV) focused on two main areas:

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

More specifically, the participatory study sought:

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

1.4 Methodology

1.4.1 Selection of the Cluster

For the purpose of collecting information, one cluster, **Ndun** was selected to represent the county. This was done using two-stage purposive sampling that was super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in the County. The Fourth National Sample Survey and Evaluation Programme (NASSEP IV) maps (Kenya National Bureau of Statistics) were used to demarcate the boundaries of each of the selected cluster.

1.4.2 Process, Study Instruments and Field work

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

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

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

1.4.3 Field Logistics

The PPA-V study was conducted in two phases; Phase was conducted between November and December 2012 while phase two (2) was conducted between November and December 2013. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were Health Care, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, Devolved Funds such as Constituencies Development Fund (CDF) and KazikwaVijana (KKV).

In preparation for the Survey, the supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) research assistants per county were selected to assist in data collection in that specific county. RAs were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle of the people.

The training for researchers ran for five (4) days and data collection and site report writing was done in four (4) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

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

Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report. This report, therefore, presents the PPA V survey findings. It uses poverty perceptions as recorded from Central Ward cluster to draw inferences about the county.

1.5 County/Cluster Profile

Embu County borders Kirinyaga County to the West, Kitui County to the East, Tharaka-Nithi County to the North and Machakos County to the South. It is located approximately between latitude 0° 8' and 0° 50' South and longitude 37° 3' and 37° 9' East. The county occupies an area of 2,818 Km². It is divided into four constituencies namely; Manyatta, Runyenjes, Mbeere North and Mbeere South which form the sub-counties.

Embu County straddles from North-West towards East and South-East with a few isolated hills such as Kiambere, Kianjiru and Kiang'ombe which rise above the general height and slope. The county is characterized by highlands and lowlands. It rises from about 515m above sea level at the River Tana Basin in the East to over 4,570m above sea in the North West which is part of Mt. Kenya. Between Embu Town and Thuci River lies an area with an altitude ranging from 910m to 1,525m above sea level.

The rainfall pattern is bi-modal with two distinct rainy seasons. The long rains occur between March and June while the short rains fall between October and December. Rainfall quantity received varies with altitude averaging to about 1,067.5 mm annually and ranging from 640 mm in some areas to as high as 1,495 mm per annum. On the higher altitudes (above 1700m), the pattern changes to tri-modal. Temperatures range from a minimum of 12°C in July to a maximum of 30°C in March with a mean of 21°C. The extensive altitudinal range of the county influences temperatures that range from 20°C to 30°C. July is usually the coldest month with an average monthly temperature of 15°C while September is the warmest month with an average monthly temperature rising to 27.1°C. There is however localised climate in some parts of the county especially the southern region due to their proximity to the Kiambere, Masinga, Kamburu and Kindaruma dams.

The population of the county was estimated at 543,221 persons comprising 267,609 males and 275,612 females with an estimated annual growth rate of 1.7 per cent. The population is projected to rise to 571,645 and 591,412 by 2015 and 2017 respectively. The increase is due to high fertility rate, decline in the mortality rates for children below

five years resulting from reduced incidences of malaria and increased access to health services. The rural population comprises about 80.3 per cent of the total population.

The county was projected to have had an average population density of 193 people per square kilometre in 2012. This is projected to rise to 203 and 210 in 2015 and 2017 respectively. The most densely populated constituency as per the 2012 projections was Manyatta with 605 persons per square kilometre in 2009, followed by Runyenjes, Mbeere North and Mbeere South in that order with 590, 122, and 104 respectively. The high density in Manyatta and Runyenjes is because these are the agriculturally productive areas. On the other hand, Mbeere North and Mbeere South are largely semi-arid with low population density.

Agriculture is the mainstay of the county and livelihood of the people. The sector employs 70.1 per cent of the population and 87.9 per cent of the households. The upper part of Embu county relies mainly on cash crops such as coffee and tea while the lower part mainly produces food crops such as maize, beans, cowpeas, bananas, sorghum, tomatoes, pawpaw, avocados and citrus fruits.

Ndune cluster is located in Mwea sub-location, Makima Division, Mbeere South District in Embu County. The residents of Ndune cluster are of different communities (Kikuyu, Kamba, Mbeere and Embu) but Kambas are the majority. The cluster has 114 households.

The main economic activity in the cluster is small scale farming of peas, miraa and fruits (assorted). Farming of maize and beans is also practiced when the rainfall is adequate.

The roads in the community are in bad condition because when it rains even four wheel drive vehicles cannot access the community.

1.6 Study Limitations

A major limitation in the PPAs design is the fact that they are not designed to collect quantitative information, and the qualitative information collected during the study in a cluster is not representative of the County or even the sub-county. However an aggregation of findings in a national report is expected to fairly represent the socio-economic problems, challenges and opportunities facing the Country

1.7 REPORT ORGANIZATION/OUTLINE

The report is divided into six chapters including chapter 1 which covers introduction. Chapter 2 highlights the survey findings on poverty diagnostics while chapter 3 presents findings on

provision of services in the selected policy areas (healthcare, basic education, agricultural services and inputs, water and sanitation and housing). Chapter 4 covers the findings other pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), KaziKwaVijana (KKV), Roads 2000, and devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) etc. and any other pro-poor interventions. Chapter 5 covers crosscutting and emerging issues while chapter 6 outlines the recommendations and conclusion.

CHAPTER TWO: POVERTY AND INEQUALITY IN EMBU COUNTY

2.1 Introduction

According to Embu County Integrated Development Plan, poverty levels in the county are 41.8 per cent. Rising levels of poverty is the main cause of the increasing cases of child neglect, child labour, increasing school drop-out and crime rate. Poverty is the single factor that most affects development in a number of ways. The level of farm productivity depends on the investment in farm inputs. The poor are forced to use low technologies and low quality inputs. The exploitation of natural resources such as forests in search for wood fuel and eventual degradation of the environment affects mostly the poor.

2.2 Definition of Poverty

Ndune community members defined poverty (*ukya*) as lack of what one requires to satisfy ones needs such as having no land to till and get food and being unemployed thus not able to feed oneself or the family. A key informant, area Chief, defined poverty as lacking what is needed to live a normal life.

2.3 Classification of wealth groups

The community identified three categories of wealth groups. These were the very poor, the poor and the rich. The community had a total of 114 households. Based on community perception 10 per cent (11 households) of the community households were perceived to being rich while 30 per cent (34 households) were perceived as very poor. The rest 60 percent (69 households) were perceived to be poor.

The community felt that even the rich lacked quality healthcare services, education and other social amenities because they were not available in Ndune community.

2.4 CHARACTERISTICS OF WEALTH GROUPS

Characteristics of the Very Poor

The community felt that the very poor have the following characteristics:

- They have no shelter thus sleep outside;
- They wear tattered clothing;
- Their children do not attend schools due to lack of basic need;
- They cannot afford even the basic healthcare services; and
- They depend on well wishers for food.

Characteristics of the Poor

The community stated that the poor have the following characteristics:

- They own 1-2 acres of land;
- They have limited sources of income;
- They live in grass-thatched mud –walled houses; and
- Their children acquire primary education only.

Characteristics of the Rich

The community felt that the rich exhibit the following characteristics:

- They have huge tracks of land (over 20 acres) or can be able to rent land for farming;
- Their children attend private schools;
- They have enough food thus afford three (3) meals in a day;
- They have good houses built with bricks or stones and roofed with iron sheets or tiles; and
- They have businesses, shops and stores.

However, the key informant (Chief) defined the very poor as those who live under the mercy of the others, the poor as those who have food which is not sustainable and have no cash crops but sell foodstuff to finance school fees and health care. He defined the rich as those who have a vehicle and huge cash at banks.

2.5 Causes of Poverty

The community perceived the following as the main causes of poverty among its members:

- Lack of employment. They reported that there were only seasonal casual jobs available;
- Low level of education amongst community members;
- Inadequate rainfall leading to over dependence on relief food which is not reliable nor sustainable;
- Poor road network which disconnects Ndune people from the rest of Embu County;
- Drug abuse [Alcohol; Makabo, Bhang, *Miraa*, *Naisu*, a type of alcohol];
- High dependency ratio at the household level. Many children per household-(on average 8); and
- Laziness and idleness mainly among the men who engage in drug abuse and local brews in the local market.

The key informant mentioned the following as some of the causes of poverty:

- Men were lazy/not working; they meet at markets to idle and are not prepared to do casual work;

- The youth did not like to do menial jobs as they were only keen to get white collar jobs which are very rare in the community; and
- Low education levels among the community members.

2.6 Impact of poverty.

According to the community, the most affected people by the high poverty levels are women and children. The PWDs and OVCs shoulder a double burden due to poverty since they are vulnerable, marginalized and sometimes neglected.

However, the community members felt that men have a “don’t care” attitude and most of the time they desert their families due to poverty.

2.7 Coping Mechanisms

The community perceived the following as the coping mechanisms/strategies among women, youth and men.

Women

- Forming social groups where they contribute Kshs.50 to Kshs.200 which they give to one member as a merry-go-round;
- They work as casuals during rainy seasons in the farms of the rich people;
- When there is no casual work available, some women sometimes engage in prostitution;
- Children are subjected to child labour in the farms and sometimes the girl-child is abused by the guardians and caretaker; and
- Washing clothes and doing other house chores for the rich.

Men

- Charcoal burning at Ndune hill;
- Ploughing together during rainy season;
- Stealing domestic goods such as chicken; and selling them to buy alcohol or drugs;
- Working in the farms of the rich;
- Marry second wife in the disguise that the first wife has brought poverty to the man in terms of children burden; and
- Idling in the shopping centres waiting for politicians to give them hand outs;

Youth

- Doing casual labour in the farms of the rich;
- Selling miraa which are readily available almost in every household;
- Migrating to urban areas in search for jobs; and
- Graduates are employed as part time teachers in the local schools.

2.8 Assets Ownership, Access and Decision Making in the Household

According to the community, assets are owned by men but usually utilized to benefit the whole family. However, women must consult men first before disposing any valuable assets such as livestock and land.

2.9 Poverty, Gender and PWDs

The community reported that there were major gender disparities in term of poverty. Women are mainly the providers of the household needs especially in term of food in most of the household. Men seem to be less concerned on what the family feeds on and sometimes rely on women to provide for them as well. For instance, when a child gets sick, the woman has to seek for medical help solely regardless of whether the father was within. This puts a lot of burden on women to an extent of having no time to carry out some activities that would benefit the household such as casual labour.

The community noted that women were the bread winners and mostly finances the education of the children. However, they mostly depend on men for decision on where and how to work.

There are PWDs in Ndune, including households headed by them. The households were said to be very poor as there are no government interventions. Sometimes, the PWDs are regarded as burden by both family members and relatives.

2.10 Poverty Trends over Time

The community reported that poverty over the past years has slightly reduced due to various interventions by the state and non-state actors. For instance the Free Primary Education (FPE) and Subsidized Secondary Education have freed some resources for other household needs. They added that although the FPE is not entirely free, it has enabled the households to reduce expenditure burden on educating their children.

Programmes such as Constituency Development Fund (CDF) and bursaries to needy students have also improved peoples' welfare over time.

The introduction of free treatment for under-five and cost sharing in the health facilities has somewhat slightly reduced the burden on the households.

2.11 Interventions Targeting the Poor in the Community

The community mentioned the following as some of the interventions targeting the poor in the area.

- World Food Programme (WFP) provides meals in schools. This has enhanced retention of the pupils in schools and lessens the burden to parents on provision of lunches to their children;

- Community members form groups where different issues are discussed such as awareness creation, how to plant vegetables in sacks, formation of demonstration farms for chicken rearing and any other technologies;
- Action Aid has installed pumps for irrigation and funds farmers to buy farm inputs; organizes exchange programmes, supports education through bursaries and educates the community on accountability and disaster preparedness. They are also creating awareness on job creation and role modelling;
- Kenya Wildlife Service (KWS) and Tana River Development Authority (TARDA) have collaborated with the community on how best to use their farms and use of the water from the dams for irrigation; and
- Church organizations and other institutions have bought goats for some community members.

2.12 Recommendations for Improvement

The following were the recommendations to improve their well-being:

- Decentralize government services to the community to enhance access;
- Facilitate the officers at the lower levels for better service delivery; and
- Create more job opportunities in the area to enable the youth to be engaged productively.

CHAPTER THREE: FINDINGS ON PROVISION OF GOVERNMENT SERVICES

3.1 HEALTH CARE

3.1.1 Introduction

The study indicated that the county has a health infrastructure comprising both public and private facilities. It is the host to Embu Provincial General Hospital and three district hospitals; Runyenjes, Siakago and Ishiara. There are also a large number of smaller health facilities across the county.

Malaria is the most prevalent disease in the county. However, diagnosed cases are on the decline especially with the continued fight against the disease through distribution of ITNs, environment management programmes and spraying in mosquito prone areas. Other common diseases include upper respiratory tract infections, diarrhea, skin infections, typhoid, amoeba and pneumonia.

Poor nutrition, in the form of under-weight children, was reported. Malnutrition cases are not many since the county is agriculturally productive except in the lower areas. In the health centres there is need for nutritionists to advise nursing mothers on the best diet from what is at their disposal.

More than 90 per cent of children below two years receive full vaccination (BCG, three doses of polio and measles) before reaching the age of 12 months. Tetanus toxoid injection is usually administered to mothers who have just given birth.

In the county, 57 per cent of contraceptives are provided by public health facilities while 36 per cent are supplied by private medical facilities, six per cent through other private sources (e.g. shops) and less than one per cent through community based distribution systems.

3.1.2 Major Health Concerns in the Community

Ndune community perceived the following as their main health concerns: Typhoid, Malaria, TB, Pneumonia, Dysentery, Amoeba and HIV&AIDS.

According to the key informant (District Public Health Officer), the major health concerns are malnutrition, malaria, skin diseases, and respiratory diseases and diarrhea in children. Some of these health concerns are mainly because of use of contaminated water and dirty environment.

According to the community, the above concerns are as a result of the following reasons:

- No veterinary services hence the community is forced to consume un-inspected meat;
- Pneumonia has killed children of age 5-8 years due to lack of awareness and information, ability or money to pay for the services and inaccessible health facilities;
- The community fears to undergo HIV&AIDS tests although there are no VCT services in Ndune; and
- Drugs are rarely available in Ndune since even the private chemist operates once per month.

The community felt that these factors have forced them to rely on herbal medicine. For example someone coughing might rely on herbs.

Maternity services are not available. Many Traditional Birth Attendants (TBAs) are present in the villages to help in child delivery. Even in the nearby dispensaries, maternity services are not available due to lack of water and electricity, and if they are to be used, it is only for emergency cases. Community Health Workers (CHWs) are available in Ndune but they face challenge in that people ignore to take their advice. The community claimed that those who seek maternity services in Embu provincial Hospital pay Kshs.1,500 for admission and Kshs.200 daily for bed.

The community perceived the following as the common modes of paying for the health services:

- Between the husband and the wife, whoever is not sick would pay for the bill for the sick ;
- Dispensing assets such as cows and goats to raise funds; and
- Borrowing from friends and relatives.

The payment is done on cash since majority are not aware of the NHIF scheme. The community also tends to organize *harambee* in case the medical bill is too high.

The community perceived that only 30 percent of the population takes seriously the advice from the CHWs who are tasked with supply of condoms, and mosquito nets. There are no drugs provided for the treatment of the nets and no spraying services are being provided to the community.

Concerning free healthcare for the under-five, the community perceived that the Kshs.20 for the card and Kshs.100 for the treatment make it not free and unaffordable since if someone does not pay for treatment, the child is not treated. It was reported that drugs are sometimes not available and thus the sick are advised to buy them.

3.1.3 Provision of Health Services (Access, Affordability, Availability)

According to the community there are no health facilities in Ndune village. The nearest dispensaries are located in the neighbouring Maximia and Mbondoni sub-locations.

The community noted that Mbondoni Dispensary is located four (4) kilometers away and takes a healthy person one (1) hour to walk and over two (2) hours for a sick person to reach the dispensary. The Maxima Dispensaries is nine (9) kilometers away while Mathare is twelve (12) kilometers from Ndune village. The community felt that these facilities are inaccessible due to the distance from the community compounded by the poor road network making walking as the main method of transport.

According to the key informant (District Public Health Officer), there are few hospitals which are located far away from the community. The officer reported that the facilities lack enough drugs; medical personnel such as nurses and services such as maternity wards, ambulances, and other equipment. He added that the health facilities are managed by health workers, and health facility management committees who interact with the community. The community produces reports to the relevant authority on the status of health services. He also said that the district has Community Health Workers (CHW) who assess the status of health services at the community level and also produce independent reports.

The key informant added that some of the services offered for the community are:

- Curative services - where they treat diseases such as malaria, coughs among others;
- Preventive services - whereby they educate the community on how they can avoid being infected with some diseases;
- Family planning methods;
- Promotion of services offering family planning services at no charges; and
- Maternal and Child Health (MCH) where they encourage pregnant mothers to attend clinics from the time of conception.

3.1.4 Interventions towards Improvement of Health Services in the Community

The Public Health Officer reported that the community health workers are supposed to access at least 20 households in the community but in case of emergency the CHWs address and offer the needed advice. Other interventions include provision of mosquito nets for pregnant mothers and under-five and mosquito spraying.

The officer said the services offered in the health facilities are not free except charges for MCH i.e. maternal and child health. Laboratory charges range from Kshs.40 to Kshs.200. He added that these services are somehow subsidized by the government. It was also reported that the TBAs were still attending to pregnant mothers. But the community health workers have been advising the community on the importance of being attended by qualified medical personnel.

3.1.5 Decision Making on Health Issues in the Family/Community

The decision on health issues are made by both men and women since they are both directly affected by any health issues in the family. However, the community noted that the decision on the health of the children is mostly made by the women since they are the one who are very close to them.

3.1.6 Ideal Family Size among the Households in the Community

The ideal family size in Ndune is between six (6) and ten (10) children. This is due to few women being aware of family planning. The community also felt that the family planning services available are a bit too expensive for them considering their poverty levels.

The key informant said that the women in the district are in control when it comes to deciding whether to use family planning. It was reported that these services are accessible during maternal and child health clinics.

3.1.7 Relationship between Household Size and Poverty

The community said that the bigger the family the more the burden in purchasing basic needs. If the family is large, the cost of health care, education and basic needs will be high and thus the meager resources in the household will be depleted and may lead the household's poverty levels increasing.

Some community members felt that the larger the family the more the labour force. Others felt that when the children grow up they will help the household collectively without putting the burden on one household member.

3.1.8 Access and Decision Making on Family Planning Services

The community felt that men have the power to control the number of children in a family but they have not done so. This has forced women to make decisions on their own to prevent pregnancy without men's consent. The community perceived that traditions which promote many children in a family are also being upheld in this community.

On family planning, the community perceived that the drugs are expensive. They are retailing at Kshs.100 although initially they used to be given for free. The community felt that the Kshs.100 would better be used on food and give birth rather than sleep hungry and avoid pregnancy.

The community perceived the following as the causes of the large household.

- 60 – 80 per cent of the people in this village are born there and have no exposure to family planning. They are only aware of giving birth, farming and feeding the family (kusyaa, kuimanakuya).
- Both men and women are ignorant to family planning and hence take no control.
- Women tend to have no control over their drunken husbands who force them to have sex hence conceiving.
- No proper channels within the community to access condoms which are kept by CHWs. Community members are ashamed of asking them from the CHWs. This has forced people to make use of polythene bags (Nzuera) since condoms sold in the local market are expensive. They retail at Ksh.10 each.
- The community perceived that the condoms are also kept in bars and clubs where many people do not enter hence they cannot be accessed. The current CHWs are also ashamed of distributing the condoms to the people hence not currently available to the Ndune community.

The key informant added that the women are illiterate on family planning methods ranging from pills to injections and coils. The officer said that the district has no maternity services but the dispensaries offer clinics whereby the nurses are able to know the birth dates for pregnant mothers and therefore refer them to Embu Provincial hospital.

3.1.9 Opinion on Status of Health Services Overtime

The key informant felt that over the last 10 years, health services have improved. He also noted that with provision of services such as family planning, maternity services among others, the population has been reducing over time i.e. parents are raising manageable families. However, the number of deaths from serious injuries and illnesses has been increasing because of lack of ambulances, enough drugs, equipment and poor infrastructure.

3.1.10 Recommendations

The following recommendations were made:

- That a health centre should be built in Ndune village;

- The community should be empowered by being provided with the proper and up-to-date information on health;
- VCT center be established in Ndune, while sensitizing the community on VCT services;
- Effective distribution channel for condoms;
- Clear information on the operation of NHIF;
- Youth friendly services provided;
- Infrastructure development enhanced;
- Medical equipments; and
- Post additional medical personnel

3.2 BASIC EDUCATION

3.2.1 Introduction

In reference to the Embu County Integrated Development Plan, pre-school education is not performing well. There are about 282 ECD centres with an enrolment of approximately 9,560 pupils. This represents 33.5 per cent of pre-school population in the county. 66.5 per cent of the pupils do not attend ECD education. The ECD classes are offered mostly in private schools where the majority of the people cannot afford due to poverty. ECD classes need to be introduced in all public primary schools with subsidized fees.

The county has 468 primary schools with an enrolment of 128,022 pupils with a teacher/pupil ratio of 1:34. The net primary school enrolment rate is 94 per cent. Of this, boys are 49.8 per cent while girls constitute 50.2 per cent of the total enrolment. The total population of primary school going age is 107,939. This shows that the extra pupils could be under age but enrolled due to FPE, or children from other counties being enrolled in educational institutions in Embu County. There are 163 secondary schools with a teacher/pupil ratio of 1:23. The total student population is 35,165 while that of teachers is 1,511. The net secondary school enrolment rate stands at 33 per cent.

There are two leading satellite public universities in the county namely, University of Nairobi and Kenyatta University. There are also privately owned colleges that are located in major towns. They include the Kenya Institute of Management, Embu College, and Achievers College that offer business and information technology courses. There are also 11 youth polytechnics and 22 private non accredited colleges.

3.2.2 Status of the Education Facilities

Ndune village has only one public primary school which is known as CM Ndune primary school. There is no secondary school. The school which was started by the community

members is three years old. Initial classes were made of mud (*ithinandaka*), then upgraded to soil bricks class rooms and currently three classrooms have been constructed with stone blocks through the Constituency Development Fund (CDF).

Desks are inadequate with six (6) pupils sharing one desk. The community perceives this as over congestion leading to poor education standard. The school has seven (7) Government employed teachers and four (4) Parents Teachers Association (PTA) teachers.

3.2.3 Provision of Education Services (Access, Affordability, Availability)

The community reported that each parent contributes Kshs.1,000 per term; to pay PTA teachers, cooks and watchmen. Parents are also involved in repair of the temporary (muddy) classrooms. The community feels that the Kshs.1, 000 required is unaffordable and has led to very high pupils drop-out from school.

It was also reported that children from the very poor do not have access to education due to lack of uniforms, money to pay for watchmen, the cooks and the books. Also, some of these children are subjected to child labour hindering them from attending school. In particular boys look after the livestock while girls do the household chores. Sometimes girls are sexually abused by their employers. Majority of children do not proceed to secondary school due to poverty.

3.2.4 Status of Education Services

The community felt that FPE was a good idea but quality has deteriorated over time. The community claims that initially pupils used to be provided with books and pens. Desks were provided and maintained but the services are no longer there. The community felt that the FPE programme is as expensive as before its introduction in 2003.

3.2.5 Interventions towards Improvement of Education Standards in the Community

The community informed the study team that food provided by non state organizations for lunch helps to retain pupils in school. No bursaries (CDF, LATF) are provided in this community. The provincial administration and village heads encourage parents to take their children to school.

3.2.6 Relationship between Education and Poverty

The community stated that lack of education has led to poverty in the community. It felt that sponsors such as banks do not provide bursaries or scholarships due to

poor performance. The community claimed that the best pupil score about 200 marks which makes it difficult to attract sponsors.

The community believes that there is a correlation between education and poverty since an uneducated person has no skills for gainful employment and may be poorer than educated one.

3.2.7 Opinion on Status of Education Overtime

The community perception of education is that the quality of education has deteriorated over time. When the FPE started pupils were being supplied with books, pens, and currently, these services are no longer there. The community feels that for now the programme (FPE) is insignificant and education is as expensive as before.

3.2.8 Recommendations

The following recommendations were made:

- There should be a clear communication channel through which the community can air its grievances;
- Funding of schools should be increased to avoid transfer of pupils to a better schools located outside Ndune cluster;
- The current teachers should be transferred and others brought in to improve the performance of the students;
- That a senior education officer be brought closer to the people; and
- The community recommended that the result of this assessment be made accessible to them.

3.3 AGRICULTURAL SERVICES AND INPUT

3.3.1 Introduction

According to the County's CIDP, agriculture is the mainstay of the county and livelihood of the people. The sector employs 70.1 per cent of the population and 87.9 per cent of the households are engaged in agricultural activities. The upper part of Embu County relies mainly on cash crops such as coffee and tea while the lower part mainly produces food crops such as maize, beans, cowpeas, bananas, sorghum, tomatoes, pawpaw, avocados and citrus fruits.

The total acreage under food crops is about 14,000 ha compared to the total acreage under cash crops of 19,000 ha. The county heavily relies on agriculture as the source of livelihood for its people and as the main economic activity.

The average farm size for smallscale farming is 0.8 ha while that one of largescale farming is at 3 ha. The large scale farms grow cash crops while the smallscale farms produce food crops. Main cash crops are grown in upper parts of the county although the area practices mixed farming. The central part is the main producer of food in the county.

Livestock farming is gaining popularity with the revival of milk cooperatives and investment by private sector on milk processing plants. Dairy farming is concentrated in the upper parts of the county while in the lower parts, indigenous breeds are reared. The main types of animals reared include cattle, goats, sheep and chicken. Rabbit rearing has also become an attractive venture to the farmers.

3.3.2 Provision of Agricultural Services and Inputs (Access, Affordability, Availability)

. Many of the community members are small scale and unskilled farmers who do not possess title deeds for their land. The community claims that agricultural extension officers are not available in Ndune village. Seeds are given to selected few farmers. The community was not aware of the criteria used to select the benefiting farmers. The beneficiaries claim what they get is not enough and so they have to supplement the supplies. The seeds also tend to reach them late when the season is almost ending. The diocese of Embu also provides them with seeds though not enough. The community sells most of their produce to brokers at exploitative prices.

The District Veterinary Officer (DVO), District Livestock Production Officer (DLPO) and District Agricultural Officer (DAO) said that the services offered are chargeable except for the ones they offer in case of outbreaks. They said that they offer advisory services on breeding of animals and crop production. They also do demonstration and capacity building.

3.3.3 Interventions towards Improvement of Agricultural Standards in the Community

The DAO, DLPO and DVO said there are programmes aimed at improving the level of livestock and agriculture production. These programmes include:

- a) **NjaaMarufuku**—The programme identifies groups that have initiatives of reducing poverty and fund them. This programme is divided into three components:
 - (a) Component I: This is grant money given to the groups. The grant ranges from Kshs.120, 000 to Kshs.150, 000;

- (b) Component II: This component involves feeding of children in schools;
- (c) Component III: This component funds NGOs that are involved in taking care of food problems in the community. The amount ranges from Kshs.200, 000 to Kshs.300, 000.

b) **Value Addition**–This deals with traditional high value crops to ensure good quality of seeds such as those suited to dryland farming. Such crops are. Drought tolerant.The programmealso ensures that the community is provided with quality seed which suit their soils so that they get some yield even under the worst climatic conditions.

c) **Food Agricultural Organization** – The DAO said that this programme was there but is currently not active.

d) **Fertilizer cost reduction under the Ministry of Agriculture**

This programme subsidizes fertilizers. However, the DAO said that farmers face the problem of accessing fertilizers if storage facilities is located far from farmers. Some fertilizers offered and subsidized are 17.17.17 at Kshs.2,300, CAN for Kshs.1,500 among others.

The DVO and the DLPO informed the study team that the Ministry of Agriculture also provides animal feed supplements to farmers.

3.3.4 Target Group for Agricultural Services

The key informants stated that the programmesdo nottargetanyparticular group or individuals but it is offered on a need basis. However, the community said thatit received assistance through seeds and fertilizer. This was however not adequate as it did not reach all the community members.

3.3.5 Relationship between Agriculture and Poverty

The community stated that there is positive relationship between agriculture and poverty. When the sector is affected by drought, farmers who are the majority in the county, harvest inadequate produce which is not enough for their subsistence. This situation does not leave surplus for sale. They also stated that lack of adequate storage facilities makes them sell their produce immediately after harvest at low prices. This promotes poverty. The community needs to be trained in order to gain skills that would increase productivity.

3.3.6 Opinion on Status of Agriculture Overtime

The DAO said that over the past 10 years, agricultural production has declined mainly due to lack of personnel; and inbreeding, among others. He stated that after offering extension on drought resistant crops yields started increasing.

3.3.7 Recommendations

Ndune community made the following recommendations:

- i. The community should be educated on modern farming techniques ;
- ii. Financial opportunities such as loans be made available, seeds be provided and pesticides control measures be put in place;
- iii. Adjudication of their land should be done and title deeds processed;
- iv. Water harvesting enhanced to promote irrigation;
- v. Water from River Tana and Thiba should be pumped to Ndune Hill since it can flow to their land by gravity;
- vi. Agricultural extension services be made available;
- vii. Increase the number of technical personnel;
- viii. Provide incentives to staff such as transport to enable them reach the community;
- ix. Create disease free-zone; Fund irrigation schemes;
- x. Encourage environmental conservation measures;
- xi. Conduct regular surveys to check the impact of any programme started;
- xii. Avail tanks for water harvesting programmes and dig earth dams; and
- xiii. Provide high breed seeds.

3.4 WATER AND SANITATION

3.4.1 Introduction

According to the County's CIDP, provision of clean and safe water for domestic use and irrigation is important in the county. The county is served by six major rivers; Thuci, Tana, Kii, Rupingazi, Thiba and Ena. The county also shares some major dams, which generate hydroelectric power for the country. These dams include Kiambere, Gitaru,

Kindaruma and Masinga all of which are situated along the TanaRiver. The quality of water is good since all the rivers originate from the upper region. As the water gets downstream it gets polluted and hence low quality of water in the lower parts of the county.

There is a number of water service schemes that include; EWASCO, Itabua-Muthatari, Kithimu-Kithegi and Ngandori-Nginda. These water supply schemes supply water to large areas in the county especially Embu town, Runyenjes area and the larger Mbeere area.

The main sources of drinking water in the county include rivers, piped water, wells, springs, and boreholes. All waters of the major rivers originate from Mt. Kenya forest. In the upper part, 30.1 per cent of the population gets water from rivers, 35.7 per cent from piped water schemes and 21 per cent from dug well. In the lower parts 40.4 per cent get water from rivers, 8.2 per cent from piped schemes, 23.7 per cent from dug wells and 10.9 per cent from boreholes.

Majority of the people in the county use flush toilets and pit latrines. On average, 2.8 per cent in the county use flush toilets, 14.2 per cent use VIP pit latrines and 77.2 per cent use normal pit latrines. The flush toilets are mostly used by the urban dwellers while majority of the rural population use pit latrines.

3.4.2 Status of Provision of Water and Sanitation

The main services of water in the community are borehole and earth dam. Some community members are forced to go for water in the neighbouring location (Mbondoni), which is 3-4km away. Their water sources are not sustainable since the borehole tends to breakdown. There is also siltation of the earth dam which reduces the quantity and quality of water. Women and children are the ones who fetch water in the community. Men use carts and donkeys to collect water.

The community has no access to clean safe drinking water hence depend on the contaminated dam and borehole water. Currently the only borehole in the community is not operational. People are thus forced to go nearby borehole in the neighbouring Mbondoni community which is 4 kilometers away. The community does not have any water treatment method due to lack of information. Some people use highly contaminated water from the dam (Silanga) for cooking..

The District Water Officer outlined water sources as: perennial rivers, earth dams, bore holes, shallow wells and sub surface dams. He said that the water is for domestic, livestock and also for smallscale individual irrigation. Some sources like boreholes are

developed by the community and NGOs. The dams are managed by both private organizations and the public who elect management committees. There are about 200 within the area. But the wells are only found in areas where the water table is high.

Aged women are the ones who carry water on their backs or use donkeys when the youth are in school

3.4.3 Types of Sanitation Facilities

The community depends on pit latrines which are mostly two feet deep because the soil tends to collapse when they are dug deeper. The community is not conversant with washing hands behavior. It is therefore quite expensive to construct a deep latrine since the subsoil has a poor structure.

The community claims that Ndune market has no latrine but the county government continues to levy taxes on them with no significant service delivery. The community argues the shallow latrines tend to fill during rainy season, where the waste is drawn off to the residential areas leading to such diseases such as typhoid, diarrhea, amoeba, among others. As there are no dust pits, the community burns the solid waste.

3.4.4 Relationship between Environmental Degradation and Water Availability

The community is aware of environmental conservation and management. It is aware of the disadvantages of cutting trees. Charcoal burning for sale is carried out on Ndune hill due to poverty. The community also feels threatened by the council officers when they question about charcoal burning.

The DWO said that there is a downward trend of water availability because of increase in population leading to high demand for water and cutting down of trees. He also said that environmental degradation is affecting the availability of water greatly.

3.4.5 Opinion on Status of Water and Sanitation Overtime

The community perception is that for the last ten years, the situation has worsened due to increased population. In addition due to the same factor water availability has declined.

The DWO said that water availability is still a very great challenge to the community. The communities have to walk long distances to reach boreholes. Maintenance of facilities is a challenge because of erosion, and silting of dams. The change over the last 10 years in terms of water availability and sanitation is minimal. He further reiterated that the downward trend of water availability is due to increased population leading to high demand of water. Cutting down of trees has also impacted the environment negatively.

3.4.6 Relationship between Water and Sanitation, and Poverty

The community reported that the following effects are caused by lack of adequate clean water:

- i. Emergence of diseases such as typhoid;
- ii. Low crop yield due to lack of enough rainfall; and
- iii. The community is forced to dispose of the livestock in times of drought due to lack of water.

3.4.7 Recommendations

The community recommended that the government should:

- i. Create awareness about sanitation through sensitization fora ;
- ii. Construct a health centre for the community;
- iii. There is need to provide latrines in the local market;
- iv. The government to provide clean drinking water;
- v. Provide water treatment equipments;
- vi. Increased effort in environmental conservation;
- vii. Creating awareness on water harvesting; and
- viii. Treatment of water at the source.

3.5 HOUSING

3.5.1 Introduction

Most houses in Embu County are semi-permanent in nature with walls made of wood and mud while the floor area is made of earth. Corrugated iron sheets are used for roofing in most of the structures compared to tiles and asbestos which are rarely used because of their high cost.

3.5.2 Types of Building Materials

The community builds their houses using mud, grass, bricks and iron sheets. There are no housing programmes in the community.

Bricks are locally made and iron sheets bought from the local market but at an expensive price. This is due to high transportation cost. Ndune has no good road network that connects it to the other parts of the county. Furthermore, since the community does not own land legally, it is difficult to invest in permanent housing.

3.5.3 Status of provision of housing

Housing in the community mostly comprises semipermanent bungalows. The houses are located within small plots which do not have title deeds. The community builds the houses using mud, grass, bricks and corrugated iron sheets. The bricks are made locally while the iron sheets are bought from the local market.

3.5.4 Opinion on Status of Housing Overtime

The community perception is that the status of housing has improved over the last ten years although at a great cost.

3.5.5 Types of Housing and Household Headship

There are widow headed households and the houses belong to the household members.

3.5.6 Recommendations

The community recommended the following:

- i. The government provide title deeds to the community to give it confidence before its starts to construct permanent houses; and
- ii. Good road networks should be created to reduce the prices of construction materials.

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

4.1 Introduction

This chapter presents the findings on some of the pro-poor initiatives such as cash transfers (CT), KaziKwaVijana (KKV) and Roads 2000. It also highlights the findings on some devolved funds.

4.2 Pro-Poor Initiatives

4.2.1 Cash Transfers

According to the community, there have been no cash transfers in Ndunearia. The community claims that in the last five years, the elderly were promised support after their names were listed, but so far no CT has been witnessed.

However, according to the key informants there are cash transfer beneficiaries in the county though none benefit from Ndunearia community. The District Children's Officer (DCO) and the acting District Social Development Officer (DSDO) said that there are various programmes of cash transfer aimed at the disabled, orphans and vulnerable children, elderly and the very poor persons in the county. These programmes are:

- OVCs: The locations benefiting are Mavuna, Karaba and Kianjiru. The total number of beneficiaries is 381 households;
- The Elderly: The number of households that is benefiting in the county is 767.

The payment of these funds is made through post offices at Kiritiri and Karaba. It is made in two months installments of Kshs.2,000 per household. The programme benefits the household where the beneficiaries live. The money is given to the caregivers for the OVCs while the disabled and the elderly collect the money themselves. They also said that in case the beneficiaries do not collect the money, the officers make follow-ups. In case of deaths of the disabled, replacements are made following certain procedures. The beneficiaries own the programme but monitoring is done through committees consisting of the beneficiaries themselves. People are enrolled to the programmes through validation exercises. The officer said that the programme has benefited the families because some groups of beneficiaries have started goat buying programmes, basket weaving and smallscale irrigation. However, the officers said that the money is not adequate especially for the disabled and the elderly who pay school fees for their children and grandchildren.

Recommendation

The community recommends that the government should ensure that cash transfers reach the elderly and the OVCs. More so, the key informants recommended:

- i. Increment on the amount given;
- ii. Increased coverage such that more needy persons benefit;
- iii. Increase of personnel; and
- iv. Offering of incentives e.g. transport to the implementing personnel.

4.2.2 KaziKwaVijana (KKV)

The community was not aware about the KKV and no initiative had been taken.

Recommendation

The government should create awareness about the KKV and initiate activities within the community.

4.2.3 Roads 2000

The community has never heard of such a program hence had no knowledge about it.

4.3 Devolved Funds

The community had very little knowledge about devolved funds. They lacked information, majority were ignorant which is a major problem. Some women stated that they had information about Women Enterprise Fund (WEF) but their leaders have attempted to take advantage of others inducing fear amongst women.

The community claims that they are not involved in decision-making about these funds; they are perceived "small".

Recommendations

- i. Opportunities to access such funds be created for men.
- ii. Awareness creation on devolved funds.

4.4 OTHERPROGRAMMES

4.4.1 Goats for Milk Program

This is a program being implemented by ACK church where community members are given goats to take care of but are expected to give back the first she-goat so that the same is given to the next person.

4.4.2 Chicken Program

Integrated Rural Development Program (IRDP) gives the community members cocks to improve their local breeds. The community reported that the programme has benefitted them because their chickens are fetching more in the market than the local chicken.

4.4.3 Action-Aid (NGO)

The community claim to have benefitted from school feeding program and construction of classrooms by the above organization.

4.4.4 Recommendations

- i. The community perceived such interventions help them and therefore there was need for more programmes that should be closer to them.
- ii. There is need to create awareness of such programs.

CHAPTER FIVE: CROSS-CUTTING AREAS AND OTHER EMERGING ISSUES

5.1 Introduction

This chapter covers the cross-cutting areas and any emerging issues such as HIV&AIDS, gender and disability among others. These issues came out throughout the discussion with the community and the key informants.

5.2 HIV&AIDS

The community gets HIV&AIDS services from a nearby dispensary located a few kilometers away. The community claimed that there is testing for HIV/AIDS but there are no counseling services. This discourages the community from seeking these services. This omission discourages expectant mothers from seeking for these services though mandatory thus leading to home delivery which is risky.

5.3 Disability

The community claimed that there are families with people with disability (PWD), some of whom are family heads. Since there are no interventions, PWDs tend to be a bother to their families and relatives.

5.4 Gender

The community stated that many men are the heads of the family and decision-makers. Although the assets can be bought by any member of the family, men have the final word over the assets. They also recognized that among men, women and children; women are the most affected by poverty.

CHAPTER SIX: RECOMMENDATIONS AND CONCLUSION

Some of the recommendations made are:

- i. Establish a health centre in Ndune community;
- ii. Train the community on health and hygiene matters;
- iii. Clear communication channel to forward their complaints especially about education issues should be established;
- iv. Stringent disciplinary measures to be taken on teachers.
- v. Training on modern farming methods be provided,
- vi. Allotment of their land, and title deeds to be issued;
- vii. Water harvesting to be carried out in Ndune to promote irrigation activities.
- viii. Financial opportunities such as loans be made available to farmers;
- ix. Provide latrines in the Ndune market;
- x. Provide information on sanitation and hygiene;
- xi. Improve the road network to facilitate transport;
- xii. KaziKwaVijana programmes should be introduced in the community.
- xiii. Opportunities to access funds for projects for men and women should be created.